

Rosecarolinkcare Ltd

Rosecarolinkcare

Inspection report

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28 February 2019

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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

About the service: Rosecarolinkcare Ltd is a domiciliary care agency supporting 21 people with their personal care needs in Leicestershire and surrounding areas.

People's experience of using this service:

- Improvements were required to the records the registered manager kept.
- Safeguarding incidents and complaints were investigated but not always appropriately recorded.
- Improvements were required to ensuring people's consent was appropriately recorded, or people's capacity was appropriately recorded.
- Improvements were required to ensure people's care plans were regularly updated to reflect their current needs.
- Improvements were required to the supervision of staff.
- People were happy with the caring and respectful approach of staff.
- People were treated well and most of the time staff arrived at the time people expected them.
- People received good support with their healthcare needs.

Rating at last inspection: The service was rated Good on 10 August 2016.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated 'Requires Improvement.'

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our Well Led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors. One inspector completed telephone calls and another inspector completed the site visit.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because we wanted to ask for people's permission to contact them during the inspection and to be sure that someone would be available to support us at the office.

Inspection site visit activity started and ended on 28 February. We visited the office location on 28 February to see the registered manager and office staff; and to review care records and policies and procedures. We also completed telephone calls on 28 February. We requested copies of further documentation and care records following the office visit.

What we did:

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. The provider returned the PIR and we took this into account when we

made judgements in this report.

We reviewed the information we held about the service. We also contacted health and social care commissioners who place and monitor the care of people using care services, the local authority safeguarding team and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with five people who used the service and two relatives. We also spoke with two members of care staff, the operations manager and the registered manager.

We reviewed the care records for three people and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, staffing rotas, and arrangements for managing complaints.

After the initial feedback, the registered manager voluntarily sent us an action plan to make immediate improvements to the delivery of care.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong

- Improvements were required to the procedures involved in reviewing accidents and incidents. Staff understood the requirements to record when there had been an accident or incident and the registered manager took appropriate action to investigate incidents.
- However, there were no details recorded of the outcome, or what lessons had been learned. For example, following incidents of behaviour when a person had displayed behaviour that may harm themselves or others, the registered manager had investigated the incident but had not documented what action had been taken as a result of this or what would happen next.
- Following the inspection, the registered manager sent us additional evidence which further supported that appropriate action had been taken and improvements were required to ensure this was accurately recorded. The registered manager also designed a new form that would help document and review the actions that had been taken. The use of this could not be assessed during this inspection as it had not been embedded into practice.

Systems and processes to safeguard people from the risk of abuse

- Improvements were required to ensure safeguarding incidents were recorded properly. Staff had a limited knowledge about good safeguarding procedures. However, the registered manager had a good understanding of their requirement to investigate concerns.
- We found that the providers records did not always clearly show what action had been taken to resolve or prevent future incidents from occurring.
- Following the inspection, the registered manager designed a new form that would help document and review the actions that had been taken. The use of this could not be assessed during this inspection as it had not been embedded into practice.

Using medicines safely

- People told us they were happy with the support they received to have their medicines. One person's relative said, "They [the staff] give [person] their medicines three times a day from the dosset box and then they complete the form."
- We reviewed people's medicine care plans and found that staff had signed to say they had only prompted the person with their medicines when they had been involved in the administration of the medicines. We also found that people's Medication Administration Records (MAR) did not contain room to record variable doses if people required support to have medicines on an 'as required' basis, for example, paracetamol for pain relief.
- Following the inspection, the registered manager updated the MAR to include a space for staff to record this information when required.

Assessing risk, safety monitoring and management

- People told us they felt safe using the service. One person said, "I have good mobility with [my equipment] so I don't need any help moving around but they [the staff] are always there to assist."
- People had risk assessments in place which gave staff guidance about how to manage each person's individual risks. Improvements were needed to ensure that they were regularly updated and reviewed, particularly when people's care needs changed.

Staffing and recruitment

- Most people gave good feedback about the consistency of staff and the timings of their care visits. One person said, "Now they seem to be the same people which is good, very regular and better than it was." Another person said, "Staff usually arrive on time. They are really, they are very good. Not missed a call. Sometimes it's early. But they can be half hour late and we don't get a call."
- Staff told us they usually had enough time for each visit and were given time to get to their next call on time.
- People's care visits were planned with enough time to meet people's needs and staff were appropriately recruited with checks on their backgrounds and suitability.

Preventing and controlling infection

- People were happy that staff had good hygiene practices.
- People told us staff washed their hands and wore gloves and aprons when supporting people with their personal care needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. No applications had been made to the Court of Protection because people were not being deprived of their liberty.
- Improvements were required to ensure it was clearly documented if people had the capacity to make their own decisions regarding their own care needs. We reviewed people's care plans and saw that people and their relatives had signed paperwork that did not clearly show if they had the capacity to make individual decisions.
- Staff had a good understanding about consent, and ensured that care was delivered in accordance with people's wishes.

Staff support: induction, training, skills and experience

- Staff told us they felt improvements were required to the support and supervision they received. One member of staff said, "I've never had a one to one and spot checks don't happen... I've always thought there is a gap in terms of being monitored enough."
- We reviewed staff supervision records and found that when it had been identified that there was a performance issue, this was reviewed and resolved. However, not all staff received regular supervision.
- People who used the service were satisfied that staff had the right training to meet their needs. One person said, "I think they're competent enough."
- Staff received induction training and regular refresher training to meet people's needs.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had good relationships with other agencies including the local authority and other healthcare professionals. This helped to manage and monitor people's care and help them to provide safe and consistent care.
- However, improvements were required to the plans and records to show what action had been agreed, and what the next steps would be.

Supporting people to eat and drink enough to maintain a balanced diet

- People received appropriate support to meet their nutritional needs. One person's relative said, "They [the staff] give [person] a good choice of breakfasts, probably more than I do and [person] likes that."
- Staff received training in good food hygiene practices. People's care plans reflected their preferences and ability to make their own choices regarding their nutrition.

Supporting people to live healthier lives, access healthcare services and support

- Staff were competent at recognising and supporting people with their healthcare needs.
- One person's relative said, "They [the staff] talk to me first when [person] isn't good, they spotted this and I called the GP."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had comprehensive assessments before they began to use the service and care was well delivered. We reviewed people's assessment and saw that it was clear that people's social, cultural, sexual, political and emotional needs would be accepted and respected.
- The operations manager confirmed that they spent time reviewing if they would be able to meet people's care needs before they agreed to provide the service, particularly if people's locations meant that they could not receive timely care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and their diverse needs were respected. One person said, "I like all the [staff]. I get on well with them and they get on well with me." Another person's relative said, "They [the staff] treat [person] very well. They're very kind and have a bit of fun as well."
- Throughout people's care plans we saw guidance to staff to respect people's diverse needs. People responded positively to surveys which asked if staff understood and respected people's religious beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and were supported to make their own choices. One person said, "They help me get dressed and make a hot drink. They give me choices about my clothes."
- Staff told us if people struggled to verbally communicate they tried to show physically show them different options so they could make a choice. For example, with their clothing or food choices.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected and promoted. One person's relative said, "They [the staff] always do the best they can when helping with washing and covering [person] up."
- Another person said, "They [the staff] always close doors and cover [person] up when washing and dressing etc."
- People told us staff supported them to be involved with their care. For example, by encouraging people to assist with making their meals or drinks if they were able. This helped to promote people's independence and maintain their ability to be self-sufficient.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Improvements were required to ensure people's care plans were accurate with their current care needs.
- Care plans were not always updated when people's care needs changed. For example, when a person required less care because their condition had improved, their care plan was not updated to show the reduced support they required. On another person's care plan there were no details about the person's background or life history which staff could use to help discuss key areas in their lives.
- Staff usually visited the same people and were able to build up relationships with people based on their needs and preferences but improvements to people's care plans were required to reflect this.
- The registered manager committed to making improvements in this area.

End of life care and support

- Improvements were needed to ensure people had opportunities to specify their end of life wishes. People were asked if they had made an advanced decision to refuse resuscitation however no further details or wishes were requested regarding any end of life decisions.
- The registered manager had recognised prior to the inspection that this was an area of care that needed improvement and had arranged for staff to attend end of life training.
- The registered manager had a good knowledge and understanding of care in this area and understood the need for end of life care plans to be in place.
- At the time of inspection, nobody was receiving support at the end of their life

Improving care quality in response to complaints or concerns

- People's complaints were investigated and resolved however clear records were not always maintained.
- The registered manager acted on complaints and resolved them with the involvement of the person who had raised a concern.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements were required to the way in which records were maintained and updated. Clear systems were not in place to record complaints or safeguarding incidents. In addition, there were insufficient records to document the involvement of other healthcare professionals.
- Quality assurance systems were in place. However, improvements were required to show what changes and learning had been identified, and how this had been shared and implemented by the staff.
- The CQC rating was on display on the provider's website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was planned in accordance with people's needs and the location of staffing was considered to ensure people received timely care.
- The registered manager had made good preparations in the event of severe weather or staff having difficulties with their own vehicles. They had invested in vehicles that staff could use if necessary.
- Further improvements were required to ensure all aspects of the duty of candour responsibility were followed up in writing when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they felt they did not get asked for feedback regularly enough or hear from the manager regularly enough. One person said, "[Name of manager] comes to help if they are short staffed, not for any other reason."
- The registered manager confirmed that there was no schedule they followed to seek feedback from people. They told us they requested feedback on an intermittent and irregular basis.
- The feedback that had been provided by people using the service was very positive and no improvements or suggestions had been identified.

Working in partnership with others

- The registered manager built good relationships with other agencies and healthcare partners. They were keen to ensure people received consistent and competent care and worked with other professionals to deliver this.

Continuous learning and improving care

- The registered manager was eager to make improvements to the service. Following the inspection, they immediately reviewed the accident and incident template and introduced a safeguarding log. We were unable to review the effectiveness of these introductions during this inspection.