

Mr & Mrs J G Mobbs and A J Small

# The Old Roselyon Domiciliary Care Agency

## Inspection report

The Old Roselyon Manor Nursing Home  
Par  
Cornwall  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The Old Roselyon Domiciliary Care Agency is a community service that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in Par, Fowey, St Austell and surrounding areas. This includes people with physical disabilities and dementia care

needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 45 people were receiving a personal care service. These services were funded either privately or through Cornwall Council.

# Summary of findings

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

We carried out this announced inspection on 20 and 21 May 2015. We told the provider five days before that we would be coming. This was to ensure the registered manager and key staff were available when we visited the agency's office. It also meant we could arrange to visit some people in their own homes to hear about their experiences of the service. The service was last inspected in October 2013 and was found to be meeting the regulations.

People we spoke with told us they felt safe using the service and told us, "I am very satisfied with the service" and "very very good".

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. Staff were matched to the people they supported according to the interests and the needs of the person. The service was flexible and responded to people's changing needs.

People were supported to take their medicines by staff who had been appropriately trained. People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, "All the staff I have know what I need" and "they [staff] are wonderful, I can't fault them".

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture in the service, the management team provided strong leadership and led by example. Most staff had worked for the service for many years and they were motivated and clearly passionate about making a difference to people's lives. Staff told us, "I enjoy the job", "people get a good service", "I wouldn't want to work for anyone else" and "I have regular work so I know the people I go to well".

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

# Summary of findings

## 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. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Good



### Is the service effective?

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Good



### Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

People received care and support from staff whose hobbies and interests were matched with the interests of the people they supported.

Good



### Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Good



### Is the service well-led?

The service was well-led. There was a positive culture in the service, the management team provided strong leadership and led by example.

People were asked for their views on the service. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

Good



# Summary of findings

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

# The Old Roselyon Domiciliary Care Agency

## 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 of The Old Roselyon Domiciliary Care Agency took place on 20 and 21 May 2015. We told the provider five days before that we would be coming. This was to ensure the registered manager and key staff were available when we visited the agency's office. It also meant we could arrange to visit some people in their own homes to hear about their experiences of the service.

One inspector undertook the inspection. Prior to the visit we viewed the information we held about the service.

During the inspection we went to the provider's office and spoke with the registered manager, the deputy manager and two care staff. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited four people in their own homes and made phone calls to three other people who used the service. Following the inspection we also spoke with three external professionals and two care staff by telephone.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service and told us, “I am very satisfied with the service” and “very very good”.

Staff had received training in safeguarding adults and were aware of the service’s safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. All told us they would have no hesitation in reporting any concerns to management as they wanted people in the home to be safe and well cared for. Staff received safeguarding training as part of their initial induction and this was regularly updated.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. People’s individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people’s homes and entry instructions. Staff told us the deputy manager always informed them of any potential risks prior to them going to someone’s home for the first time.

The service provided many care packages at short notice. This meant that it was not always possible for a manager to visit the person’s home and complete a risk assessment prior to a care package starting. The deputy manager told us either they or an experienced member of staff would carry out the first visit. This enabled them to complete a risk assessment and pass any relevant information to other staff before they visited the person’s home.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. The service produced a staff roster each week to record details of the times people required their visits and what staff were allocated to go to each visit. The deputy manager or senior carer worker were on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties need to be re-arranged due to staff sickness.

People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours. Everyone told us they had a team of regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. One person told us, “I have a regular carer six days a week and some evenings”.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people’s needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people’s medicines. Staff were given additional training by community nurses to complete some tasks such as administering ear and eye drops in line with people’s individual needs. All staff had received training in the administration of medicines.

# Is the service effective?

## Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, “All the staff I have know what I need” and “they [staff] are wonderful, I can’t fault them”.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. Staff received regular supervision and appraisal from managers. This gave staff an opportunity to discuss their performance and identify any further training they required.

Staff were matched to the people they supported according to their own skills and interests and the needs of the person. When a care package started the deputy manager found out about people’s interests and hobbies so staff who shared similar interests were allocated where possible. People told us the service provided staff who they felt comfortable with and had common interests they could talk about.

Some people who used the service made their own healthcare appointments and their health needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. People told us about occasions when staff had taken them to hospital appointments or made phone calls to their doctor on their behalf. During our visit to a person’s home the person asked a member of staff if they could make an appointment for them with their doctor. The worker agreed to do this and also said they would arrange for a member of staff to take them to the appointment. All health professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it.

Staff supported some people at mealtimes to have food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices. For most people food had been prepared in advance and staff re-heated meals and made simple snacks as requested. All but one person told us they were happy with the meals staff prepared and re-heated for them. One person commented that some staff were not able to prepare certain meals as they did not have the skills and knowledge to do so. We fed this back to the deputy manager who told us they were aware that a few staff lacked some basis cooking skills and they were addressing this with additional support and one-to-one training.

Staff told us they asked people for their consent before delivering care or treatment and they respected people’s choice to refuse treatment. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes to sometimes decline certain care. For example one person told us that although they liked a shower most days sometimes they preferred not to have one and staff always complied with their wishes.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves. Care records showed the service recorded whether people had the capacity to make decisions about their care. For example care records for one person described how they had capacity to make some daily decisions like choosing their clothes or what they wanted to eat or drink. However, more significant decisions about their care would need to be made on their behalf in conjunction with their family and other healthcare professionals.

# Is the service caring?

## Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were very happy with all of the staff and got on well with them. People told us, “staff are excellent, very good”, “staff are fantastic”, “staff are great, can’t fault them”, “the carers are superb” and “they [staff] are marvellous”. One person said about their regular care worker, “I wouldn’t like to change them because they are good”.

Staff had a good knowledge and understanding of people. Most staff had worked for the service for many years and they were motivated and clearly passionate about making a difference to people’s lives. Staff told us, “I enjoy the job”, “people get a good service”, “I wouldn’t want to work for anyone else” and “I have regular work so I know the people I go to well”.

While we were at the service’s office we heard a member of staff take a call from someone who was asking when their help would be arriving that day. It was clear this person was very anxious and worried about when staff were coming. The staff member was extremely kind and patient and reassured the person what time staff would be arriving. Records showed that the person rang every day and the times of their visits were kept constant to try and alleviate their anxiety.

Staff respected people’s wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency. One person told us, “they [staff] always ask me if there is anything I need doing before they leave”.

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People told us staff were kind and caring towards them. Comments about how staff treat people included, “they are kind and all pretty good” and “staff are very caring and have got to know my husband well”.

People told us they knew about their care plans and the deputy manager regularly asked them about their care and support needs so their care plan could be updated as needs changed. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname. People told us staff always called them by the name of their choice.



# Is the service responsive?

## Our findings

Before, or as soon as possible after, people started using the service the deputy manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. Care plans contained details of people's daily routines which gave clear guidance for staff to follow to meet people's needs.

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example providing extra visits if people were unwell and needed more support, or responding in an emergency situation. One person told us they had rung the service twice to ask for an extra visit when they needed to use the bathroom. They told us the deputy manager contacted staff who were working nearby and they arrived 'within minutes' to assist them. Another person told us, "I have total confidence in [deputy manager's name] responding to any requests for extra help".

Staff encouraged people to maintain their independence and undertake as much as possible for themselves. Where appropriate staff prompted people to undertake specific tasks rather than doing it for them. In one of the homes we visited a care worker was assisting someone who was visual impaired to eat a meal. The worker explained where the plate was and placed the spoon in their hand so they could eat independently.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. Managers respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request. One person told us, "I let [deputy manager's name] know if there are problems and they sort it out".

The service kept of record of any complaints or concerns raised and how they had been resolved. Records showed that most of these had been about requests to change the timings of visits. However, the deputy manager told us they liked to record all concerns, however small, because it was a way of monitoring for patterns and helped the service to continuously improve.

# Is the service well-led?

## Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was also the provider as they were one of the owners of the service. The deputy manager and a senior care worker co-ordinated the day-to-day running of the service such as completing the rosters and speaking with people and staff. However, the registered manager and deputy manager worked together when recruiting new staff and making decisions about taking on new work.

The registered manager and deputy manager showed a great enthusiasm for wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way that they cared for people. Staff said there was good communication with the management of the service. Staff told us the deputy manager was “always available” and they would listen if we raised any concerns about people or the service.

The service had effective systems to manage staff rosters, match staff skills with people’s needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people’s needs. A healthcare professional told us, “I have confidence in the service and they are honest about what work they can take on”.

Staff were encouraged to challenge and question practice and were supported to make improvements to the service.

Staff told us how they would often feedback to the office about different ways of supporting people and this was taken on board and changes made to people’s care plans. Staff said they were encouraged to report any concerns about other staff’s practice to the management if they felt the practice was not of the high standard expected. We were told of incidences where staff had raised concerns about other staff’s practice with management and these had been dealt with appropriately.

The deputy manager and senior carer monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. People and their families told us the management team were very approachable and they were included in decisions about the running of the service. People told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. The deputy manager and senior carer worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed.

The service also gave people and their families questionnaires to complete on a regular basis. We looked at the results of the surveys completed in March 2015. People had replied to all the questions asked about the standard and quality of the service provided as either good or very good