

Mr & Mrs I J Hirsch

Rowans Domiciliary Agency

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out this inspection on 8 and 9 January 2018. The inspection was announced a few days advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. At the last inspection, in October 2015, the service was rated Good. At this inspection we found the service remained Good.

Rowans Domiciliary Agency (DCA) provides personal care to people living in their own homes in the community. It provides a service to older adults in the St Agnes, Perranporth and Mount Hawke areas of Cornwall. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

Not everyone using Rowans DCA receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 20 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. People and their relatives commented, "I am very happy with the service, they are doing a good job", "Brilliant service, it has been life changing for my husband" and "Very good, very pleased with the help."

People told us they received a reliable service and had regular staff who visited them. People had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "The timings are good" and "Someone has always turned up and they let me know if they are going to be late."

Staff treated people respectfully and asked people how they wanted their care and support to be provided. People and their relatives spoke positively about staff, commenting, "[Person] gets on with all the carers" and "Staff are really nice."

We found staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People who needed help taking their medicines were appropriately supported by staff.

Care plans provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the

care and support needs of the person.

The service had robust recruitment practices, which meant they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. Management provided staff with appropriate training and supervision. There were sufficient numbers of suitably qualified staff available to meet the needs of people who used the service.

People's rights were protected by staff who understood the Mental Capacity Act and how this applied to their role. Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered and assistant managers were clearly committed to providing a good service for people. Comments from staff included, "The management listen and action our feedback", "The assistant manager works with us" and "They are very good to work for. I can't praise them enough."

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Rowans Domiciliary Agency

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.

The inspection of Rowans Domiciliary Agency took place on 8 and 9 January 2018. We announced this inspection in line with our methodology for inspecting domiciliary care services. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we went to the provider's office and spoke with the registered and assistant managers. We looked at two records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited two people in their own homes and met one relative and two care staff. Following the visit to the provider's office we spoke with one people who used the service, one relative and three care staff.

Is the service safe?

Our findings

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. People and their relatives commented, "I am very happy with the service, they are doing a good job", "Brilliant service, it has been life changing for my husband" and "Very good, very pleased with the help."

People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff had received training to help them identify possible signs of abuse and understand what action to take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures inside and outside of the organisation. If staff had any concerns they were confident the registered and assistant managers would take the appropriate action.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

There were enough staff employed by the service to ensure people were safe and received their agreed visits. Staffing levels were determined by the total number of hours provided to people using the service. The registered manager recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. Staff mostly had regular 'runs' of visits in specific geographical areas and when gaps in 'runs' occurred these were identified. This meant the service knew the area and times where new packages could be accepted.

There were suitable arrangements in place to cover any staff absence. Part of the role of the care coordinator and senior care worker was to cover for staff sickness and annual leave. The registered and assistant managers also covered visits when needed. A staff rota was produced each week to record details of the times people required their visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. If staff were delayed, because of traffic or needing to stay longer at their previous visit, management would always let people know or find a replacement care worker if necessary.

People had a team of regular, reliable staff, they had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "The timings are good" and "Someone has always turned up and they let me know if they are going to be late."

Either the care coordinator or the senior care worker were on call outside of office hours. They had details of the rota and telephone numbers of people using the service and staff. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us telephones were always answered, inside and outside of the hours the office was open.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, directions of how to find people's homes and entry instructions. Staff told us information about any potential risks, associated with the environment or the tasks to be undertaken, were given to them before they completed their first visit to people.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

People were safely supported with their medicines if required. The arrangements for the prompting of and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the level of support people would need to take them. Medicine administration records (MAR) were kept of when people took their medicines. We saw these were completed appropriately and regularly audited by a manager. All staff had received training in the administration of medicines which was regularly refreshed. The service had a medicines policy which was accessible to staff.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a programme to make sure staff received appropriate training and refresher training was kept up to date.

There was a system in place to support staff working at Rowans DCA. This included regular support through one-to-one supervision, work based supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they felt supported by the management. They confirmed they had regular one-to-one meetings and an annual appraisal to discuss their work and training needs.

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as first aid, infection control, health and safety, mental capacity and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction was in line with the Care Certificate, which is an industry recognised induction to give care staff, that are new to working in care, an understanding of good working practice within the care sector.

People's need and choices were assessed prior to using the service. This helped ensure people's needs and expectations could be met by Rowan DCA. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. Nobody we spoke with, people who used the service or staff, said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed visits. Care records in people's homes showed that staff stayed for the agreed length of the visit.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

Management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least

restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions. However, care plans did not record all of this information. After discussions with the registered and assistant managers we were assured that care plans would be updated to reflect each person's individual decision making abilities.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. When decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

Staff told us they asked people for their consent before delivering care and they respected people's choice to refuse support. People confirmed staff asked for their agreement before they provided any care or support and respected their wishes if they declined care. Care records showed that people, or their advocates, signed to give their consent to the care and support provided.

Is the service caring?

Our findings

Staff treated people respectfully and asked people how they wanted their care and support to be provided. Family members told us they were confident their relative received consistent care and support which did not discriminate them in any way. People and their relatives spoke positively about staff, commenting, "[Person] gets on with all the carers" and "Staff are really nice."

We found staff had a good knowledge and understanding of people. There was a stable staff team with several staff having worked for the service for many years. Staff were motivated and clearly passionate about making a difference to people's lives. Comments from staff included, "I am really happy working for Rowans and they care about the clients" and "I enjoy helping people."

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were very happy with all of the staff and got on well with them. New staff were introduced to people before they started to work with them and because management covered for sickness and absences they knew everyone who used the service. This meant people always received care from staff they had previously met. People told us, "The agency is small so we know all the staff" and "There is a group of staff who visit me."

Care plans contained enough detailed information so staff were able to understand people's needs, likes and dislikes. Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. People told us they knew about their care plans and the care coordinator or senior care worker regularly asked them for their views on the service provided. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. A relative told us, "Staff always ask how I am and include me in my husband's care."

People told us staff always checked if they needed any other help before they finished the visit. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Is the service responsive?

Our findings

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were completing. Each care plan included details of the person's background, life history, likes and interests as well information about their medical history. This information helped staff to understand how people's background effected who they are today and provided useful tips for staff on topics of conversation the person might enjoy.

People told us they were aware of their care plans and the care coordinator or senior care worker reviewed their care plan with them to ensure it was up to date. Staff told us care plans contained the information they needed to provide care and support for people. Any changes in people's needs were communicated to staff by phone and text messages or through notes on their weekly rotas.

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were encouraged to update the management team as people's needs changed.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, providing extra visits if people were unwell and needed more support, or responding in an emergency situation.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. Relatives, with the exception of one person, also felt their concerns would be taken seriously.

Is the service well-led?

Our findings

There was a registered manager in post who had the overall responsibility for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered and assistant managers worked closely together to manage the running of the service. They were supported by a care coordinator and a senior care worker. Within the management team there was a strong emphasis on valuing staff and providing good working conditions. This had helped the service to have good staff retention and maintain a stable workforce so people received consistent care. Each staff member had a contract for a set number of hours per week. The contracts covered all the hours staff were actually working, which meant staff were paid for their travel time and to attend/complete training. If additional hours were worked these were paid at a higher hourly rate.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered and assistant managers were clearly committed to providing a good service for people. Comments from staff included, "The management listen and action our feedback", "The assistant manager works with us" and "They are very good to work for. I can't praise them enough."

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. One worker told us how management had happily accommodated a request to change their working hours when they returned from maternity leave.

The registered and assistant managers told us they had decided to remain at a size that meant they knew all the people using the service. They always personally interviewed staff and this helped them to match staff skills to people's needs and provide a consistent and reliable service. People told us they felt their staff had been matched to meet their needs and were complimentary about the service's recruitment practices. They also commented that when they had replacement staff they were of the same high standard.

The management encouraged staff to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff said that management listened to their feedback and acted upon it. For example, one member of staff told us there had been occasions when they had not received their rota or important messages about the people they were visiting. They had fed this back to the assistant manager. The assistant manager had set up a new system whereby staff had to confirm they had received their rotas and if confirmation was not received they would contact the worker to check. This

had helped to ensure that mistakes were not made with rotas that might mean people did not receive their visits as planned.

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. The registered and assistant managers monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. People and their families told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. The care coordinator and senior care worker regularly worked alongside staff to monitor their practice. They also carried out unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

People's care records were kept securely and confidentially, in line with the legal requirements. We asked for a variety of records and documents during our inspection. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.