

Rose of Sharon Care Services Limited

# Rose of Sharon Care Services

## 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This announced inspection took place on 2, 7 and 16 December 2015. The provider had a short amount of notice that an inspection would take place so we could ensure staff would be available to answer any questions we had and provide the information that we needed.

Rose of Sharon Care Services are registered to deliver personal care. They provide Domiciliary care to people living in their own homes. People who used the service had a range of support needs related to old age, dementia and physical disabilities. At the time of our inspection 26 people received personal care from the provider.

The service had a registered manager. 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.'

People told us they felt confident that the service provided to them was safe and protected them from harm. Staff told us the registered manager actively promoted an open culture amongst them and made information available to them to raise concerns. We found that medicines were managed and monitored effectively within the service. Assessments had been undertaken to identify any issues that may put people using the service at risk.

Staff were provided with an induction and supervision allowing them to understand fully their roles and responsibilities. There were a suitable amount of staff available to deploy who had the skills, experience and training in order to support people and meet their needs.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care safely and efficiently. The registered manager was responsive in sourcing specific training for staff when it was needed. People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration.

Care plans contained information about people's abilities, preferences and support needs. People felt that staff established their consent before providing care. People felt that staff acted in a way that maintained their privacy and dignity whilst encouraging them to remain as independent as possible. Systems were in place for people and their relatives to raise any concerns they had or to make a complaint.

People and staff spoke highly of the leadership skills and inclusive nature of the registered manager. The service regularly sought people's feedback through questionnaires and phone contacts about the quality of the service. The registered manager undertook regular checks on the quality and safety of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Medicines were well managed within the service and staff were knowledgeable about how to support people with their medicines safely.

Staff demonstrated to us that they were aware of people's individual needs and the risks they had to consider when providing them with the support they needed.

Recruitment practices within the service ensured the right people, with the appropriate skills and attributes were employed.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction, on-going supervision and regular training to ensure they maintained their knowledge and skills in order to meet people's needs effectively.

Staff were knowledgeable about how to access support for people if they became unwell or in an emergency.

People told us that staff supported and assisted them to have adequate diet and fluids.

### Is the service caring?

Good ●

The service was caring.

People and their relatives were very complimentary about the staff who supported them; it was clear to us that staff had developed a good rapport with people.

People told us that staff respected their privacy and dignity when supporting them.

### Is the service responsive?

Good ●

The service was responsive.

Support was provided to people that met their cultural needs and personal preferences.

People were provided with a variety of ways they could give their views and feedback about the service they received.

People told us they knew how to make a complaint and felt confident that any issues they raised would be dealt with effectively.

### Is the service well-led?

The service was well-led.

We saw the provider actively promoted an open culture amongst their staff and made information available to them to raise concerns or whistle blow.

People and staff spoke positively about the approachable nature and leadership skills of the registered manager.

Quality assurance systems including feedback from people were routinely undertaken, analysed and acted upon where necessary.

Good ●

# Rose of Sharon Care Services

## **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.

This inspection took place on 2, 7 and 16 December 2015 and was announced to ensure staff would be available to answer any questions we had or provide information that we needed. The inspection team consisted of one inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may need to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with four people who used the service, three relatives by phone, ten members of staff and the registered manager at the provider's office base. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to three people. We reviewed three staff recruitment records, the staff training matrix and four medication records. We also looked at a variety of records that related to the management and quality assurance of the service.

# Is the service safe?

## Our findings

All of the people we spoke with felt that the service provided was safe. A person told us, "They [staff] always make sure I am left safe and put the fire out and that". Another person said, "They [staff] take great care where they know I hurt, they are exceptionally careful when they move me". A relative told us, "[Person's name] is moved with a hoist, I watch them [staff] and they hold her legs to protect her, they are very careful and gentle". Another relative told us, "Staff make sure everything is within her [person's name] reach before they leave her".

Staff we spoke to were able to describe to us how they maintained peoples safety in a variety of ways for example, when using moving and handling equipment. Staff told us they knew what to do if they had any concerns about people because they had received training in how to protect them. They were able to describe the various types of potential abuse and harm people may experience. They told us they received regular training updates in this area and said they would in the first instance contact the person on call to discuss and/or report any concerns. A staff member said, "[Registered manager] is really strict about us doing all our training; I have done safeguarding and moving and handling training". Another staff member said, "I know how to keep people safe and what to do if I have any concerns about people, I report it straight away". We saw that the registered manager investigated and reported the details of any incidents as necessary. Staff we spoke with knew what emergency procedures to follow and knew who to contact in a variety of potential situations, including how to escalate any concerns out of hours.

The records we reviewed included risk assessments of people's health and welfare needs; they described the risks for staff to consider when supporting the individual. These had been reviewed and updated as necessary. Staff we spoke with were confident they would be fully informed of any potential risks before going to a new person's home. A staff member said, "[Registered manager's name] calls us to let us know about any changes to people's needs or risks and we can also read it in the records at their house".

We reviewed records in relation to recruitment practices. Staff confirmed that the appropriate checks and references had been sought before they had commenced their role. A staff member said, "I wasn't able to start until all the checks and references had been received". We found effective processes were in place to ensure staff recruited had the right skills, experience and qualities to support the people who used the service.

People told us they were introduced to new staff by longer standing staff. A relative told us, "We have regular staff who visit and if a new staff member comes, they always come along with someone who knows [person's name] well". Staff told us they were given the chance to become familiar with peoples individual care needs before working independently with them. They told us they either attended the call with staff who already knew the person and/or they had information provided to them prior to attending to read in advance.

People we spoke with who received support to take their medicines told us they were assisted to take their medication in a safe way, at the appropriate times. One person told us, "Sometimes they [staff] prompt me

if I have forgotten my medication". Another person said "They [staff] always ask me if I have taken my medication". A relative told us, "I am very happy with how they support [person's name] with their medicines, they are very careful and count them and tell me if there are any issues I need to be aware of". Staff we spoke with told us how they supported people with their medicines; they demonstrated to us that they had a good knowledge of how to do this safely. A staff member told us, "If a person refuses or doesn't want their medication we record it and tell the manager or their family straight away". Staff had their competency periodically checked and received training updates about how to support people with their medicines. We looked at the Medicine Administration Records (MAR) for four people and found the provider had good systems in place to record the quantities and times that medicines were received by people. The registered manager undertook checks on the MARs each month for any omissions or errors.

## Is the service effective?

### Our findings

People were asked whether they thought the staff had the skills to support them effectively. They told us they felt confident that staff were competent and trained to support them and care for all their needs. A person told us, "I feel they [staff] must be well trained". Another person told us, "We are very lucky to have them, they have a lot to put up with really; they are so good at what they do and so very quick and efficient". A third person said, "They are good at what they do, they are never rude and are good to me". A relative told us, "We couldn't wish for any better care, they are great and do a really good job". Another relative said, "They are simply delightful, they never rush and are extremely caring and very careful".

We saw that staff were provided with and completed an induction before working for the service. This included training in areas appropriate to the needs of people using the service, reviewing policies and procedures and shadowing more senior staff. A staff member told us, "No one is expected to start working on their own until they feel ready". The registered manager told us that staff were supervised closely within their induction period. We saw that the new employee's performance was monitored by the registered manager, through meeting with them and from feedback they sought from staff supporting them on induction. A staff member told us, "I had training and an induction before starting work; [registered manager's name] calls us to ask how people shadowing us on their induction are getting on". We saw records that demonstrated that staff competency in relation to care provision had been periodically checked.

Staff we spoke with said they received regular supervision to discuss their training and development needs. One staff member said, "I get regular supervision; it gives me the support I need, we talk about how to be professional at work and provide the best care". Another staff member said, "In supervision we talk about any issues we have and our performance; it is useful". Staff said they were satisfied with the regular supervision, training and professional development options available to them. We saw that a number of staff were completing diploma level courses in addition to their basic training with the support and encouragement of the provider. A staff member said, "The manager helps you do the courses you want". Another staff member told us, "The manager asks if you need any training and sorts out the courses for you". We saw that staff had completed the appropriate level of training and the registered manager had identified the dates in the future for when they needed to have an update.

We asked people whether they ever experienced any delay in receiving care and whether the service made efforts to provide consistency of care staff that supported them. All of the people and their relatives told us that where possible they received care from a core of regular staff and felt they had a good relationship with them. A person told us, "If they [staff] are going to be a bit late they ring me beforehand to let me know, it's only happened once and they rang me to apologise; I have regular staff I know who come to me". Another person said, "I have a couple of regulars who come in and they who know me well". A relative said, "If they [staff] are going to be delayed they always ring ahead and let us know". No one we spoke with told us of any missed calls and staff confirmed that the rotas were well planned, with most people having the same regular staff. They felt that there were enough staff to provide the care that people needed in an effective and timely manner. A staff member said, "We do have enough time to travel between calls to people".

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 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. 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. At the time of our inspection no applications had been made to the Court of Protection. We saw that staff had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). A person said, "They [staff] never rush me, they take it easy and always ask me first before doing anything". Another person said, "They [staff] always talk to me, ask my permission and explain to me what they are going to do". Staff were able to describe how they supported people in line with MCA and how they gained their consent before assisting or supporting them. A staff member said, "I always listen to the person, let them guide their care and do things with their say so only".

People told us that staff ensured they were eating and drinking enough when they visited. A person told us, "Staff cook my meals, they will do whatever I want and they bring it to me, it's always done properly". Another person told us, "The staff always wear gloves and an apron and help me to decide what I want eat". A relative said, "They [staff] do whatever [relative's name] fancies to eat, they always wear gloves and wash their hands". Staff told us they had received training in food hygiene and recorded and reported any concerns they had about people's nutritional intake that they identified.

People and their relatives told us they thought staff would know what to do for them or who to contact if someone became ill. We saw that people's care plans included information about their general health. Where people had specific health care needs there were detailed plans about how to support them appropriately. The staff we spoke with told us they felt confident they had information and skills to provide effective support and knew who to contact should any health concerns arise. A staff member said, "We organise visits if necessary or through family or the GP when anyone seems unwell and make sure management are made aware also. Out of hours we would contact the 111 helpline for advice unless it was more serious and would call an ambulance". Records showed that the service supported people to access the health care they needed and reported any concerns they had about people's health appropriately.

## Is the service caring?

### Our findings

People told us they felt cared for by the staff who visited to provide the support they needed. Relatives we spoke with were positive about the staff's approach and nature. One person said, "They [staff] have become like friends to me, we chat and laugh together". Another person told us, "The staff are very good and caring". A relative told us, "They [staff] are very professional at all times, they are careful and considerate and make [person's name] laugh, they are so jolly and have a laugh and a joke with [person's name]". Another relative told us, "Fantastic care 100%. They are the best we have ever had, we couldn't wish for better. They are very jolly and provide stand out care".

Staff described how they showed care in their role and towards the people they supported. They explained they gave people time by listening to them, reassuring them and getting to know them. A relative told us, "If they have a few minutes to spare they do a few extra jobs – like a bit of washing up without being asked". One staff member told us, "The manager has always told us that time is important but not at the risk of people being rushed or uncomfortable. We always allow people to do things at their own pace and do things slowly and carefully, like it should be". Another member of staff told us how they demonstrated caring, "By always asking how the person is feeling, what they want or need, and by listening to people and giving them the time they need".

People told us they were satisfied with how they were involved in decisions about their care and the information they received from the service. A person told us, "The manager came out to me and explained everything to me and my daughter too, he asked me what times I would need care and what kind of help I needed". A relative told us, "The manager met with us and gave us the information we needed. We were encouraged to read this and use it to make contact if we had any issues". Another relative told us, "We were involved in planning mums care and so was she". At the outset of people using the service they were provided with a guide which was available in a variety of formats and contained important information about the service and local advocacy service contacts. An advocate may be used when people have difficulty making decisions and require support to voice their views and wishes.

Staff we spoke with were all focussed upon supporting people to be as independent as possible. One person told us, "They [staff] encourage me to do as much for myself as possible, such as walking short distances with their help". Another person told us, "I am helped to wash and they [staff] get me to do what I can for myself". A relative said, "The staff seem to try to get mum to do as much for herself as possible, they encourage her to walk as she can be reluctant; I always check the paperwork they fill in and it shows they have done what they should". A staff member told us, "If people have lost confidence in their abilities, I go slowly and encourage them, just starting off with small things to begin with and go from there".

People told us staff behaved respectfully towards them at all times. One person told us, "Staff always cover me to keep me warm and private". Another person said, "Staff put towels around me and close the curtains, they always ask me what I want; they do respect my wishes". A relative said, "They [staff] always maintain [person's name] dignity by the way they speak to her and protect her dignity". Staff explained how they maintained people's privacy and dignity when providing care. They gave examples such as closing curtains,

making sure family members were not present when personal care was being delivered and covering people's bodies to maintain the person's dignity when they were supporting them with personal care. A staff member said, "I always get clothes prepared ready laid out so the person is left undressed for the minimum amount of time". Staff knew how to access advocacy services for people if they needed independent advice and support.

## Is the service responsive?

### Our findings

People told us they received the care they wanted and confirmed that they had been involved in making decisions about their care and support needs. One person said, "They [staff] always do what I want". A second person, "[Registered manager's name] comes out to check that I am getting the care I want and that it is done how I want it; I make all the decisions about my care". Relatives told us that they were aware of what the care plans contained and that they frequently had the opportunity to discuss their relatives needs with the registered manager or visiting staff. Records showed assessments were completed to identify people's support needs that people had contributed to them. Pre assessment information was also available to inform the planning of care.

Care plans contained relevant personalised information, detailing how people's needs should be met and had been reviewed and updated in a timely manner. People we spoke with felt the staff knew their particular needs. A person said, "Staff know what I need doing". Staff demonstrated they had a good understanding and knew the importance of personalised care and told how they put it into practice. The staff we spoke with were clearly knowledgeable about people's needs.

We saw that people's cultural and spiritual needs were discussed and considered as part of their initial assessment. At the time of our inspection the registered manager told us they were providing support to people in respect of language needs; this person received support from a core of staff who could speak in their language. The agency also accommodated people's preferences for either a male or female worker to provide their care; rotas had been organised to ensure these preferences were met.

People and relatives we spoke with told us if they wanted to raise complaints they knew who to speak with. There were arrangements in place for recording complaints and any actions taken. One person told us, "The manager gave me the information about complaints to my daughter and me with how to contact the office if I need to". A second person said, "No I have never had to raise a concern, as we have no complaints at all". A relative said, "When we raised an issue it was dealt with straightaway and they apologised and reassured us, we have no complaints". The service had not received any formal complaints but the staff knew how to advise people and the registered manager was clear about the process and timescales for their investigation and response. Some people who used the service may need support to be able to make a complaint or raise a concern but staff told us how they would support those people. A copy of the procedure for making a complaint was made available to people when they started receiving support from the service. The procedure was offered in a variety of formats.

## Is the service well-led?

### Our findings

We asked people their thoughts about how the service was managed; they all spoke very positively about their experiences in the leadership skills of the registered manager. One person told us, "I do think he is running a good service". Another person said, "All the staff respect him, you can tell that by the way they talk about him, which says a lot about a manager". A third person stated, "I have met the manager once or twice and I think he does a good job". A relative said, "I like him a lot, he's a lovely really friendly man; he is always on the ball and so helpful".

Staff we spoke with told us there were clear lines of management and accountability and they were very clear on their role and responsibilities. One staff member we spoke with said, "[Registered manager's name] is not like a manager, we are like a family here, he so understanding". Another staff member said, "[Registered manager's name] works with us all to make sure people get the help they need; he is great". Staff told us the registered manager had an 'open door' policy and that they had access to support at all times, both in and out of hours. From discussion with staff we found that the registered manager was an effective role model for staff and this resulted in a clear focus on working together.

People told us they were asked for their views about the quality of care they received. They told us they were contacted weekly by the administration staff at the service to see how they were and to see if they were happy. One person told us, "I get a call from the office each week and they ask me if I have any concerns". A relative told us, "I have met the manager a few times; he is caring and friendly and checks if we are happy, the staff at the office ring us every week too". Another relative told us, "We have met the manager, he came out to see us; we get phone calls regularly to see how things are, if we say they do listen to us". We saw that the registered manager visited people at home every three months to discuss their progress. This was used as an opportunity to review their care plans and collect formal feedback about the quality of care from people, including questions such as, 'Do you feel valued and respected?'. Staff told us that the registered manager fed back the comments received from these meetings, one staff member said, "The comments back motivate us as a team to keep improving".

Staff we spoke with told us that they felt valued and empowered to do their work. Staff provided us with a number of instances of this, for example, staff who were completing additional qualifications told us that the management had been very supportive towards them. Meetings were held for staff to discuss people they were caring for and to share good practice in respect of meeting their needs.

We found there was a culture of openness and support for all individuals involved throughout the service. We were able to clearly see that staff encompassed the values of the service when they spoke about their work. A staff member said, "I have been working here for over a year now and it's really good, I actually enjoy coming to work; people do get a good service". Another staff member said, "You can speak openly to the manager and he really does want people to be happy and get the care they need". Staff we spoke with were aware of how to whistle blow and said they had read the providers policy on this.

The service had a registered manager who was also the provider. They were aware of what notifications had

to be sent to us, the Care Quality Commission (CQC); these notifications would tell us about any significant events that had happened in the service. We use this information to monitor the service and to check how any events or incidents are handled. We saw incidents were all reviewed by the registered manager and any actions or areas needing attention had been identified through audits and checks.

The provider had effective quality assurance processes in place. As part of the provider's quality assurance program an annual questionnaire was sent out to people and any feedback from this was analysed. We saw that when the feedback was of a less positive nature the registered manager had acted on these by meeting personally with the respondents [where possible] to fully understand the issues and make improvements as necessary.