

Rosebud Homecare Limited

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Inspection report

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Date of inspection visit: 01/12/2015

Date of publication: 12/02/2016

Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

Rosebud Homecare Ltd provides care and support to adults in their own homes. They provide care to people within Milton Keynes and the surrounding area. On the day of our inspection there were 54 people receiving care from the service.

This inspection was announced and took place on 01 December 2015.

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 away when we visited, however the care manager was available, to help us during the inspection.

Summary of findings

There were not robust systems in place, to ensure the administration of people's medication was recorded appropriately. Staff had however received appropriate training to ensure that they could give people their medication safely.

The provider had recorded safeguarding incidents, and reported them to the local authority, however they had failed to notify the Care Quality Commission (CQC) of notifiable incidents, such as abuse or allegations of abuse.

There were not effective quality assurance systems in place to monitor the care being provided and to identify areas which required development.

People felt safe at the service, and were cared for by staff who had knowledge and understanding of abuse and how to keep people safe from it.

Risks to people were identified and regularly assessed to ensure people were safe. Risk assessments provided staff with guidance about what actions to take to minimise the effects of risks.

Staffing levels were suitable and sufficient to meet people's assessed needs and ensure their visits were not missed. Staff had been recruited safely and the provider had carried out a number of checks to ensure staff were of good character to provide people with care and support.

Staff received an induction at the start of their employment, as well as regular on-going training, to establish and maintain the skills they required to meet people's needs. They also received regular supervision sessions, to help manage their development and raise any concerns they had.

People were supported to prepare their own meals and drinks by staff. They were encouraged to eat and drink healthily, however staff respected their choices and prepared food and drinks the way they liked.

If required, staff supported people to book and attend medical appointments. Staff acted on the advice of healthcare professionals and ensured records were updated to reflect any changes.

There were positive relationships between people, their families and members of staff. Staff worked to ensure people were comfortable with them, and spent time getting to know them.

People had been involved in planning their care and the provider had ensured that all the information they needed was available to them.

Staff treated people with privacy, dignity and respect. They took steps to ensure these were maintained whilst providing care and were supported by training and the provider's policies in this area.

People had initial assessments of their needs carried out, to help the service identify, and plan for, their needs and wishes. These assessments were used to write up care plans, which were regularly reviewed, to ensure they were up-to-date.

Complaints and feedback from people and their family members was encouraged. They were comfortable talking to staff about any concerns which they had, but were also aware of the process for making formal complaints, if necessary.

There was a positive culture at the service. People were happy with the care that they received and staff were motivated to perform their roles.

We identified that the provider was not meeting regulatory requirements and was in breach of a number of regulations within 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 the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Recording systems were not always in place, to demonstrate when the service had supported people to take their medicines.

People were protected from harm and abuse by staff who knew what action to take, if they suspected abuse had taken place.

Risk assessments were in place to ensure people were safe.

Staffing levels were suitable to ensure people's needs were met.

Requires improvement



Is the service effective?

The service was effective.

Staff received regular training, supervision and support from the provider.

People were supported to prepare meals and drinks by staff, when required.

Staff supported people to make and attend appointments with healthcare professionals if necessary.

Good



Is the service caring?

The service was caring.

People had developed positive relationships with members of staff, who treated them with kindness and compassion.

People and their family members had been involved in planning their care, to ensure it met their needs.

People's privacy and dignity were promoted by the service and staff treated people with respect.

Good



Is the service responsive?

The service was responsive.

People received person-centred care from the service. They had specific care plans in place, which were reviewed on a regular basis.

Staff had a good understanding of people and their needs, and ensured the care they provided met their needs and wishes.

People were encouraged to provide the service with feedback and were aware of complaints procedures.

Good



Is the service well-led?

The service was not always well-led.

Requires improvement



Summary of findings

The provider had failed to send the Care Quality Commission notifications of certain incidents, such as safeguarding alerts.

There was a lack of quality assurance systems being carried out regularly at the service.

People were positive about the care they received and the registered manager had worked to create a positive and open culture.

Rosebud Homecare Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 01 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that there would be staff available to help with our inspection.

The inspection team comprised of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert used for this inspection had experience of a family member using this type of service, and supported us by making phone calls to people who used the service.

Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

We spoke with six people who used the service and two of their relatives. We also spoke with the care manager, the training and support manager, and two members of care staff.

We looked at eight people's care records to see if they were accurate and reflected people's needs. We reviewed staff recruitment files, recruitment procedures and training records. We also looked at further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

We saw that there were records in place to provide staff with information regarding people's medication, as well as recording systems to make sure it had been given correctly. These were not always completed in full, or made available to us. The care manager explained that the district nursing team put Medication Administration Record (MAR) charts in place, for staff to record when they had given people their medication. These were not always available, as the district nurses sometimes took the MAR charts away, for their own records. We were able to see some MAR charts, however these were not always completed in full and had some unexplained gaps for medication administration. The care manager explained that this may be due to family members giving medication, or when visits were not required. There was nothing on the MAR charts to indicate why these gaps were present.

This meant that there were not always current and up-to-date records available, relating to the administration of people's medication. This was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people received support from the service to take their medication. People and staff told us that, where possible, people did this for themselves, to help maintain their independence. People also told us that staff members would provide support with medication, ranging from simple prompts to full administration. One person said, "If the carers prompt me to take my medication they stay with me until I have taken the medicine." Staff told us that they could only give people their medication if they had received appropriate training and oversight. They explained that this included competency checks, to make sure they were giving people their medication correctly.

People felt safe when they received care from the service. One person told us, "I feel safe when they are doing my personal care." Another said, "I feel safe when the carers are doing things with me, we go slowly and take our time. This stops me from falling over." People explained to us that they felt that staff would keep them safe from accidental harm or abuse, which helped them to feel at ease. People's relatives were also positive about staff and told us that they felt their family members were safe when they were receiving care.

Staff told us that they were aware of abuse, and potential signs or indicators of it. One staff member told us, "I wouldn't hesitate to report anything I didn't think was right." The staff we spoke with told us that they were prepared to report abuse, including to external organisations, such as the local authority and Care Quality Commission (CQC), and were aware of who they should contact if necessary. We saw that staff received training in safeguarding adults, and records showed that incidents of suspected or possible abuse were reported internally, as well as to the local authority safeguarding team.

People also told us that staff were aware of the risks that affected them, and took action to help reduce the impact of those risks. People's family members also told us that they felt the service took action to minimise risk levels. One relative said, "They make sure my relative is safe by walking alongside them." Another explained to us the process staff followed to ensure they were moved and hoisted safely. We saw in people's care plans that there were risk assessments in place to help guide staff. They contained information regarding the risks that people faced, as well as control measures which were put in place, to help staff reduce risk levels. Risk assessments covered areas such as falls and moving and handling, and were reviewed on a regular basis.

People were positive about staffing levels at the service. None of the people we spoke to had received any missed calls and saw regular staff members. One person said, "They have never missed calling on me and if they are late, which is not very often, they call me and let me know what time they will be here." Staff explained to us that there were enough members of staff to ensure people received their calls, and that they were rarely late. They told us that, if they had to stay late to provide people with support, or if traffic meant that they were going to be late, they would contact the office, who would ensure that people and their families were informed. Staff also told us that office staff were flexible and would come out and support with visits, if necessary. Staff rotas showed us that people's visits were covered and there were suitable systems in place to arrange for cover when required.

Staff members told us that they had been robustly recruited before starting work at the service. They explained that the provider carried out a number of checks, including seeking past employment references and Disclosure and Barring Service (DBS) criminal records

Is the service safe?

checks. The care manager confirmed that this took place for each staff member and the training and support manager was able to show us that these records were in place. Staff files demonstrated that staff members had

been safely recruited and that appropriate steps carried out, including references, interviews and DBS checks, to ensure staff were of suitable character to work with vulnerable people.

Is the service effective?

Our findings

People told us that they felt staff received sufficient training and support, and had the skills and knowledge required to deliver their care. One person said, “They are competent and well trained.” Another person told us, “They all know my needs and are well trained in dealing with my disabilities.” People’s family members echoed these positive points of view about the skills of the staff. One relative told us, “I feel the staff are caring and trained well enough to do the work that is asked of them.”

Staff were also complimentary about the training and support that they received from the provider. They explained that when they started working at the service, they completed an induction period. During this time they completed mandatory training, familiarised themselves with organisational policies and procedures and shadowed more established members of staff. During shadowed shifts, new staff would observe their colleagues practice, as well as get to know people and their family members. The care manager told us that shadowed shifts were also used for existing staff if they started to provide care for a person who they hadn’t previously been visiting, as they would have to get to know them and their needs. We saw in staff records that induction training and shadowed shifts were completed by all new staff. In addition we saw that the induction included the new Care Certificate, to ensure staff had suitable skills and knowledge when they started supporting people on their own.

Staff told us that they also received regular on-going training and refresher sessions, to help keep their skills up-to-date. One staff member told us, “Training has been brilliant, it’s absolutely amazing.” Staff told us that they completed a mixture of mandatory refresher sessions, as well as specific courses, such as dementia, to give them the skills and knowledge required to meet people’s specific needs. In addition, staff told us that they were able to complete additional qualifications, such as Qualification Credit Framework (QCF) diplomas in health and social care. The service had a training and support manager in place. They told us that staff received training in a number of

different formats, such as face-to-face and distance learning courses. Training records showed that staff received regular training from the service and were encouraged to develop their skills.

In addition, staff received regular formal and informal support from the provider and management at the service. Staff told us that they met with managers regularly for supervision sessions. During these they were able to discuss any concerns they had, as well as areas for development or identifying training needs. The care manager told us that, as well as these sessions, there was an open-door policy at the office, so that staff could always come in and discuss any concerns they may have. Records confirmed that staff received regular, formal supervisions with management.

People told us that, where required, staff would help them to prepare meals and snacks. One person said, “The meals are always hot and tasty and they prepare the food that we asked them for.” Another told us, “The food they provide me with when I’m not well enough is cooked to the way I like it; it’s tasty and appetising to eat.” Staff told us that, wherever possible they encouraged people to prepare their own meals and snacks, but if necessary they would provide support to do so. They also told us that they ensured people had drinks available and were happy with the food and drink they were given. People’s care plans recorded what support was required in terms of food preparation, as well as their specific likes and dislikes. There were also systems in place to monitor and record people’s dietary intake if required.

People were also supported with their health needs and appointments by the service, if necessary. One person told us, “If I was unwell the carers would arrange for my doctor to come and see me, they are good like that.” Another said, “If I need medical support they arrange it if I am not well enough to do it myself.” Staff told us that they responded quickly if they felt that somebody required medical appointments, and worked with them and their family members to ensure they saw the healthcare professionals they needed to. People’s files showed that contact information for healthcare professionals was available and that staff recorded contact with them, as well as appointments and any actions recommended.

Is the service caring?

Our findings

People were positive about the staff that they received care from. One person said, "They are nice people, on time and polite." Another person told us, "They are very good at their jobs, efficient, compassionate and caring, They are like gold dust to me." People's relatives shared this point of view. One relative told us, "I'm happy with the care that they provide and wouldn't change anything."

People told us that staff had developed strong relationships with them, which helped them to feel at ease when they received care. One person said, "They will sit and chat with me, making sure everything is ok." Another told us, "They are caring and polite, we are chatty with each other and they respect my home." Family members also felt that staff took the time to talk to people and to build relationships with them. One relative said, "I hear them talking to my relative and having fun at the same time." Staff told us that they felt it was important to get to know people and spend time talking with them during visits. They said that this helped people to feel comfortable, as well as making sure that people received the care they wanted. Staff also felt that it was important to get to know people's family members well. One staff member explained that the service had spent time helping a family member gain a better understanding of dementia, and planned to provide them with training so that they could also support their family member in respect of their dementia.

Care plans had been produced to provide staff with guidance about how people wanted to receive their care. People told us that they had been involved in this process, to make sure the care plans were reflective of their wishes and contained information which was relevant to them. People were aware of their care plans and the content of

them. One person told us, "I do have a care plan, it's in the folder." Another person said, "All my care needs are in my care plan which is reviewed on a regular basis." Family members also felt involved in the care planning process. One relative said, "There is a care plan in the folder and they talk about it every now and again." Staff told us that it was important that people were involved in planning their care, and they worked to ensure their views and wishes were accurately represented. We looked at people's care plans and saw evidence that they had been involved throughout the care planning process. In addition, useful information about the provider and the services that people and their families could expect to receive, had been made available. This included information about contacting the service and how to provide feedback or make complaints. Contact information for external organisations, such as the local authority, the Care Quality Commission (CQC) and advocacy groups was also available.

People felt that staff and the service respected their privacy and dignity, and treated them with respect at all times. One person told us, "When they shower me they close all the curtains and the doors so that no one can see me, to protect my privacy." Another said, "I feel safe, treated with dignity and when I have my personal care they ensure my privacy is protected." Relatives also felt that their family members were treated with dignity by the service. One relative said, "They are polite, respectful and caring." Another told us, "They respect his privacy." Staff confirmed that people's privacy and dignity were important parts of their role, and that they worked hard to ensure people were treated appropriately. We saw that the service had a policy to guide staff in this area, and that training was provided, to ensure staff knew what was expected of them.

Is the service responsive?

Our findings

People received personalised care, which was specific to their individual needs and wishes. They told us that, before their care package started, staff from the office came to meet with them to discuss their care needs. Staff confirmed that they met with people and their families, in order to complete an initial assessment of people's needs. This was used to ensure that the service would be able to meet people's needs and to develop an initial care plan to help guide staff. The care manager told us that this information was used to help match up members of staff with people new to the service. Wherever possible, they would match people with staff who had similar interests or backgrounds, to help support the development of a positive relationship between them. We looked in people's care plans and saw that the initial assessments were in place and used to help develop people's care plans.

People were aware of their care plans and the content of them. They told us that they were always available to them and they could go through them whenever they wanted. They also told us that care plans were reviewed regularly with them and the provider. One person told us, "We met up about two weeks ago and made sure I was getting the care that I needed." Care plans showed regular reviews took place, with updates being made to plans when needed. Staff told us that care plans were useful. They provided them with the information they needed to provide people with the care and support that they needed. Staff also told us that they were always willing to provide people with additional help, such as doing some cleaning or tidying, if people requested it. The care plans themselves provided staff with specific guidance on people's care needs. This ensured that staff provided people with continuity of care, which was specific to their expressed needs and wishes.

People told us that they were able to provide the service with feedback about the care that they received at any time. One person said, "If I had any concern, I would talk to the carers or the manager, all are approachable and friendly." Another said, "If I have any concerns I talk to the carers and the managers, who are all very supportive." People's relatives also told us that they could easily provide feedback regarding their family member's care. One family member said, "If I had any concerns, I would talk it through with the carers."

People and their family members also all knew how to raise complaints with the service, however, when we carried out our inspection, none had made a formal complaint. One person told us, "I have never had to complain but I would call the office and talk to the manager." Another said, "If we have any problems we can call the manager." Staff members told us that they encouraged people and their families to raise any concerns that they may have. One staff member said, "Complaints information is available for people. We make people aware that they have a choice, things can get changed." We saw that the service had a complaints policy in place, as well as information in people's files, providing them with guidance about how to make a complaint. There was also information available about contacting the service, as well as external organisations, such as the local authority and the Care Quality Commission (CQC), in case they wanted to make an external complaint about the service they received. We saw that the service had not received many complaints in the past 12 month. Those that had been received were investigated by the service, and actions implemented as a result.

Is the service well-led?

Our findings

The service had not always met their regulatory requirements. Providers are required to send the Care Quality Commission (CQC) notifications of certain incidents, such as safeguarding alerts or concerns or deaths of people when they were receiving care from the service. During our visit we asked the care manager about these notifications. They told us that they and the provider were unaware of this requirement, therefore notifications had not been sent to the CQC. We looked at records and found evidence of incidents, such as safeguarding alerts sent to the local authority, for which notifications had not been sent to the Care Quality Commission.

The provider had failed to notify the CQC of safeguarding incidents which occurred during the carrying on of the regulated activity. This was a breach of regulation 18 (1) (2)(e) Care Quality Commission (Registration) Regulations 2009 (Part 4).

People told us that the service usually sought their feedback, in the form of annual surveys, however could not remember completing one recently. They were also unsure of how the service used the feedback gained in surveys. One person told us, "I filled in a survey some time ago, but I haven't heard anything since." We looked at records and saw that there were a number of historic satisfaction surveys which had been completed, the most recent having been carried out in April 2014. We saw that there was generally positive feedback in these however, some people had raised some issues. We saw that the provider had analysed the results of the survey and written a summary of the points raised, however it was not clear what actions had been taken as a result of the feedback they received. The responses from the provider had a defensive nature, rather than accepting people's concerns and implementing actions to improve the service people received. For example, one person had fed back that they felt that, at times, their rota changed for 'no evident reason.' The written response from the provider stated, 'The rota is never changed for no evident reason.' There was nothing to suggest the provider had acknowledged the concerns raised, or used the feedback to improve their service.

We asked the care manager to show us any quality assurance processes which the provider had put into place to ensure care was delivered to a high standard. They told us that there were no formal processes which were in place

to monitor and develop care delivery, with the exception of staff spot checks. We asked if there were any procedures for regularly reviewing care plans, incidents, staff files, medication administration and other areas of service management, however they were unable to show us audits or checks carried out. We looked at policies and procedures and saw that templates were available for a number of checks and audits, however there was nothing to show that they were being implemented on a regular basis. This meant that there were no effective systems in place to review people's care and the management of it, to ensure that high standards were maintained and areas for improvement identified.

Systems or processes were not established and operated effectively to assess, monitor and improve the quality and safety of services. This was a breach of regulation 17 (1) (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care manager informed us that they carried out spot checks with individual staff members, to ensure they were delivering care in accordance with their training. Staff confirmed that spot checks were carried out on a regular basis. One staff member said, "I like having a spot check so I know if I am doing anything wrong." Staff records confirmed that regular spot checks were carried out to review staff performance, and identify specific training or development needs.

There was a registered manager in post at the service. They were supported by the provider, as well as a team of office staff, who worked with the registered manager to ensure people received the care and support that they required. There was an open atmosphere amongst staff at the service and the registered manager had instilled a positive culture at the service.

People and their family members were positive about the care and support they received from the service. One person said, "There's nothing I would want to change and everything is fine." Another told us, "I can't find a thing I am not happy with. A brilliant service provided." One person's family member said, "A good service in which we are happy." Staff were also positive about the service and the support they received, to allow them to perform their roles. Staff were motivated to perform their roles and were happy to work with people. They were also aware of their duty of care towards people, and were prepared to follow the service's safeguarding and whistleblowing procedures.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

There were not always current and up-to-date records available, relating to the administration of people's medication.

regulation 12 (2) (g)

Regulated activity

Personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider had failed to notify the CQC of safeguarding incidents which occurred during the carrying on of the regulated activity.

Regulation 18 (1) (2)(e)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes were not established and operated effectively to assess, monitor and improve the quality and safety of services.

Regulation 17 (1) (2)(a)

This section is primarily information for the provider

Enforcement actions

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