

Rosemont Care Limited

Rosemont Care Medway

Inspection report

Regent House
Unit 3, Station Road, Strood
Rochester
Kent
ME2 4WQ

Date of inspection visit:
20 September 2017

Date of publication:
16 November 2017

Tel: 01634564138

Website: www.rosemontcare.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Summary of findings

Overall summary

The inspection was carried out on 20 September 2017. The inspection was unannounced.

Rosemont Care Medway is a domiciliary care agency which provides personal care and support for adults in their own homes. The agency provides care for people in the Medway area. At the time of our inspection they were supporting approximately 85 people who received support with personal care tasks.

The registered manager of the service was on sick leave. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The operations manager assisted us during the inspection.

At the last comprehensive inspection, the service was rated requires improvement overall.

We carried out an unannounced comprehensive inspection of this service on 25 May 2017. Three continuing breaches of legal requirements were found in relation to Regulations 11, 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and two other breaches were found in relation to Regulation 16 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served the provider warning notices in relation to Regulations 11 and 12 and asked them to meet the legal requirements by 31 July 2017. We served the provider a warning notice in relation to Regulation 19 and asked them to meet the legal requirements by 14 August 2017.

We asked the provider to write to us by 12 August 2017 to tell us what they would do to meet legal requirements in relation to the breaches of Regulations 16 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider submitted an action plan in relation to this on 25 October 2017.

We undertook this focused inspection to check that the provider had met the warning notices. We checked to see if the service was safe and effective. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosemont Care Medway on our website at www.cqc.org.uk.

At this inspection, we received mixed feedback from people and staff about staffing levels and rostering and the impact this had on them. People told us they received effective care.

Risks to people's safety and welfare were not always managed to make sure they were protected from harm. People who had started to receive a service from Rosemont Care Medway in August 2017 did not have risk assessments or care plans in place.

The provider had not deployed enough staff within the office to safely assess, monitor and schedule care provided to people. As a result care staff did not have all the relevant information they needed to carry out their roles effectively. People and staff did not receive their rotas in a timely manner. Some staff did not always have sufficient travel time or breaks allocated to them. Communication in relation to rota changes was not effective.

Recruitment practices had improved. Effective recruitment procedures were in place to ensure that staff employed were of good character and had the skills and experience needed to carry out their roles.

Medicines administered were adequately administered and recorded to ensure that people received their medicines in a safe manner.

People were protected from abuse or the risk of abuse. The operations manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

Staff had received training relevant to their roles.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included the steps staff should take to comply with legal requirements. Staff had a good understanding about how to apply the principles of the MCA 2005 to their work to enable them to protect people's rights.

People were supported and helped to maintain their health and to access health services when they needed them. Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered 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 consistently safe.

Risks to people's safety and welfare were not always well managed to make sure they were protected from harm.

Suitable numbers of staff were not available to provide the assessed care needs of people living in their own homes.

Safe recruitment processes were in place to make sure new staff were suitable to work with people alone in the community.

People's medicines continued to be well managed. Medicines records were checked regularly.

People continued to be protected from abuse or the risk of abuse. The management team and staff were aware of their roles and responsibilities in relation to safeguarding people.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 and how this applied to their work. Staff demonstrated that people were fully involved in decision making and people confirmed this.

Staff had received training relevant to their roles. The provider had scheduled training to support staff. Staff supervision and spot checks took place.

People received medical assistance from healthcare professionals when they needed it.

People had appropriate support when required to ensure their nutrition and hydration needs were well met.

Good ●

Rosemont Care Medway

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 focused inspection took place on 20 September 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed previous inspection reports, the provider's action plan and notifications. A notification is information about important events which the service is required to send us by law. We also reviewed information of concern supplied to us by a whistle blower. We used this information to help us plan our inspection.

We telephoned seven people to ask them about their views and experiences of receiving care. We also spoke with two relatives on the telephone. We spoke with eight staff during the inspection, which included care staff, office staff, the field care supervisor, the coordinator, the operations manager and the provider.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners.

We looked at seven people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, four staff recruitment records, meeting minutes, policies and procedures.

We asked the operations manager to send us additional information after the inspection. We asked for a copy of the training matrix. This was received in a timely manner.

Is the service safe?

Our findings

At our last inspection on 25 May 2017, we identified continued breaches of Regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not assessed or mitigated risks to people's safety effectively. The provider had failed to establish and operate effective recruitment procedures. We issued one warning notice in relation to management of risks and told the provider to meet Regulation 12 by 31 July 2017. We also served one warning notice in relation to operating effective recruitment processes and told the provider to meet Regulation 19 by 14 August 2017. We also made a recommendation. We recommended that the provider reviewed rostering systems and processes for keeping people informed about planned care visit times and changes.

At this inspection we found that the provider had made improvements to recruitment procedures. Further improvements were required in relation to managing risks to people's safety. We also found that rota planning and processes for keeping people informed about their visit times had deteriorated.

The provider had not deployed enough staff to provide assessed care and support. Since the last inspection the provider had taken on 29 new care packages and had recruited more staff to provide support to people. We checked the records for some of the new people and found that care plans and risk assessments had not been completed yet. This included two people whose care and support had commenced in early August 2017. One staff member told us the impact of not having these in place. They said, "It makes it difficult, I have to keep asking people. It is difficult as it makes you feel silly". Staff confirmed they could get the information they needed by calling the office to ask what care tasks needed doing. We observed this happening during the inspection. The field care supervisor and operations manager did not have capacity to keep up with the paperwork relating to the increase in care packages. The office had a white board displaying new care packages; this showed 21 new packages in September 2017 alone. All of which needed care plans and risk assessments to enable the staff to know and understand people's care needs and risks associated with meeting people's care needs. We spoke with the provider the day after we inspected and shared our concerns. They confirmed that they would put a temporary halt on accepting new packages and would release staff from the provider's other service to assist the service to make improvements. They also confirmed they had agreed to recruit two senior staff to ensure sufficient staff were deployed. Action was taken by the provider to ensure care plans and risk assessments. This was completed on 13 October 2017.

During the inspection we overheard a number of phone calls which came in to the office from people asking what time their care staff would be there. One of these calls came in at 09:00. The staff member receiving the call confirmed it was a person asking where their staff member was. When they checked the rota, they found the person was due to have a care call at 07:00. Some people rang in and asked where their staff were and were told that they were not due to be with them until a certain time. When we checked the care records people had requested specific times during their assessment but these were not being scheduled on the rota. We observed one staff member sitting in the office at a time when they should be providing care and support to a person. We spoke with them and prompted them to leave and provide the support. They left at 15:45 which was 15 minutes later than the visit time and did not factor in that the person lived approximately six miles from the office. We reported this to the operations manager who took appropriate

action.

We spoke with people about their care and support. People told us, "They are good, the only thing is they can't say what time they are coming as they are so short staffed"; "They [Rosemont Care Medway] don't talk to me or tell me about rostering, so I don't know who is coming and what time my care is on Sunday when it is only two days away. They [staff] get their rotas each day"; "I don't always get regular staff because things are up and down" and "They [staff] are on time, sometimes not but that is understandable". One person gave examples of when they had been contacted by the office to inform them that their care staff would be late. They had spoken with their care staff when they had arrived and the care staff had stated they were on time because they had been rostered to work with the person at a later time. This led the person to be unhappy about the communication and they felt lied to. They had raised this with the operations manager. One relative told us, "The only issue generally with the company is the lack of information from the office. The way they do the rotas, staff don't know who is coming the next day or the time". Another relative told us, "At first the care visits were on schedule but now they are sometimes all over the place, 10:30 or a bit later. The office staff don't let me know when there is going to be a change to agreed times". Staff told us, "Our biggest problem at the moment is the rota. Being a walker I should have 15 to 20 mins to get from A to B, but I don't get enough travel time. Weekends are the worst. When rotas are busy it's hard". The staff member went on to say; "We use up our breaks to get to the next call. We used to have weekly rotas sent, now it's done daily, sometimes I have received three in a day". They explained that "I had a client become tearful because I was late". Another staff member told us, "Rotas are sent out daily between 14:00 and 16:00 hours for the next day". Another staff member said, "I don't get travel time at all despite raising it". They went on to say "Tomorrow my schedule shows I should be in Rainham from 09:00 to 09.30, Gillingham 09.30 to 10:00 and Chatham 10:00 to 10.30".

The provider had failed to deploy sufficient staff numbers. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At the last inspection, we found Individual risks were not always identified to ensure measures were put in place to keep people safe. At this inspection, we found four out of seven people's care records we reviewed contained risk assessments relating to people's care needs. Three people's records did not contain any care plan or risk assessments. This is because the staffing deployment levels had impacted on the management teams' ability to produce the relevant document following discussion and assessment with people. The risk assessments that were in place were related to security of people's homes, use of personal protective equipment, medicines, burns and scalds, continence, moving and handling and nutrition and hydration. The risk assessments had not always been personalised to meet the individual needs of people. For example, risks relating to security of the home had been identified in two people's care records which indicated that key safes were in place. However, the care plan and records showed that no key safe was in place and the person or their relative let staff in when they attended. We reported this to the field care supervisor and they changed this immediately.

The provider had failed to assess or mitigate risks to people's safety effectively in a timely manner. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Recruitment processes had improved. The provider followed safe recruitment procedures to ensure that staff employed to work with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked.

People continued to be protected from abuse and mistreatment. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. All the staff we spoke with told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The operations manager knew how to report any safeguarding concerns and had done so in a timely manner.

Medicines continued to be appropriately managed to ensure that people received their medicines as prescribed. The medicines procedures dated February 2017 set out directions for staff about administration of medicines, this included information about over the counter medicines, medicines refusals and self-administration. The procedures covered key areas such as consent and areas that staff were not authorised to support people with such as medicines compliance aids that had been filled by a relative rather than the pharmacy. Medicines compliance aids are boxes labelled with the days of the week with separate sections for storing medicines to help people remember which medicines to take at different times of the day. Staff were clear about their responsibilities regarding medicines.

Staff had not always made accurate records of medicines taken on medicines administration records (MAR). These gaps and omissions had been picked up by the operations manager during regular audits and appropriate action had been taken to drive improvements in this area. Action included; supervision, discussion, training and removing staff members from care visits that involved administering medicines. Completed medicine records were checked by the field care supervisor and the operations manager when these were returned to the office at the end of each month. This meant that there were good systems in place to ensure people received their medicines safely.

Staff continued to be provided with appropriate equipment to carry out their roles safely. They were issued with gloves, aprons, uniforms, hand gel and identity badges when they started. Staff confirmed that they could access more equipment when required. There was a stock of personal protective equipment (PPE) kept in the office which staff could access regularly to stock up. We observed staff calling in to the office to collect new supplies of PPE.

Accidents and incidents continued to be appropriately dealt with to ensure relevant people were informed. Action had been taken when issues arose. We observed that staff took appropriate action when people were missing. One member of staff rang the office to tell the management team that a person was not in for their care. The management team rang the person's home, known relatives and the person's mobile number. The staff member was told to stay on the line and was given instructions. The missing person was located and reported they were safe and well and had gone out.

The office environment was safe for staff and visitors. The provider had ensured that checks had been completed in the office premises by qualified professionals in relation to electrical supply, gas appliances, fire safety and moving and handling equipment. The moving and handling equipment was used to train staff. Recommendations made by the contractor in relation to fire safety had not been completed due to a breakdown in communication. The operations manager took immediate action to ensure that the actions were completed, these included weekly alarm tests.

Is the service effective?

Our findings

At our last inspection on 25 May 2017, we identified a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to follow the principles of the Mental Capacity Act 2005. We issued one warning notice in relation to this and told the provider to meet Regulation 11 by 31 July 2017. We also made a recommendation. We recommended that the provider and registered manager reviewed training systems and processes to ensure staff receive training in a timely and effective manner to enable them to meet people's assessed needs.

At this inspection we found that the provider had made improvements to Mental Capacity Act 2005 procedures, assessments and practice.

People told us they received effective care. Everyone we spoke with told us they liked their regular care staff. Comments included, "They always listen to me"; "I have never been happier. I have no complaints at all. Believe you me if there were any they would have known about it"; "She [staff member] is kind and like a sister to me. I can't fault them"; "They give me a nice wash"; "They never say no"; "[Staff members] are good they write in the book and even record what I have eaten. They are excellent and I can't fault them. The care I get from Rosemont is fantastic" and "I'm happy with them they are very nice people. I don't think I would get anyone better".

The Mental Capacity Act 2005 (MCA 2005) 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 the best interests and as least restrictive as possible. There were procedures and guidance in place in relation to the Mental Capacity Act 2005 (MCA 2005) that included the steps staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. The policy and procedure had been rewritten in July 2017. Staff had received refresher training in relation to the MCA 2005. Training records showed that 22 out of 30 staff members had attended MCA 2005 training. The policy and procedure gave clear guidance about who should support people to make decisions if the person lacked capacity. Consent forms had been revamped and people had consented to their care if they had the capacity to do so. One person's file contained a do not attempt resuscitation (DNAR) form. This had been completed by the person's GP. This showed that the person had been fully involved in the decision making process.

Staff explained how they supported people to make choices and take control of their lives by offering a selection of items to choose from for those that would be overwhelmed with too many choices. Staff were knowledgeable about what to do if people refused care and how they could encourage people to make their own decisions about their care. One staff member said, "I have recently completed MCA training". They shared that they supported a few people who were living dementia. They detailed, "I tend to show them what I mean, so I show them the options from food, drinks and clothes. It is all down to communication". Another staff member told us, "I constantly ask and give choices; such as showing the microwave meals on

offer. It takes a while sometimes 10 minutes but it's their choice". Staff knew that people had the right to refuse care and what should happen if this was the case. People's mental capacity had been taken into consideration when planning their care needs, such as a person's understanding when assessing their ability to take their own medicines.

The provider had planned training events to refresh and update staff knowledge and skills. On the day of the inspection a first aid training course took place. The diary showed that plenty of other courses had taken place and more were planned. The training records detailed that 22 staff had attended moving and handling training, 25 staff had attended medicines training and 12 staff had attended safeguarding training. Other training completed by staff included, dementia awareness, disability awareness, fluid and nutrition, food safety and fire awareness. The training records showed that 26 staff had completed an induction. The induction included five days of training and one day of shadowing more experienced staff working in the community. One staff member told us that the five days of training in the office including safeguarding and MCA 2005 training. The experienced staff member documented feedback about the shadowing process which was fed back to the management team. The operations manager explained how they had met with Skills For Care the previous week to look at how they can further develop the workforce. The operations manager also detailed how the provider's training manager had supported staff. They said, "[Training manager] has really supported staff and has even provided one to one support when needed".

Staff told us that they had regular supervision with their line manager. Due to the lack of staff within the management team, supervisions had not always taken place. One staff member told us, "I was supposed to have a supervision last week but it was cancelled due to my calls. It will get rebooked at some point. I had one July or August time". Another staff member told us, "I have regular spot checks from [field care supervisor]. Staff we spoke with felt well supported by the operations manager and the field care supervisor. The operations manager told us they were well supported by the registered manager and provider. They detailed that they were always available for support and guidance on the telephone and they were present at the service regularly.

People continued to receive adequate support to meet their nutritional and hydration needs. Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs. Some people were able to do this for themselves or they lived with relatives who did this for them. People told us, "They give me meals, they are the ones that go in the microwave. They ask me which ones I want"; "They do food. I have frozen meals" and "I don't drink tea or coffee so they do me bottles of water. They put it next to the bed so I have enough for the night". A relative said, "At least once if not twice [staff member] made [family member] his toast, they give him a cup of tea". Where this was known people's likes, dislikes and preferences in relation to food and drink were noted in their care plans and records. People who had been assessed as being at risk of malnutrition had food and drink charts in place which staff had completed to detail what food they had eaten and drink they had taken.

People's care records evidenced that people continued to receive medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted and reported to people's families if they lived with a family member. Records evidenced that the service had responded to people's changing needs as they had contacted the GP, district nurses, Speech and Language Therapy (SaLT) and local authority care managers when necessary. One staff member told us that they had passed on concerns to the office about one person as they were having difficulty swallowing. The computer records for this person evidenced that the field care supervisor had taken action. However, the care plan and risk assessment for this person had not yet been updated to reflect this change. We spoke with the person who confirmed they had regular staff that knew them well. Another staff member shared their experience of calling 999 when someone had been taken ill

during a care visit. One person said, "They would call a doctor for me if I needed it but if I felt ill I would use my lifeline".

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess or mitigate risks to people's safety effectively in a timely manner. Regulation 12 (1)(2)(a)(b)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to deploy sufficient staff numbers. Regulation 18 (1)