

## Romie Care Services Limited

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### Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

### Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by Care Quality Commission (CQC) which looks at the overall quality of the service. This was an announced inspection. We gave the provider two days' notice that we intended to inspect the service.

Romie Care Services Limited is a domiciliary care agency that provides personal care to vulnerable people in their

own homes. The services currently provides care and support to 79 people, most of whom are elderly or who have complex health needs or physical disability. The service has a registered manager. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People who received care and support and their relatives told us that they were happy with the care being provided and the staff who delivered support. People told us that they were being supported by kind and attentive staff and that staff respected their privacy and dignity.

# Summary of findings

People's health needs were met. We found that people's health and care needs were assessed, and care planned and delivered in a consistent way. From the three people's plans of care we looked at, we found that the information and guidance provided to staff was detailed and in formats that people receiving care could understand.

We found that the service followed safe recruitment practices. We checked records and saw that all new employees were appropriately checked through robust recruitment processes to ensure that they were suitable to work with older people. We found that most staff were well trained, knowledgeable and had a good knowledge of the people they were caring for, including their preferences and personal histories. However, we found that some staff did not have the skills and training to provide appropriate care to people with more complex physical needs that included the use of 'specialist' equipment.

People's health and welfare needs were not always being met because there were insufficient numbers of staff available. We found that there were staffing difficulties at weekends whereby people received visits to their home's later than agreed in their care plans. Carers arriving late

for calls can potentially result in people receiving inappropriate care (such as late medication and meals) and might prevent them from maintaining a good and healthy lifestyle. People's care and support was therefore not always planned and delivered in line with their individual care plans to ensure safety and welfare.

We found that people were encouraged to make their views known about the care, treatment and support they received from the service. This gave people the opportunity to provide feedback and to make suggestions for improvements about the service they were receiving.

People who received care and support, and their relatives were very complimentary about the manager of the service. The care staff also made similar positive comments about the manager, stating that she was approachable and supportive.

A check of records showed that the provider had a system to regularly assess and monitor the quality of service that people received and a system to manage and report accidents and incidents. Findings from these systems were analysed and used to make improvements.

# 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.

People told us that they felt safe with the staff who supported them. However we found that there were staffing difficulties at weekends whereby people did not always receive their visits on time which could result in people receiving inappropriate care.

We found that the service's safeguarding procedures were robust and there was a system in place that recorded all concerns and incidents which occurred.

Requires Improvement



### Is the service effective?

The service was not always effective.

People and their relatives told us that they were happy with the care they received and the staff who supported them.

People were supported by staff who mostly had the necessary skills and knowledge to meet their assessed needs. However, we found that some staff did not always have the skills to provide appropriate care to people with more complex physical needs that included the use of 'specialist' equipment.

Requires Improvement



### Is the service caring?

The service was caring. People we spoke with told us that they were supported and cared for by kind and attentive staff.

Relatives we spoke with were very complimentary about the care their family members received and the kindness of staff when delivering care and support.

The staff we spoke with demonstrated to us that they knew the people they were caring for well including their preferences and personal histories.

Good



### Is the service responsive?

The service was responsive.

We found that people were encouraged to make their views known about the care, treatment and support they received and knew how to comment on their experiences or raise a concern or complaint.

Relatives we spoke with confirmed that they were always kept well informed about anything affecting their family member.

Good



### Is the service well-led?

The service was not always well led.

Requires Improvement



# Summary of findings

There was a registered manager employed at the service and she knew all her staff and the people who received services very well.

The provider had not always delivered people's care and support in line with their individual care plans due to staff often arriving late for calls.

Robust arrangements were not in place to ensure that all staff received appropriate training.

# Romie Care Services Limited

## Detailed findings

### Background to this inspection

This inspection was undertaken by 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.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. Before our inspection we reviewed the notifications the provider had sent us and the additional information we had requested. A document that we refer to as a 'provider Information report' (PIR) was completed and forwarded to us by the manager of the service. This document provided information under the questions: Is the service safe, is it effective, is it caring, is it responsive and is it well led? We also looked at the findings from our last inspections. We used this information to plan what areas we were going to focus on during our inspection.

We visited the offices of the provider on 22 and 31 July 2014 and spoke with three members of staff and checked records. We also spoke on the telephone with seven people who received care and support from this service. Because of their complex needs, not everyone who used the service was able to communicate verbally with us. Therefore we also spoke with six of their relatives and a social worker who were able to provide feedback about the service being delivered. After our inspection we spoke with a further two people who received care, two of their relatives and three care staff.

We looked at people's care records and other information to help us identify if people received care which met their needs. We sampled records including three people's care plans and the staff files for three members of staff. We also looked at records of staff meetings, staff supervision and accidents and incidents reports. We reviewed several of the provider's policies including, safeguarding and complaints. We looked at the provider's quality assurance records which were used to check and monitor the quality of the service being provided.

# Is the service safe?

## Our findings

We spoke to several people who received services in their home. People told us they felt safe. Comments included, “I feel very safe with my carers, I trust them” and “The carer’s are fine, no worries with them.”

We spoke to relatives of people who received care and support. They told us, “My relative feels safe with the carers” and “The carers are good, no concerns about them.” However we were also told that staff were often late for calls and that this was a particular problem at weekends.

A relative of a person receiving care told us that the care workers were good at their jobs, but regularly arrived late for calls. They commented, “It’s a real problem, they are late a lot and to be honest, I’m thinking of finding a new agency.”

Most people were very complimentary about the staff who provided their care and support. However, we were told that care staff were often late for calls. We checked a person’s daily records which showed the times of visits (by staff) and a summary of the care and support provided. Of the records sampled, we saw a number of examples where staff had arrived late for calls including one occasion when staff had arrived 55 minutes late. We noted that the person receiving care had a medical condition that required them to eat meals at regular times. On this occasion the person receiving care had a late meal. This person told us that they were constantly anxious about care staff arriving late for calls fearing that they may become ill if they do not have a meal on time.

Staff we spoke to confirmed that they were sometimes late for calls. They told us that on occasions when a colleague reported sick or was away on holiday, they were required to take on additional calls and often at short notice. This sometimes resulted in care staff arriving late for calls or not always being able to stay for the agreed duration of their visit. Care staff arriving late for calls can potentially result in people receiving inappropriate care (such as late medication and meals) and prevent them from maintaining a healthy lifestyle.

We spoke to the manager about late calls and the feedback we had received from staff and people who received care and support. She told us that she was aware of these problems and had tried to provide a timely and effective service. She assured us that she would address these

concerns as a priority. This showed that whilst arrangements were in place to make improvements, people's care and support was not always planned and delivered in line with their individual care plans to ensure safety and welfare.

We found that the provider followed safe recruitment practices. We checked records and saw that all new employees were appropriately checked through robust recruitment processes to ensure that they were suitable to work with older people. This included obtaining character references, confirming identification and checking people with the Disclosure and Barring Service.

Records showed that staff had received appropriate training in relation to safeguarding people and the requirements of the Mental Capacity Act (MCA). We spoke to several members of staff and they were able to explain to us the different forms of abuse that vulnerable people could be exposed to and what their responsibilities were if they saw or heard an incident of concern. For example, staff told us who they could report their concerns to if they were dissatisfied with the actions taken by the registered manager of the service.

We found that the provider had appropriate policies and procedures in place to inform and advise staff as to the required action they should take if an incident or unusual event occurred. For example, we found that they had a safeguarding of vulnerable adults policy which contained relevant information. The policy explained what abuse was and where care staff could report safeguarding concerns, should they arise. The policy was detailed, up to date and accessible to all members of care staff. The staff we spoke with confirmed that they knew how to access this information should they need to do so.

We checked and saw that the provider had a system in place that recorded all incidents that occurred and matters of concern. These included accidents, incidents that occurred when people were receiving care, safeguarding issues and any other matters of concern. We looked at this system and found that detailed records were kept and that these were reviewed regularly by the manager and action taken where necessary. We saw that as a result of this process, a number of referrals were made to the lead safeguarding authority and information was shared with

## Is the service safe?

other appropriate social care and health agencies. We noted that in appropriate cases, safeguarding referrals had been made to CQC. People were therefore protected from the risk of avoidable harm.

The provider had assessed and managed the risks associated with people's living environment to ensure the

safety of staff providing care. The care some people required could present a risk to them or to the staff who were supporting them. We found that activities such as moving and handling had been risk assessed to ensure these were undertaken as safely as possible by staff with the appropriate skills and equipment.

# Is the service effective?

## Our findings

We spoke to people who received care and support and their relatives about the competence and ability of the care staff employed at the service. The feedback we received was generally complimentary and positive. They told us, “The staff are extremely kind and pleasant to me” and “The staff are good at their jobs, they know what they are doing.”

The records we sampled showed that staff received effective support, supervision, appraisal and appropriate basic training. We saw that staff received induction training followed by refresher training and regular ‘one to one’ supervision meetings with the manager of the service. The records we looked at showed that staff had received training in a number of subjects which enabled them to meet people’s specific care needs. These included: moving and handling, safeguarding vulnerable adults, food safety, medication, health and safety, supporting people with dementia and infection control.

We spoke to care staff about the training, supervision and support they received. Staff told us that they felt reasonably well trained and supported and were able to complete the majority of tasks required of them. However we were told that in some cases, care staff did not always have the necessary skills to deliver consistent and appropriate standards of care and support to people with more complex needs. Some members of staff told us that although they were competent in providing care and support to people with complex physical needs that required the use of specialist equipment, not all their

colleagues had the same level of training and expertise. We were told that on occasions when staff who had received ‘specialist training’ were on holiday or absent, equipment was not always changed, cleaned or re-fitted correctly. People therefore may not have received appropriate care and support and suffered some discomfort.

We spoke to the manager about these concerns. She told us that not all staff had received ‘specialised’ training in relation to people with complex physical needs that required the use of equipment. However she promised to address these concerns as a priority and ensure that appropriate training was delivered immediately. We concluded that the provider did not have suitable arrangements in place to ensure that all staff received suitable training and professional development to ensure they delivered care safely and to an appropriate standard.

Records showed that people’s day to day health needs were met including the risks associated with not eating and drinking enough. We saw that care records contained assessments of people’s nutritional needs and that people were appropriately supported and had sufficient food and drink to maintain a healthy diet. We saw that when necessary the provider made prompt referrals to relevant health services if people’s health needs changed. This was to ensure that they received medical assistance when they needed it in order to remain healthy.

People who received support with their of meals told us that they enjoyed the food and drink prepared on their behalf. Comments included, “My meals are nice, I have no complaints, they cook the food I buy from the shops.”

# Is the service caring?

## Our findings

We spoke with eight people about the standard of care and support they received. People told us that staff were caring and friendly and that they received the help they needed. They told us that staff were patient and treated them with respect and dignity, and always sought consent and explained what they were doing before they provided care and support. Comments included, “I am happy with my carer”, “They give me enough time, they are absolutely wonderful” and “(name of carer) is marvellous, nothing is too much trouble for him.” We were told that staff who provided care and support respected people’s dignity and privacy .

We spoke with nine relatives of people who received care and support from this provider. They were very complimentary about the standards of care being delivered and the competence of staff delivering care and support. Comments included, “The care is excellent,” “Very good standard of care” and “I get on really well with the carer.”

We spoke to six members of care staff employed by the provider. The staff we spoke to demonstrated a very good knowledge of the people they supported including an understanding of their medical needs, likes, dislikes and preferences. They told us that they regularly supported the same people and had built up a good working relationship with them. We checked records and saw that most people

had a number of carers who provided regular support to them. Therefore people were being supported by members of care staff who knew them well and understood their care needs.

We saw that care staff employed by this agency reflected the diversity and culture of the people they supported and the wider community in which they served. People’s religious and cultural needs were recorded on their care plans and taken into account in delivering care and support. People could therefore be confident that staff would understand their specific requirements relating to their faith and diet for example as well as being able to communicate in the person’s chosen language. The provider could also if requested, support people with care staff of the same gender and ethnicity.

People told us that they felt listened to and could raise issues with the service if they needed to do so. We found that the staff supported people to express their views and to be actively involved in making decisions about their care, treatment and support. People’s independence and individuality was respected. Records showed that several members of staff had received training in relation to equality, diversity, dignity and respect. We found that a recent survey conducted by the agency revealed that 96% of people (who responded to the survey) felt that staff were respectful, polite and considerate.

# Is the service responsive?

## Our findings

We spoke to people about the care and support they received from this service. People told us that their carers delivered high standards of care and support and were responsive to their needs. They told us that they had regular contact with the manager of the service and knew who to contact should they need to raise any concerns. People told us, “They ring me up sometimes to ask if everything is okay” and “Yes I know who to speak to at the office if I need to.”

We spoke to relatives of people who received care and support from this service. They told us, “My wife’s carer changed her shift to help us get ready for holiday” and “The carers are really flexible.”

During our inspection we looked at three care plans. We found that every person had an individualised care plan which was detailed and contained all the relevant information about that person. This included information about people’s health needs, known beliefs, wishes and preferences. The care plans informed staff how the person preferred their care needs to be met including people’s wishes about the gender of the care worker supporting them and if they wanted support with their medication.

We saw that people’s care plans were regularly reviewed by the manager of the service. This ensured that information for staff about how to meet people’s care needs was revised and updated promptly when there was a change in a person’s health, welfare or personal circumstances.

We spoke to care staff about the people they supported and they told us that they generally supported the same

people on a regular basis. We found that staff were able to explain people’s individual needs and had detailed knowledge about each person and how they liked their care to be delivered including their routines and meal preferences.

We saw that the service routinely listened and learnt from people’s experiences, concerns and complaints to improve the quality of care being delivered. We saw that people were consulted with through annual surveys being undertaken. Records showed that from the most recent survey, a high number of those contacted, responded with written feedback. We saw that the manager had analysed and evaluated the feedback received and created a summary report which showed the findings from the survey. Records showed that people were generally happy with the service they received.

Concerns and complaints were used as an opportunity for learning and making improvements. Records showed that complaints were recorded appropriately and investigated in accordance with the agency’s policy. We checked the complaints records and noted that matters had been correctly recorded, investigated and resolved to complainant’s satisfaction in line with the provider’s policy. We spoke to a person who had made a complaint to the provider. They told us that the matter had been investigated and an explanation provided. They told us, “I made a complaint and I later received a letter from the company.” Therefore the provider had respected the complainant’s right to being kept updated and informed throughout the process.

# Is the service well-led?

## Our findings

We found that the service had a registered manager in post and was supported by three team leaders.

We received many positive comments about the service and how it was managed and led. We spoke to care staff about the management team and were told that the manager and team leaders were approachable, supportive and well organised. They told us that they were available should they need to talk to them in private and they had confidence in them to deal with any issues that required attention. A staff member told us, “[Name] is really good, we can talk to her, she listens.”

We spoke to people who received services and their relatives about the management of the service. People told us that they knew who the manager was and were confident they could talk and raise any concerns with her if they wished. People said, “The manager is very good, she is approachable” and “The manager listens to us and I can speak to her when I want.” However we were also told that staff were often late for calls and some people had raised these issues with the manager. Care staff and records confirmed that staff were sometimes late for calls usually at weekends. We spoke to the manager about this and she told us that she was aware of these problems and had made changes to try and improve the service. An ineffective planning roster and an absence of contingency plans or suitable arrangements in place to cover for staff absence, could result in people receiving inappropriate care and prevent them from maintaining a healthy lifestyle. This showed that the provider had not always planned and delivered people's care and support in line with their individual care plans to ensure safety and welfare.

A check of records showed that the provider had quality assurance and data management systems in place. These were used to monitor the quality of service people received and to drive continuous improvement. For example, We found that there was a system in place to monitor the performance of individual members of care staff. We saw that the manager and her team leaders conducted unannounced visits (spot checks) to people who received care in order to observe work practices and ensure that they were receiving the care and support they needed. We checked records and confirmed that these checks were made on a regular basis. This was an effective way of ensuring that staff adhered to the service's policies and

procedures. However, training records showed and care staff confirmed that not all staff had the necessary skills and training to deliver consistent and appropriate standards of care and support to people with more complex needs. This may have resulted in some people receiving inappropriate care and support and discomfort. The manager confirmed to us that not all staff had received ‘specialised’ training in relation to people with complex physical needs that required the use of equipment. This meant that the provider did not have suitable arrangements in place to ensure that all staff received suitable training and professional development to ensure they delivered care safely and to an appropriate standard.

We found that there was an emphasis on support, fairness and transparency at this service. Records showed that the manager had regular meetings with care staff. These meetings were held on a regular basis and minutes from them were recorded and made available to staff who were unable to attend. We noted that important subjects were discussed and that any emerging issues or priorities were considered. Staff told us that they were supported to question practice, encouraged to give constructive feedback and to identify areas where improvements could be made.

We spoke to the manager of the service and she demonstrated an excellent knowledge of all aspects of the service, including the people using the service and her staff team. We found that she knew people's health needs, preferences and concerns. The manager told us that she encouraged feedback about the service and how it could be improved from people who used the service and her staff. We saw that support was available to the manager and her staff to develop and drive improvement. We noted that the directors of the service regularly worked from the same office as the manager and her staff and were always available should they need to speak to them. The manager was therefore able to obtain the assistance and support of her directors should any important decisions about the service need to be made.

We saw that the manager of the service regularly collected relevant information to enable her to analyse key performance indicators, recognise trends (where the service needed to take action to prevent further adverse incidents from re-occurring) and to identify where

## Is the service well-led?

improvements needed to be made. For example, we saw that the provider had recently met with a company in order to try and find ways of improving their electronic monitoring system (recording attendance at calls).

We saw that the service maintained a compliments book which recorded feedback from people receiving care and

their relatives and friends. The following comments were recorded; “Wonderful carers, they are a credit to your company, “Amazing carers, thank you” and “They are doing a great job.”