

Rosebud Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rosebud Homecare Ltd is a domiciliary care service providing personal to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 9 people receiving personal care using the service.

People's experience of using this service and what we found

Systems and processes were not always in place to ensure that documentation was complete, dated and reviewed.

People were supported safely by staff. Systems and processes were in place to monitor this. Recruitment procedures helped ensure only suitable staff were employed to support people. There were sufficient staff to meet people's needs.

People received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control.

People's had their needs assessed and reviewed before using the service. People's health care needs were documented, and staff knew when to liaise with health care professionals. Staff had the knowledge and experience to meet people's needs and were trained appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were supported through ongoing monitoring and good communication. Information was shared with staff to support the delivery of good quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement published on 1 August 2019.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 1 July 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who use the service, and 1 relative of a person who used the service. We also spoke with 3 staff members, and the registered manager. We looked at a range of records including care plans, risk assessments, staff files, audits, and medicine administration records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had risk assessments in place to cover any risks present within their lives, however, they were not always dated. This meant we could not be sure when risk assessments were reviewed, and what changes had been made over time. You can read more about this under the key question of well led.
- People we spoke with felt that staff supported them safely and understood risks well. People we spoke with were happy their risk assessments were accurate and relevant to their needs.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with told us that people were safely supported by staff. One relative told us, "We feel very safe with the staff, they know what they are doing and are good quality."
- Staff understood the signs of abuse and knew how to report them. Staff received safeguarding training and were confident in reporting any concerns. Policies and procedure were in place to support safeguarding matters.

Staffing and recruitment

- People told us that staff arrived on time and let them know if they were going to be late for any reason. There was an electronic call scheduling system in place which enabled management to identify if any staff member was late, and take action as required. One person said, "Yes I get the same staff, and they arrive in decent time."
- Safe recruitment practices were in place. This included employment references, ID checks, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Systems and processes were in place to support people safely, where required, with their medicines. Staff were suitable trained in this area.
- Medicine administration records [MAR] were completed accurately and were regularly checked to ensure any mistakes were found and acted upon.
- People we spoke with were happy their medicines were being managed safely and effectively by staff.

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training in infection control, and told us they had enough personal protective

equipment [PPE] to work safely with people.

Learning lessons when things go wrong

- Systems and processes were in place to ensure that accidents and incident were reported on, and followed up appropriately. Staff told us that communication was good and any learning from incidents was passed on to them promptly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection appropriate staff training had not always taken place to support people with specific healthcare needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Staff completed training however it was not always immediately clear what courses staff had completed and when. The registered manager told us they were moving between training systems, and record keeping would improve on the new system.
- Staff were provided with appropriate training to meet people's needs. This included supporting people with catheter care, moving and positioning, and general health and safety.
- New staff completed The Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before their care commenced. The registered manager met with people to discuss what their needs were and formulated care plans and risk assessments. People we spoke with were happy their needs had been properly assessed.
- Assessments of people's needs considered protected characteristics as defined under the Equality Act, to ensure there was no discrimination.

Supporting people to eat and drink enough to maintain a balanced diet

- Many of the people being supported by the service had family members who supported them with all their food and fluid needs, but when required, staff would also support in this area. If required, food and fluid intake was monitored on the electronic care planning system.
- Information around people's preferences with food and drink were contained within care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- When required, the service provide support to people to access the health and social care professionals they required. This included physiotherapists, district nurses, and specialist nurses.
- People's healthcare needs were well documented within their care plans, and staff had good knowledge of people's health conditions.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make informed decisions were considered, and appropriate assessments had been carried out with people. Staff we spoke with understood the basis of the MCA.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Some improvements had been made within the service, and there were no longer any breaches of regulation. However, improvement was still required within the oversight of the service.
- Systems, processes and information were not always consistent, or easy to access. The format used to document information was not always the same in people's files, and information had not always been fully completed.
- Systems and processes were not in place to evidence how care plans and risk assessments were dated and reviewed. Some risk assessments and care plans were not dated, which meant we could not be sure how and when they were reviewed to make sure the content was up to date and document any changes. Some risk assessments had not been fully completed.
- The current CQC rating of the service was not displayed within the service. Services are required by law to display their ratings to meet regulations.
- We found no harm caused to anyone as a result of these findings. The registered manager told us they would be dating and reviewing documentation, and displaying the services rating immediately after the inspection.
- Other audits and checks were effective.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff we spoke with were positive about the service, the way it was run, and the care given to people. One person said, "If I do have any concerns, they are looked in to straight away." Another person said, "I love them [staff], they are all very good."
- Care plans contained personalised information about people and the specific way they wanted to be cared for. Staff we spoke with understood the importance of this, and people we spoke with were positive about the way staff supported them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour, and that if mistakes were made, they had a duty to be open and honest and take any necessary action.
- The registered manager understood information sharing requirements and knew that when concerns

were identified, notifications should be sent to the CQC as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were able to feedback formally and informally on the care they received. Feedback forms had been sent out and completed to gather people's opinions on the care they were receiving.

- Staff we spoke with were positive about the support they got from management. One staff member said, "I have a very supportive manager. I can contact them whenever I need, and we also get spot checks too."

Working in partnership with others

- The service worked alongside other health and social care professionals as and when required to ensure people received joined up support that met their needs.