

Rosemont Care Limited

Rosemont Care Medway

Inspection report

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Date of inspection visit:
25 May 2017

Date of publication:
28 July 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

We inspected this service on 25 May 2017. The inspection was announced.

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 56 people who received support with personal care tasks.

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. The registered manager was present at the service during the inspection but had distanced themselves from the inspection. The newly appointed manager was involved with the inspection. The newly appointed manager planned to apply to become the registered manager of the service.

At our previous inspection on 05 October 2016 we found breaches of Regulation 9, 11, 12, 13, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people's care and support was person centred. The principles of the Mental Capacity Act 2005 had not always been followed. Relevant consent to care and treatment had not always been gained. The provider and registered manager had failed to adequately assess and mitigate risks to people and staff. The provider had failed to establish systems and processes to safeguard people from abuse. The registered manager and provider had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided. The provider had not established and operated effective recruitment procedures. Staff had not received appropriate training in order to meet the needs of people they provided care and support. We also made a recommendation. We asked the provider to take action in relation to the breaches of regulations.

The provider sent us an action plan on 06 December 2016 which stated that they had already complied with Regulation 12 and 13 and that action had been taken to address Regulation 9, 17, 18 and 19 and this action was on going. The provider planned to meet Regulation 11 by January 2017. The provider had made some improvements to the service, however further improvements were needed.

At this inspection we found that people had mixed feedback about whether they received a safe, effective, caring, responsive and well led service.

Risks to people's safety and welfare were not always managed to make sure they were protected from harm. Recruitment practices were not always safe; gaps in employment history had not always been explored.

Staff had not all received training relevant to their roles. We made a recommendation about this.

There were suitable numbers of staff on shift to meet people's needs. However staff did not always have travel time or breaks allocated to them. Communication in relation to rota changes was not always effective. We made a recommendation about this.

Communication between staff was mainly good. Staff were made aware of significant events and any changes in people's behaviour.

Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service. Audits undertaken had picked up some of the concerns we found during our inspections. However audits had not picked up concerns in relation to recruitment records, risk, staff training and mental capacity. Further improvements were required.

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 limited understanding of the MCA 2005 to enable them to protect people's rights. Care plans and documentation did not evidence that the MCA had been followed in some cases.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

People and relatives told us that staff were kind and caring. Staff treated people with dignity and respect.

People's care plans had been reviewed and updated to ensure that their care and support needs were clear and their preferences were known. The management team were still working on reviewing and updating care plans to ensure they reflected the care people received from the service. People and their relatives had been involved with planning their own care.

People were supported and helped to maintain their health and to access health services when they needed them. Medicines administered were adequately administered and recorded to ensure that people received their medicines in a safe manner. Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs.

People and their relatives knew who to talk to if they were unhappy about the service. When complaints had been received, these had not always been recorded, investigated and responded to within suitable timeframes.

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

People's view and experiences were sought through quality assurance surveys. Relatives were also encouraged to feedback through surveys.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to. Staff received regular supervision and were in the process of attending annual appraisal meetings to discuss their performance.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can

see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement ●

The service was not consistently safe.

Effective recruitment procedures were not in place; two staff files contained gaps and inconsistencies.

There were enough staff deployed to meet people's needs, however further staff were required to ensure that travel time and breaks could be embedded into the rota system.

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

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

People were 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.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Not all staff had received all of the essential training they needed to help them meet people's assessed needs.

Staff had not received training in relation to the Mental Capacity Act (MCA). Staff were aware of how to support people to make decisions. No MCA assessments had been undertaken.

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.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us they found the staff caring,

friendly and helpful.

Staff were careful to protect people's privacy and dignity and most people told us they were treated with dignity and respect.

People's information was treated confidentially.

Is the service responsive?

The service was not consistently responsive.

The service had a complaints policy, which was on display in the office and people had a copy in their own homes. People's complaints and concerns had not always been recorded or actioned.

People's care plans provided clear information about the tasks staff were required to support people with in their own homes. The management team were making further improvements to people's care plans to ensure that care met people's assessed and changing needs.

People's and relatives views were gathered in a recent survey. The management team were still gathering responses and planned to respond appropriately to the feedback.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The management team carried out regular checks on the quality of the service. The provider was required to make further improvements to ensure that the service met the regulations.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff told us they were well supported by the management team.

Requires Improvement ●

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 checked 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 25 May 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert by experience. The expert by experience made telephone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses domiciliary care.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports, the provider's action plan and notifications. A notification is information about important events which the home is required to send us by law. We also reviewed information of concern.

We telephoned five people to ask them about their views and experiences of receiving care. We spoke with four relatives on the telephone. We spoke with 11 staff during the inspection, which included care staff, office staff, the manager and registered manager and operations manager.

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

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

We asked the registered manager to send us additional information after the inspection. We asked for a copy of the training matrix, copies of policies and procedures and confirmation of hours provided. These

were received in a timely manner.

Is the service safe?

Our findings

At our last inspection on 05 October 2016, we identified breaches of Regulation 12, 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider and registered manager had failed to adequately assess and mitigate risks to people and staff. The provider had failed to establish systems and processes to safeguard people from abuse. The provider had not established and operated effective recruitment procedures. We asked the provider to take action to make improvements. The provider sent us an action plan on 06 December 2016 which stated they had already met Regulation 12 and 13 and had started to take action to address Regulation 19.

At this inspection we found that systems and processes to safeguard people from abuse had improved, further improvements were required to ensure risk management and recruitment procedures were effective.

People gave us mixed feedback about how safe they felt. Comments included, "I feel very safe with the carers. I have every confidence in them"; "The carers make sure I am safe when they are here. They are very professional"; "I do feel safe with them all. I do have my preference though but I realise they can't come all the time" and "I generally feel safe with them. One is not so good, maybe because she is a young girl, and she insists on trying to move me on her own. It frightens me".

Relatives told us they felt their family member's received safe care. Comments included, "[Family member] is definitely safe with them. They look after her very well. I have got total peace of mind and I am not constantly worrying about her. For example, they keep a check on food in the fridge. If it is out of date they will throw it away"; "I think she is safe yes. There is a key safe which they can use to get in in an emergency" and "Yes, I believe she is safe with them. They make sure she uses her walking frame safely".

At our last inspection the provider had failed to adequately assess risks to people and staff. At this inspection, risk assessments were in place for each person. These identified the risks but did not always identify how to reduce the risks. For example, one person's risk assessment stated they did not have a boiler in their home and therefore no hot water. This meant staff had to boil kettles of water to enable the person to wash. Risk assessments had not specified ways in which the risks of staff carrying boiling water around the house had been reduced. We discussed this with the manager and office staff who told us about additional infection control risks at this person's home. These risks had not been recorded or mitigated. Following our discussion the manager arranged for additional measures to be put in place to protect staff from the risk of infection. Another person's care file identified they may be aggressive towards staff when stressed. No action had been taken to put a risk assessment together to look at ways of reducing the risk to staff. Two people's risk assessments were generic and not completed adequately. We spoke with the manager about this and they confirmed that the risk assessments had not been personalised to ensure that they met people's assessed risks. People and staff continued to be at risk because the provider and the registered manager had not carried out adequate assessments of risk and put systems in place to reduce risks.

The provider and registered manager had failed to adequately assess and mitigate risks to people and staff.

This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we reported that recruitment processes were not effective. At this inspection we found that recruitment processes were more effective, however further improvements were required. The manager told us that robust recruitment procedures were followed to make sure only suitable staff were employed. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. One staff file showed there was a gap of nine years in their employment history which had not been explored by the provider. Another staff file showed inconsistencies and discrepancies with the previous employment records, which meant disciplinary issues had not been checked or explored by the provider. Employer references had been gained and checked for all staff. However, the provider had not picked up that one staff member had not logged their last employer on their application form so had not requested a reference from them.

The failure to establish and operate effective recruitment procedures was a breach of Regulation 19(1)(2)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Daily records detailing care provided showed that people had regular and consistent staff. People and their relatives confirmed this. Rotas showed that most staff had travel time between care visits. The manager told us they were still working on making improvements to this area to ensure all staff had travel time and had time built into their day for breaks. The registered manager and manager were in the process of recruiting more staff. The provider had a system in place to monitor and track staff logging in and out of people's homes. This enabled them to check that people were receiving their allocated care at the time they needed it and to check if staff were running late. We received mixed feedback from people and their relatives in relation to staff arriving at the right time. People and relatives told us, "I don't think they can tell the time. They seem to have a three hour window and have no concept of time. We have asked that they come at 08:30"; "They are generally on time. They can be late on Sundays and Bank Holidays because of the buses not running as much"; "They are often late. I put my lunch in the oven and they can be three quarters of an hour late to take it out for me"; "Well you have to give them a little leeway. If they [staff] are walking it takes them longer to get here from their last client. But if they are an hour late I usually put his pyjamas on myself because he is ready for bed. They don't let me know" and "They are not always on time. They [staff] let the office know if they are running late but nobody lets me know. It is not their fault because they are pushed for time". Staff told us, "I think there are not enough staff now. They have taken on a lot of staff now so we should be ok. If people are sick we often have times when we don't have a call and we can fit other calls in. We still make sure people get their right time"; "I think there are enough staff" and "We are lacking in staff. I have been asked to do extra and have been on the go all day, with no breaks, that's a killer". One member of staff explained they had been penalised for missed care visits. However, they were unaware they had additional care visits added to their rota because they had not seen text messages adding in additional calls. They had completed their calls to the people they had been originally allocated.

We recommend that the provider reviews rostering systems and processes for keeping people informed about planned care visit times and changes.

People were protected from abuse and mistreatment. The staff we spoke with had a good understanding of their responsibilities in helping to keep people safe. Staff told us they would have no hesitation raising concerns with the appropriate people if they needed to. Staff were confident the provider would deal with any issues taken to them for their attention. 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.

Individual incidents and accidents were fully recorded by staff. The registered manager had looked at the records and investigated each incident to see if they could be avoided in the future. Action had been taken when issues arose. For example, staff had reported that a medicines error had occurred. Appropriate action had been taken. Staff had contacted relevant persons to seek advice and guidance.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. There were clear medicines procedures in place which had been updated in February 2017. The procedures 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 compliance aids that had been filled by a relative rather than the pharmacy. Staff were clear about their responsibilities regarding medicines. One staff member said, "I do give out medication. Most peoples are in a Dosette box, but some people have it still in individual boxes. I have to document everything. I have to make sure there are no mistakes. If it is medicine they [people] don't take all the time it is important to write this on the back of the sheet so we don't give that medication too often and over dose them".

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 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 manager when these were returned to the office at the end of each month. The manager detailed to us how they had reminded and advised staff of their duty to report any missed signatures on MAR charts to the office immediately. This meant that there were good systems in place to ensure people received their medicines safely.

Staff were provided with appropriate equipment to carry out their roles safely. For example 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.

Is the service effective?

Our findings

At our last inspection on 05 October 2016, we identified breaches of Regulation 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The principles of the Mental Capacity Act 2005 had not always been followed. Relevant consent to care and treatment had not always been gained. Staff had not received appropriate training in order to meet the needs of people they provided care and support. We asked the provider to take action to make improvements. The provider sent us an action plan on 06 December 2016 which stated they had started to take action to address Regulation 18 and planned to meet Regulation 11 by January 2017.

At this inspection we found that further improvements were required in relation to meeting the basic principles of the Mental Capacity Act 2005.

People told us staff were effective. They said, "Oh yes they do everything I ask them to"; "I have a preferred carer and she knows exactly how I like things done" and "My regular ones [staff] do things the way I want, but the young one I have to show what to do. She thinks she knows best".

Relatives said staff provided effective care when they were on time. Comments included, "Yes they are amazing. They have a good rapport with [family member]"; "From my point of view they are there when I can't be, so they are a godsend"; "They are very good with him, but if they are late I give them an hour and then help him undress myself" and "They do yes [provide care in the way it is wanted] but when they are late she is already half dressed, so they just make a coffee for her".

There were procedures and guidance in place in relation to the Mental Capacity Act 2005 (MCA) 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. However, it was not clear about best interests decisions; including who should be involved in these decisions. Training records showed that one staff member had attended MCA training; however an E-learning training record held by the management team showed that half of the staff team had completed MCA training. Some staff had limited understanding of the MCA. One staff member told us, "That is a hard one, it's on e-learning, I have done this but I have got to do it again as I did not get a very high mark. I don't think I really understood it, I know it's about them being able to decide if they can". Another staff member told us, "MCA I remember this it is about people choosing, not like little things like what to eat. More important choices, they may have dementia for example and need help with finances. It's in their best interest to safeguard them".

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. Staff told us, "If someone refuses care then I would contact the office. I would write it in the folder. But I would try to persuade them first. I would write it all down" and "I can't force them, if they still did not want any personal care I would encourage them, and point out how they may get sore that sort of thing. If they still refused I would report to the office and document it". However, people's care records did not always follow the principle of assuming the person had capacity.

There were no capacity assessments to demonstrate that people had been assessed to have capacity to make a particular decision. Relatives had signed consent forms for some people, but the person hadn't been assessed to check that they could consent to their own care. This meant that people's capacity had not been assessed in line with the Mental Capacity Act 2005.

The failure to follow the principles of the Mental Capacity Act 2005 was a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Training records evidenced that 39 out of 43 staff had attended medicines administration training and 35 staff had attended moving and handling training. Only five staff had completed fire safety training, six staff had attended food hygiene training and infection control training. E-learning training records showed that 29.1% of staff had completed training in relation to fluids and nutrition and 25% of staff had completed training in dementia awareness. The training records showed that 21 out of 43 staff had completed a five day induction course. Staff told us, "I did two days shadowing and 4 days with [staff] in the office. We did moving and handling, care certificate, safeguarding, medication and food hygiene. I have work books which I study most evenings because I want to do things well"; "I did do induction training, and I went out with people" and "I had four days induction, before I started and shadow shifts, The training included, safeguarding, medicines, communication plus lots of other subjects, and how they work. I did a couple of shifts with someone else". Further improvements were required to ensure staff had the training and knowledge they needed to provide people's care. The provider had employed a training manager for the organisation who provided training to staff at the service and the provider's other service. They had planned and booked training courses for staff for the coming months. Moving and handling training had been planned for 08 June 2017.

We recommend that the provider and registered manager review training systems and processes to ensure staff receive training in a timely and effective manner to enable them to meet people's assessed needs.

Staff received regular supervision with their line manager. Staff supervision is a one to one meeting with a manager or senior member of staff. It is intended to enable managers to maintain oversight and understanding of the performance of all staff to ensure competence was maintained. This assists in ensuring clear communication and expectations between managers and staff. Supervision processes should link to disciplinary procedures where needed to address any areas of poor practice, performance or attendance. The provider's supervision policy stated that staff would be provided with supervision every three months and receive at least one observational supervision per year. Staff files we looked at showed that staff had received regular supervision and spot checks had been carried out by the management team. Staff who had been in post for longer than one year were in the process of meeting with their managers for an appraisal.

People received 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. A relative confirmed, "Yes they [staff] cook food for her and she chooses what she wants each day. I usually will shop on line for her and they will remind her what she needs. They make sure she has enough to drink too". People told us, "They help me with my lunch. I usually have a microwave meal" and "I put my meal in the oven and they get it out for me when they arrive". 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 received 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. Records evidenced that the service had responded to people's changing needs as they had contacted the GP, district nurses and local authority care managers when necessary. Staff gave examples of the action they would take if they were concerned about a person's health such as if someone was not acting in their usual manner or that they were showing signs the person had experienced a stroke. One staff member said, "If someone became unwell, I would call the office for advice, but if serious then I would call an ambulance, then I would phone the office and let them know. I would stay with them until the ambulance came. I or the office [staff] would contact the family". People and relatives gave us examples of when staff had responded to changes in their family member's health needs. One relative said, "They remind her if she needs to make an appointment and help her get ready with her paperwork she needs". One person said, "They have rung the doctor for a home visit for me". Another person told us, "They became concerned about a rash I have so rang the nurse. They are very good like that". During the inspection one person rang into the office and complained they were not feeling well. The staff member taking the call could hear that the person was having problems breathing and they were becoming anxious. They provided reassurance and clear instructions to the person. They called the emergency services to arrange for medical help and then left the office to support the person by packing a bag to take to hospital and handing over essential information to the paramedics.

Is the service caring?

Our findings

People told us that the staff were kind and caring towards them. Comments included, "Oh yes they are very caring. They know if I am a bit down and will sit with me"; "Yes definitely. They make sure I have everything I need before they leave"; "I am very happy with them"; "They give me the care I need. I have no one close by"; "The care is excellent" and "Oh yes. We have a laugh. They are mindful of me losing my confidence and are careful with me. Most of them anyway".

Relatives told us staff looked after their family members well. Comments included, "They are wonderful. They brighten her day. They always sit and listen to her and provide phenomenal care"; "They look after her very well. Some are better than others though. I leave notes all over and they just miss them. Then they do what I have already done"; "Yes they are very hard working, cheerful and willing girls [staff]"; "The carers [staff] are very good" and "They give me peace of mind"

Staff were aware of the need to respect choices and involve people in making decisions where possible. Staff gave people prompts and praise to ensure people were in control and encouraged people to make decisions.

Staff maintained people's privacy and dignity. Staff explained that they would close doors and curtains when providing personal care to people. Staff explained how they chatted to people whilst providing care which made people feel valued. Staff said, "We always must consider people's privacy and dignity, I always think. I keep the person covered up as much as possible. I shut the door, close the curtain if necessary. I would encourage them to wash the bits they can reach themselves. I talk to them about all sorts of things to try and keep the person at ease; "If they want to use the bathroom I close the door, keep them covered as much as I can while dressing them, I close the curtains" and "When I give a wash, I try to keep them covered as I go". One person told us that one staff member didn't always treat them with dignity and respect. They said, "The main carers respect my dignity in the way they handle me, but the young girl won't listen to me". One person gave us positive views, "They never rush me, let me take my time".

People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan. People's care and support had been carried out as per their wishes. For example, if care plans stated they had two care visits per day, two care visits were recorded and detailed.

Some of the support the service provided was short term support to enable and rehabilitate people following a hospital stay and periods of poor health. Staff worked with people for up to six weeks to enable the person to regain confidence and independence. Some people required longer term support to enable them to live as independently as possible in their own homes.

Staff knew the people they supported well. The rota's evidenced that people had consistent staff providing their support. For example, people had a core group of staff that visited them in their homes to provide their care and support. Staff had a genuine interest in the people they supported.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in a locked room to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password. The provider had a backup server and IT support to ensure that files could be accessed and recovered in the event of IT failure.

Is the service responsive?

Our findings

At our last inspection on 05 October 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's care and support was not person centred and had not been assessed in line with their preferences. We asked the provider to take action to make improvements. The provider sent us an action plan on 06 December 2016 which stated they had started to take action to address Regulation 9 and this was on going.

At this inspection we found that there had been improvements to care plans and systems, these were still being worked through.

People told us that they were involved in planning their care. Comments included, "Yes I have one. [Staff member] did an assessment when I came home from hospital"; "I had an assessment. My family were not involved because they live away"; "Yes I do have one" and "I think I have one, but they don't stick to the times".

Relatives also told us they had been involved with planning their family member's care. Comments included, "Yes she has a care plan and I was involved in the initial assessment"; "They did an assessment in the past and I was involved" and "[Family member] does have one but it is not being followed".

People's care plans had improved. They provided clear information about the tasks staff were required to support people with in their own homes. They were personalised. Further improvements were required to make sure they all included essential information such as information about people's personal histories. This would enable staff to engage with people about their past and about important things. Most of the care plans had been re written since the last inspection. There were still more to go through this process but these had been identified and were on the schedule for completion. A staff member from the provider's main office had been drafted in to help with this process. There were three reviews scheduled for the following week to enable the field care supervisor to go out and review and revise people's care package with them to make sure it met their needs.

People's care records contained an assessment of their needs and this included information from health and social care professionals. Care plan audits had taken place. The manager told us that 17 audits had been undertaken. We viewed these and each audit had identified a number of actions for each file. The manager explained that they then decided to implement a new care plan and system. They said, "We have been busy as a whole team addressing the issues with every single care file and making sure these are reviewed, reassessed and clear".

People and their relatives told us that they had made complaints about the service and action had not been taken to address their concerns. Comments included, "I have complained recently, within the last month. It is about the carers arriving up to three hours late. I have spoken to the manager"; "I have spoken to people in the office but they don't listen to me. They change the rota and carers arrive too late to get my dinner out of the oven for me" and "I have spoken to [staff member] about them arriving late and one young carer".

People were adamant they had reported concerns to the office. This meant that there may be a communication issue or lack of understanding about what constitutes a complaint or concern. We spoke with the manager about this. The manager confirmed that there had been no complaints relating to the people we spoke with. The manager told us, "I will add this to my spreadsheet I will be implementing to track all of the complaints, compliments and incidents. I will now add concerns/comments to the spreadsheet, I will put this in place as soon as possible". This meant that people's concerns and complaints hadn't always been dealt with effectively.

The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. However this did not include the Local Government Ombudsman (LGO). The procedure gave an incorrect contact address and telephone number for CQC. The provider had an easy to read complaints information guide for people, however this had not been personalised to the service provided in the Medway area. It related to the provider's other service in Essex.

The failure to establish and operate effective complaint systems was a breach of Regulation 16 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had received 11 complaints about the service since January 2017. Ten of which had been resolved effectively and one was still on going. Staff told us that the complaints procedure was also available in each person's folder which was kept in their home. Staff said, "I would guide them through the procedure, it's in the folder, I would show them the office number, and dial it for them if they could not do that themselves" and "If someone wants to complain I would get them to ring the office so they can speak to the manager".

The provider had sent out questionnaires to people and their families to gain feedback about the service. The responses were still coming back and 26 completed questionnaires had been received. The feedback provided in the questionnaires was mixed. Comments included, 'We are very satisfied with the relevant services'; 'We are completely impressed with our carer [name] and the services she provides'; 'I am satisfied with the care provided by your carers but would appreciate knowing what time (approx.) they are coming to assist me at the moment I have no idea at all'; 'I wish to compliment [staff name] for her care and friendliness also [staff name]'; 'There are too many carers coming which is not good for on-going problems. It would be most helpful if we can know in advance each week as to which carer will be coming'; 'Still awaiting texting of [person's] schedule as promised when [person] had reassessment'; 'Communication is not always good due to lack of English from some carers'; 'It would help if you didn't keep changing the rota and carers and stick to the times allocated. If a carer is going to be late, a telephone call beforehand would be helpful, and appreciated' and 'Please keep me up to date with any changes to my carers'. The manager was collating the responses and told us they planned to address the issues and concerns that people and their relatives had raised.

The service had received 15 compliments in 2017. One read, 'I am very happy with the service provided, and with the care provided by your people I have met, who treat me like a thinking adult'. Another read, '[Staff member] is a credit to you well done to her'; '[staff member] has settled nicely with mum. She shows compassion and interest in her job very kind and considerate well done to her' not forgetting '[staff member] the young man on the phone very polite and helpful. Good on you'.

Is the service well-led?

Our findings

At our last inspection on 05 October 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager and provider had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided. The provider sent us an action plan on 06 December 2016 which stated they had started to take action to address Regulation 17 and this was on going.

At this inspection we found that the registered manager and provider had employed a new manager and had made improvements to systems and processes. However, the provider and registered manager had failed to make improvements in some areas. Further improvements were required to ensure that staff received the relevant training, mental capacity assessments were undertaken, recruitment processes were strengthened further and people's comments and complaints were listened to and resolved effectively.

Further improvements were required to establish and operate effective systems to monitor and improve the quality of the service. There was a breach of Regulation 17 (1)(2)(a)(b)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave us mixed feedback about how well led the service was. Comments included, "I have to say no because I am not happy at the moment"; "I don't think it is managed very well. They are haphazard with their times"; "No I don't [think they are well led]. Nothing changes" and "Yes I would say so. I am generally happy with them".

Relatives also gave us mixed feedback about the service. They said, "Yes I do [think they are well led]. They are very informative and have taken a weight off my mind"; "Not really. They don't keep me informed and they can't sort the timings of visits out"; "Yes I do. They do spot assessments, which is a good thing. They are very helpful" and "Well they have a little failing with their times. I give them an hour and then ring to see where they are".

Audit systems were in place. The management team had carried out audits of the service from March 2017 onwards in relation to each area such as care plans, staff files, health and safety and record keeping audits had taken place; these highlighted some issues. Many of which had been dealt with and some were still ongoing.

Staff told us they felt confident to report any concerns to the management team. Staff told us that they were aware of the service's whistleblowing policy. Staff felt confident to use this policy. One staff member said, "It would be dealt with properly". Another staff member told us, "I would feel happy to discuss concerns and log issues with [manager].

Staff reported that communication was good within the service and meetings were regularly held so they could discuss concerns. Staff said, "It is well managed. It is hard to get staff. Communication has improved. [Registered manager] is here at times, if she is not physically here she is on the phone all the time"; "Good

structure to service. It is the best it's ever been. [Manager] explained how she works, she offered help if we needed it, always at the end of the phone if we need her"; "We have a weekly office meeting in the morning. We also have a morning catch up to see what has happened and everyone is aware of what is happening and we work together. [Manager] is taking the company in the right direction. I can see the positive effects of her being in post"; "The service is a lot better we are all working well together"; "I have been to one meeting, they talked about concerns. They also reminded us about what we must put in the daily report, we can bring stuff up we would like to talk about, they tell us about training and any changes to what we are doing"; "I think that communication is really good I feel comfortable talking to the manager. Everyone has been very supportive. Some staff do not have a good understanding of English, so If I work with them and they don't understand what I am saying I can ring the office. They will speak to them in their own language so we can sort things out" and "I find there is always someone to talk to when I need them, and they never mind me doing this now. It was not so easy before the new manager".

Staff received regular newsletters to keep them well informed. The manager told us they planned to roll out a newsletter for the people the service support, in order to improve communication and to let people know about events in their local community. The provider had introduced and embedded a 'Carer of the month' scheme. So far three staff members had been awarded this accolade for January, February and March 2017 to celebrate their good work and dedication.

Staff felt well supported. Comments included, "This is a supportive company. There is always someone to help. The whole office team has changed" and "Rosemont Care have been really good not just the care staff but all the office staff including [registered manager] and [director]. They have been really good and understanding, they work really hard to support us as carers and the service users. They have done a great job and I wanted them to have the recognition for this".

A local authority commissioner told us that the council's quality assurance team had been working with the service to monitor and drive improvements for people. They told us that they had met with the manager following a quality audit. They were 'reasonably assured' that the new manager had the ability to address and action the concerns raised. The service had received a follow up visit from the council's quality assurance team on 19 May 2017. A summary letter shown to us during the inspection clarified that further improvements had been made. It stated 'In general the visiting officers reported improvements against the concerns raised. A quality assurance report will be sent in due course. This will detail the improvements made and areas of continued improvement'. This evidenced that the new manager had been effective in making changes and improvements to the service.

The management team held daily meetings in the office. This ensured that the management team were aware of any issues and concerns. The manager told us they had an open door policy which meant that staff, people and relatives could approach them at any time to discuss any concerns. We observed staff putting this into practice.

The management team had a good understanding of their roles and responsibilities in relation to notifying CQC about important events such as injuries and safeguarding. The rating from the last inspection was clearly on display for people, relatives and visitors to view both in the office and on the provider's website. This meant that the service was open and transparent about their last inspection.

The manager explained that they had good support from their manager, who was the registered manager, the operations manager and the provider. The manager told us, "Communication I was told wasn't brilliant, we try to make it better, messages clear and regular communication. I am not a nine to five manager. Improving communication is lifting and improving staff morale. We have got more structure. Emails get sent

to relevant people".

The manager had attended local authority run provider forums to engage with other registered managers and providers in order to share information and good practice. The manager told us, "I have been to some provider forums, didn't get invited to the last one. I found them very helpful. For me it's all about the quality of service we are delivering. We have built up some contacts via UKHCA [United Kingdom Homecare Association] with other registered managers. At the moment my centre of attention is to fix here first. We are learning from mistakes, changing and improving processes and don't hide from it".

The manager kept up to date with events, changes and information relating to the health and social care sector by receiving weekly communications from the provider and CQC newsletters. They had developed a CQC file which contained copies of the relevant regulations and guidance about how to meet the regulations.

Policies and procedures were in place for staff to refer to. The policies and procedures were up to date and relevant. The office contained a number of reference books and guidance to help staff and the management team.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider and registered manager had failed to establish and operate effective complaint systems. Regulation 16 (1)(2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager were required to make further improvements to establish and operate effective systems to monitor and improve the quality of the service. Regulation 17 (1)(2)(a)(b)(e)(f)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to follow the principles of the Mental Capacity Act 2005 Regulation 11 (1)

The enforcement action we took:

We served the provider and registered manager a warning notice. We told them to meet the Regulation by 31 July 2017.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had failed to adequately assess and mitigate risks to people and staff. Regulation 12(1)(2)(a)(b)

The enforcement action we took:

We served the provider and registered manager a warning notice. We told them to meet the Regulation by 31 July 2017.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider and registered manager had failed to establish and operate effective recruitment procedures Regulation 19(1)(2)(a)(3)(a)

The enforcement action we took:

We served the provider and registered manager a warning notice. We told them to meet the Regulation by 14 August 2017.