

Rossycare Ltd

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Inspection report

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08 September 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 23 and 31 August 2017 and 8 September 2017 and was announced. The provider was given 48 hours notice as it is a domiciliary care service providing care to people in their own homes and we needed to be sure someone would be in. This was the service's first inspection since they registered with the Commission in August 2016.

Rossycare Ltd provides a domiciliary care service (DCA) registered to provide personal care and support to people in their own homes. At the time of our inspection 22 people were using the service.

A registered manager was in post who was also the owner of the business. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Quality assurance checks undertaken by the provider to enable them to assess and monitor the service in line with regulatory requirements were not robust and had not recognised the issues we found during our inspection.

People and their relatives told us they felt safe. Staff were aware of their responsibilities to keep people safe and to protect them from harm and abuse. However improvements were required to ensure all identified and potential risks to people were recorded and managed. Improvements were required to ensure safe recruitment procedures were followed in line with the provider's policy and regulatory requirements. There were sufficient numbers of staff to meet people's care and support needs and people received care from a consistent staff team.

Improvements were required to people's care plans to ensure they were person centred and sufficiently detailed and accurate, to include all the care and support to be delivered by staff.

Staff received regular supervision however improvements were required to ensure they received appropriate training to enable them to have the skills and knowledge to meet people's needs. Although the manager demonstrated an understanding of the Mental Capacity Act (MCA) 2005 not all staff were able to demonstrate an understanding of the principles of the MCA. We recommended to the provider to look at the Mental Capacity Act 2005 Code of Practice. Where required, people's nutritional needs were met.

Staff were kind and caring. People and their relatives valued the relationships they had with staff and were very happy with the care they received. Staff demonstrated a good knowledge and understanding of the people they cared for and supported. People were treated with dignity and respect.

There was a complaints system in place and people told us that they were confident that any concerns would be listened to and acted upon.

Staff told us they felt valued and enjoyed working for the service and shared the provider's commitment to providing a high quality service to people.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

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 not always safe.

Improvements were required to ensure effective arrangements were in place to safely manage and mitigate all risks to people's safety

Improvements were required to ensure robust recruitment procedures so as to ensure people received their support from staff who had been deemed suitable and safe to work with them.

The service had sufficient numbers of staff to meet people's needs.

People were protected from abuse. Staff knew how to identify and raise safeguarding concerns.

Requires Improvement 

Is the service effective?

The service was not always effective.

Improvements were required to ensure effective systems were in place to ensure staff had received relevant training and had the competencies, skills and knowledge to meet people's needs.

Not all staff understood the principles of the Mental Capacity Act 2005.

People were supported with their dietary needs.

People were supported, where appropriate, to ensure their health needs were met.

Requires Improvement 

Is the service caring?

The service was caring.

People who used the service and their relatives valued the relationships they had with staff and were very happy with the care they received. Staff demonstrated a good knowledge and understanding of the people they cared for and supported.

Good 

People's independence was promoted and staff encouraged people to do as much as they were able to.

Staff treated people with dignity and respect.

Is the service responsive?

The service was not always responsive.

Improvements were required to people's care plans to ensure they were person centred and sufficiently detailed and accurate, to include all the care and support to be delivered by staff.

The service had appropriate arrangements in place to deal with complaints.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The service needed to develop more robust quality assurance systems to help ensure people receive high quality, safe care and regulatory requirements are met.

Systems were in place to seek the views of people who used the service.

Staff felt supported and valued by management.

Requires Improvement ●

Rossycare Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 23 and 31 August 2017 and 8 September 2017 and was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager was available to assist us with the inspection. The inspection was completed by one inspector on the 23 August and 8 September 2017 and by two inspectors on the 31 August 2017.

Prior to the inspection we reviewed the information we held about the service including statutory notifications. Notifications are changes, events or incidents that the provider is legally obliged to send us.

During the inspection we spoke with one person who used the service, three relatives and one health and social care professional. We also spoke with four members of staff and the registered manager and the provider. We reviewed six people's care records, nine staff recruitment and support files, training records, a sample of policies and procedures and quality assurance information.

Is the service safe?

Our findings

All the people and relatives we spoke with told us they felt safe using the service. One person told us, "Of course I feel safe, the carers make me feel safe." Notwithstanding people's views, recruitment procedures required improvement to ensure the right staff were recruited to keep people safe. The provider was unable to demonstrate that effective and proper recruitment checks had always been completed prior to staff working at the service and had not followed its own recruitment policy and procedures. For example, we found three of the nine staff files we looked at did not contain full employment histories and, with the exception of one member of staff, there was no documentation to evidence that the provider had explored gaps in staff's employment history. Staff records also showed that the provider had only obtained one reference for four members of staff. Although staff had received a Disclosure and Barring Check (DBS), we noted one member of staff had a recorded conviction on their DBS however no risk assessment had been undertaken by the provider. A DBS check helps employers make safer recruitment decisions and minimises the risk of unsuitable people working with vulnerable adults or children.

Additionally, there was no information recorded as part of good practice relating to staff interviews. Written records of staff's interviews had not been completed or of the outcome of the discussion and the rationale for the appointment of staff. This meant that robust actions had not been undertaken by the provider to retain information recorded during the recruitment process so as to enable them to make an initial assessment as to the prospective employees' relevant skills, competence and experience for the role and to demonstrate they had ensured they employed 'fit and proper' staff. We discussed our findings with the manager who informed us that they would be taking immediate action to ensure their recruitment process was safe and robust and met with regulatory requirements. Disciplinary procedures were in place should any member of staff behave outside their code of conduct.

The above failings were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate arrangements were not always in place to manage risks to people's safety. People told us that they felt safe when receiving care and support from staff however we saw that care plans did not always contain sufficient information about risks or potential risks associated with the delivery of people's care and support needs. For example, in one person's care records we saw they had a catheter in place. There was no information with regards to associated risks such as catheter blockage, increased risk of infection, pain and discomfort to the person. We also found some care plans lacked sufficient information on the management of people's pressure area care, moving and handling, such as the use of hoists and slide sheets and the use of bed rails. Whilst we found there was no impact to suggest that people's needs were not being met due to the absence of the additional risk assessments, the risks had not been identified or anticipated by the provider and people were at potential risk of receiving care and support that was unsafe and did not meet their needs. We discussed this with the manager who told us they would undertake a review of people's care plans to ensure all risks/potential risks were clearly documented and actions put in place to minimise these.

The service had safeguarding and whistleblowing policies in place and staff understood the importance of

keeping people safe and protecting them from harm. Staff we spoke with knew how to recognise abuse and how to report it. They were aware that they could report any concerns to outside authorities such as social services or the Care Quality Commission (CQC). One member of staff told us, "I would alert the manager if I had any concerns. I am confident they would take the necessary action but if I felt they weren't I would go to social services or CQC." Although staff we spoke with were able to demonstrate an understanding of how to recognise signs of abuse and how to report any concerns, we could not determine from the provider's records how many members of staff had received up to date safeguarding training.

There were sufficient staffing numbers to meet people's needs. All the people and relatives we spoke with said the service was reliable and they received care from a consistent team of staff who arrived on time and stayed for the agreed length of time. People told us there had been no missed calls. Staff also told us that they felt there were enough staff and they did not feel rushed.

At the time of our inspection the service was not supporting people with the management of their medicines. The manager informed us this aspect of people's care was undertaken independently or by family members.

Is the service effective?

Our findings

People and their relatives told us that they considered staff to have the skills and knowledge to meet people's needs. One relative told us, "I feel they are well trained. If they notice any difference in [name of person] they inform me straightaway." Another relative told us, "I have watched [carers]. Yes I think they have all the right training." Staff also told us that they felt they had received all the relevant training in order for them to fulfil their duties and meet people's individual needs. However the systems in place to ensure staff were appropriately trained were ineffective.

We requested sight of the provider's training records for staff. The provider was unable to provide us with a list of what training staff had completed; therefore we looked at staff files to evidence training certificates. We could not find evidence to demonstrate that staff had completed all of the provider's mandatory training.

We asked the manager how they ensured staff were competent to fulfil their role and that training delivered had been effective. The manager informed us they worked closely alongside staff on a day to day basis and observed staff practice continually irrespective of their experience to ensure they had the skills, knowledge and aptitude to provide good quality care. If poor practice was observed the member of staff would be required to complete refresher training. Although this was confirmed to us by staff there were no written records in staff files to demonstrate the manager had undertaken any observations of staff practice. Although we noted no impact on people using the service, we could not be assured that the needs of people were met by staff who had received relevant training and had the right competencies, knowledge and skills to deliver safe and effective care at all times. During our inspection the manager informed us they were in the process of reviewing the delivery of staff training and was currently in discussions with local training providers.

The provider told us that new staff received an induction when they started work at the service which included shadowing more experienced staff and being provided with an employee handbook. This was confirmed to us by staff who told us they felt their induction was good. Staff told us they felt valued and supported by the manager and could approach them at any time for support and advice. Records showed that staff received regular structured supervision.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA). The 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 Act 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.

We checked whether the service was working within the principles of the MCA. The manager had an understanding of the MCA. However some of the staff we spoke with had limited understanding of the MCA but recognised the importance of enabling people to make choices and ensuring that the care they provided was in the person's best interests. This was confirmed to us by people and relatives we spoke with

during our inspection. We recommended to the provider to look at the Mental Capacity Act 2005 Code of Practice.

Where appropriate, people were supported at mealtimes to have food and drink of their choice. One member of staff told us how one person was not eating their meals because they did not like the food. They told us they raised this with the manager who spoke with the family and arranged to have food available which the person enjoyed. They said this had made a huge difference for the person who now had a healthy appetite and ate their meals thereby ensuring their dietary and nutritional needs were met. A relative told us how their family member was at risk of choking. They went on to say that staff were very careful when supporting their family member to eat their meals; they said, "They know what to do and what signs to look out for [choking and aspiration] and I can now happily sit in another room."

The service supported people where appropriate to meet their health care needs. Staff told us if they had any concerns about a person's health they would inform the person's family and notify the manager. One relative told us, "They are very good and remind me if [name of person] needs to have their lactulose, I wouldn't know unless they told me." Another relative said, "The carers have got to know [name of person] really well and can tell if they are under the weather and they let me know; they're brilliant." A health care professional told us, "They [staff] are very helpful and go above and beyond. [Name of manager] will always contact us if there are any concerns."

Is the service caring?

Our findings

People using the service, and their relatives, spoke positively about the care and support they received. One person told us, "[Name of carer] is absolutely brilliant and some of the carers go beyond the call of duty." Comments from relatives included, "The carers are excellent, so kind and caring." And, "They really know [name of person] and are most caring. They are really supportive to me and [name of person using the service]." We saw many compliments received by the service which included, 'I cannot thank you enough for the kindness and care you gave to mum whilst she was at home. Although she was only at home for 11 days it was what she wanted. She thought the world of [name of manager] and always said when she woke up in the mornings [manager] had a lovely smile for her. She said you were her ray of sunshine.'

Staff treated people with dignity and respect. People told us that staff listened to them and respected what they had to say. People and their relatives valued their relationships with staff and spoke highly of individual staff members. One person said, "I have a consistent team of carers and they have really got to know me, they know when I am feeling upset or depressed and help me; that's really important especially if you're in bed all day." A relative told us, "The carers are excellent and the difference they have made to [person using the service] has been incredible. Their face lights up when I tell them the carers are coming." Another relative said, "We've built up a good rapport with the carers we are on first name basis." People were supported to maintain their personal appearance, so as to ensure their self-esteem and sense of self-worth.

People were encouraged to remain as independent as possible. One person told us, "[Name of carer] 100% helps me to maintain my independence and supports me to do things for myself such as eating instead of doing it all for me."

People's privacy was respected. People, relatives and staff were able to provide examples of how staff ensured people's privacy and dignity was upheld at all times.

The service held information in the office about local advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People and their relatives were complimentary about the service and told us that the care and support they received was person centred. However we found care plans were not tailored to reflect people's individual needs clearly. Care plans contained limited information on people's personal history or specific wishes and preferences. In addition the care plans did not give clear information on how to care for and meet people's individual needs. This meant staff were reliant on information being passed from other members of staff and the manager to inform them on how to support people. We also found that important information from referral agencies commissioning people's care packages had not always been transferred into people's care plans. For example, one person's records contained information regarding their epilepsy but this had not been transferred across and a suitable care plan created to ensure clear support of their needs.

At the time of our inspection the majority of people using the service were deemed as receiving end of life care. However there was no information in people's care plans detailing their preferences and choices for their end of life care. This meant information on people's end of life care was not clearly recorded, communicated and kept under review. We discussed this with the manager who confirmed to us they would review this area of people's care plans to ensure their wishes, preferences and choices for their end of life care is clearly recorded and communicated to all staff. Despite this lack of information the manager was clearly passionate and committed to providing the best end of life care; they said, "Families are very emotional at the last stage of their family member's life. I always ensure I am always around at this time to support families and ensuring people's dignity is preserved." Although we identified improvements were required to care plan documentation, people, and their relatives, told us they were happy with the care being delivered and there had been no negative impact on people's health and wellbeing.

People and their relatives told us they were involved in the delivery of their care however not everyone was aware that they had a care plan. In addition, people's consent to care was not always recorded to show that the content of the care plans had been agreed with the person who used the service or those legally acting on their behalf. We discussed this with the registered manager who advised they would address this immediately to ensure people's consent to care was clearly recorded.

Although we found no negative impact on people using the service the lack of detail regarding people's individual needs and preferences, including health conditions and associated care and support needs within their care plans, presented potential risks for them and staff. We discussed our concerns with the manager who told us they would review people's care plans and rectify the issues we had identified.

The service had a complaints policy and procedure however people and relatives we spoke with were unsure how to raise a concern or complaint. They told us they did not have any complaints about the service they received and felt confident that the manager would listen and respond appropriately to any concerns. Records confirmed that all complaints had been responded to appropriately and in a timely manner.

Is the service well-led?

Our findings

This was the provider's first inspection since being registered with the Commission. The provider was also the registered manager of the service. At the time of the inspection the provider did not initially have a copy of the guidance for providers on meeting regulatory requirements or a copy of the Key Lines of Enquiry [KLOE]. The latter is a document centred around five key questions which are used to establish whether a service is providing a suitable standard of care.

There were quality assurance systems in place to monitor the quality of the service however these had not been used effectively and improvements were required. Although audits had been completed by the provider, records did not identify what had actually been looked at as part of the audit process. If there had been effective quality assurance systems in place, this would have identified the issues we found during our inspection. It would also have enabled the provider to identify where improvements were needed and ensure regulatory requirements were met. For example with regard to shortfalls in the recruitment process, ensuring staff had up to date training and staff's competencies and observational checks had taken place; and ensuring information in people's care records included up to date information on how to support people to ensure their care and support needs were effectively and safely met. Despite these identified areas that required improvement people, and their relatives, told us they were happy with the care being delivered and there had been no negative impact on people's health and wellbeing.

The provider and manager who both supported with the delivery of care to people using the service told us they recognised they needed additional support to ensure regulatory requirements were met. They told they were actively trying to recruit a competent manager to support them with the development and implementation of robust quality assurance procedures and with the day to day management of the service.

These failings are a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements were required to record keeping and quality assurance systems, the manager was committed to ensuring the service was responsive to people's on-going needs and people received good quality care. Throughout our inspection the manager was open and responsive and acknowledged the improvements which needed to be undertaken to ensure people's health and safety needs were met.

Staff shared the provider's vision and values to provide high quality care. They felt well supported and valued and were positive about the manager. One member of staff said, "[Name of manager] is very approachable and is always there for advice. They are very involved in the service and always calls us to check we are alright." Although no staff meetings had taken place the manager communicated with staff on a daily basis and informed us that, as the service grows, systems would be put in place to ensure regular staff meetings were held. The manager told us they felt it was important to recognise staff performance and presented staff with high street vouchers, for example following positive feedback from people and/or relatives or where staff had gone 'the extra mile'.

The provider visited people in their own homes and used questionnaires to gain feedback on the service. We reviewed questionnaire responses and noted they were complimentary about the quality of the service received. The manager said they were looking to implement an additional questionnaire to enable them to gain feedback from other stakeholders such as health and social care professionals and commissioners to support them to continually drive improvements as the service grows.

People and their relatives told us they felt confident that they could openly discuss concerns with management and staff if they needed to and felt confident that they would be listened to. They also told us they felt the service was well led and managed and could think of no recommended improvements to service delivery. One relative said, "In all honestly I couldn't say any improvements are needed they are equally as good as the hospice carers." Another said, "I can think of no improvements. The service is well managed and they do the job. I am very satisfied."

Information relating to people's care was held in folders in their homes; staff updated these during each visit. They were then removed and stored in a locked filing cabinet at the provider's office to ensure people's private information was kept secure.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have adequate systems and processes in place to assess, monitor and improve the safety of the service. Regulation 17(1), 17(2)(a), 17(2)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not robust and thorough to ensure 'fit and proper' staff were employed. Regulation 19(1)(a), 19(1)(b)</p>