

Roses Home Care Limited

# Roses Homecare Ltd

## Inspection report

St Nicholas House  
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Date of inspection visit:  
24 June 2016

Date of publication:  
22 July 2016

### 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

This inspection took place on 24 June 2016 and was announced.

Roses Homecare Ltd provides personal care to people who live in their own homes in order for them to maintain their independence.

At the time of our inspection the provider confirmed they were providing personal care to 50 people.

There was a registered manager in post. 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.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Staffing levels were adequate to meet people's current needs.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

People told us that their medicines were administered safely and on time.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this, and people were supported to access health appointments when necessary.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

## 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 was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good 

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good 

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good 

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

**Is the service well-led?**

**Good** ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

# Roses 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 24 June 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed 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 also contacted the Local Authority for any information they held on the service.

We spoke with five people who used the service, one relative of a person that uses the service, four support workers, the registered manager, the care coordinator and an administration staff member. We reviewed five people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits.

# Is the service safe?

## Our findings

People told us they felt safe when being supported by staff from the service. One person said, "I feel safe when they support me, they are very good carers." All of the people we spoke with made similarly positive comments.

All the staff we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it. One staff member told us, "I report everything to the boss. I would make sure the person was safe as well. I would call the police or CQC if I needed to." Staff also had a good understanding of the whistleblowing procedures and they were confident in using them if required. The registered manager was aware of the requirement to notify the Care Quality Commission (CQC) about incidents as required and we saw evidence that they had submitted notifications when needed.

People had risk assessments in place to identify the risks that were present within their lives. All the people we spoke with were happy with content of the risk assessments, and understood why they were required. We saw that the assessments covered areas such as mobility, personal care, physical health, mental health and environmental risks. They covered the risks in detail and gave required actions for staff to follow. They recognised the need for people to be able to do things for themselves where possible and promoted positive risk taking. We saw that all the risk assessments were regularly reviewed and updated by a senior member of the team.

Safe recruitment practices were followed. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. Staff confirmed they were not able to start work until these security checks had been completed. We saw that the service maintained a record of all staff members DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and personal identity checks had been completed.

People told us that enough staff were working for the service. One person said, "As far as I have ever been aware, there are enough staff. They haven't missed any calls and I usually see the same people." The staff we spoke with all told us that staffing levels were good. One member of staff said, "I support the same clients, but I have covered shifts for other people when required." Care and support was based upon a number of assessed support hours and whether the person required one or two staff members to provide that care. We saw that rotas were provided to each staff member, and that they consistently supported the same people, and that shifts were covered appropriately.

People were supported to take their medication safely. All the people we spoke with were happy that they received the right support with the medications they were prescribed. The staff we spoke with felt that they had received sufficient training to enable them to safely support people with medication. We saw that Medication Administration Records (MAR) were kept. They were accurately filled in and contained detailed information on the type, dosage, frequency and route of prescribed medications. We saw that this information was audited by management to ensure accuracy.

# Is the service effective?

## Our findings

Staff had the knowledge and skills to support people effectively. One person told us, "My staff are very good. They are obviously trained well and they know what they are doing." Everyone we spoke with made similarly positive comments. All the staff we spoke with felt that the training and guidance they received enabled them to work effectively with people.

People were matched up with staff that were appropriately skilled and had the qualities that suited them best. Everyone we spoke with told us that they got on well with their staff, and saw the same faces regularly. The registered manager told us that when people began using the service, she would assess their needs, and match them with staff members according to their skills and preference. The registered manager would then facilitate an introduction between the person and the staff that would be supporting them. People we spoke with confirmed that this process had taken place. During our inspection, we observed a conversation take place where management were arranging cover for a shift. They were speaking with a staff member and checking over what type of support they normally give and the training they had received, to make sure they were an appropriate replacement for the person's usual staff member.

All the staff received an induction before starting work at the service. This involved mandatory training sessions in subjects such as, safeguarding, medication and manual handling. This was then followed by shadowing more experienced staff until they felt confident to work alone. The registered manager also carried out observations to ensure that the right quality of care was being delivered. All the staff we spoke with confirmed that this process took place.

The service had a training strategy that outlined the aims for all staff to be regularly trained and kept up to date. One staff member told us, "The on-going training we receive is very good, much better than previous places I have worked at." The training of staff was monitored, kept up to date, recorded and maintained by management.

Staff members received both formal and informal supervision from senior staff members. We saw that formal supervisions were recorded and included discussions on personal development, clients, any issues, and goals and targets to be achieved. Staff also told us that they were able to speak with management regularly on an informal basis for advice, feedback and support. During our inspection we saw several staff members come into the head office and spend time with the management team, discussing their work, planning future shifts, client care and general service updates.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 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. The staff we spoke with all had an understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager knew when capacity assessments and best interest decisions were required.



Consent was gained from people before any care tasks were carried out. One person told us, "Staff always ask permission before doing anything." All the staff we spoke with understood the importance of gaining consent from people, or family members. We saw that consent forms had been signed by people or family members and kept in the care files.

People were supported and encouraged to maintain a healthy and balanced diet. People told us that they were mostly able to prepare food themselves, but sometimes staff helped out. Staff confirmed that they would help some people prepare food, but would always promote healthy choices to people. One staff member said, "I mostly just help one person with light snacks such as toast, because their family will cook for them. I do encourage healthy options though." We saw that information about people's likes, dislikes and requirements around food was displayed within their care files.

People could have support to access healthcare services. All of the people we spoke with told us that family members usually supported them to attend health appointments, but the staff could help them if they needed to. One staff member said, "I have supported one person to both the dentist and the doctors before." We saw that people had information within their files that detailed their medical needs and a record of support they had been given.

## Is the service caring?

### Our findings

People told us they felt cared for by staff, one person told us, "The staff are very caring. One of my staff members and I get on very well. He even rings me up to see if I am alright if he knows that I've had an appointment or been under the weather." Another person said, "The staff are great, very caring. I've been stung before by a previous company, but I'm not leaving this one." The staff we spoke with all felt that they were able to develop positive caring relationships with the people they supported as they were able to support the same people consistently.

People's preferences, likes and dislikes were supported and recognised. The people we spoke with all said that they were happy their care plans were a good reflection of their needs, likes and preferences. We saw that care plans contained detailed information on people, including their personal history and care preferences. Information that was important to people was recorded so that staff could support them in the best way possible. For example, the specifics of how a person liked their tea to be made, was documented to make sure the staff got it right. This enabled staff to be well informed about the people they were supporting and develop positive relationships.

People told us that staff cared for them in a way that made them feel like they mattered, and that they were listened to and respected. One person said, "I have a really good rapport with the staff. They are on the right level with me, they are very good people."

People were involved in planning their care. Everyone we spoke with confirmed that they were involved with the content of their care plan and that they felt they could inform changes when they needed to.

Staff respected people's privacy and dignity. One person told us, "Yes I think the staff are very respectful of my privacy, I would not use them otherwise." All the staff we spoke with told us of how important it was to respect a person's privacy. One staff member said, "Even when a person's family member is present, we have to think about their privacy as they may not want them to be around when we are talking about something personal to them."

People were supported to be as independent as possible. The care plans we looked at described the ways in which people needed support, but also acknowledged what they could do for themselves. When speaking with staff, we found that they promoted independence with people as much as possible, and understood the value of people still doing things for themselves where possible.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

## Is the service responsive?

### Our findings

People's needs were assessed before receiving care from the service, and then reviewed and updated regularly. The registered manager carried out a pre assessment of people's needs to make sure that the service could provide the support that was necessary. All the people we spoke with told us that a pre assessment had been carried out. We also saw paperwork within people's files that confirmed thorough assessments had taken place.

People received personalised care. One person told us, "I'm glad I get the same people, it means they know me well, and they know I'm quite particular." We saw that people had personalised information within their care plans that prompted staff to regularly check on people's preferences and offer choice as much as possible. This meant that any new staff introduced to a person would have a written guide to understand the specifics of how they wished to be supported.

People's needs were regularly reviewed and updated as required. Everyone we spoke with told us that they were able to input information towards their care and were confident that they were being listened to by the staff. One staff member said, "If someone needs a change for some reason, I know that I can relay the information to management who will record it and action any change required." We looked at people's records and saw evidence to show they were involved in decision making processes, and that their care was reviewed regularly by the service.

People were encouraged and supported to develop and maintain relationships with people that matter to them. One relative told us, "I'm impressed with the service. They keep me involved with everything going on, with [person's name] consent of course. It's good to be aware of what's going on." The staff we spoke with told us about the importance of keeping good relationships with people's family members and encouraging good communication.

People received their care without being rushed, and had the time they need to receive care in a person centred manner. One person told us, "They are not slap dash; they take their time with me." People also told us that they were able to state their preference of the gender of staff that was supporting them, and that their request was respected. The staff we spoke with were happy that they were given enough time during their visits to support people properly, and did not feel rushed.

People received planned care when and where they needed it. The people we spoke with told us that their visits were never missed, and they would receive a phone call from the management team to let them know if staff were going to be late. People told us that they usually saw the same members of staff, although when shifts were being covered, they would be informed when someone else is coming.

The service had a complaints procedure in place and the people we spoke with knew how to use it. We saw that when complaints had been made, they had been formally recorded according to the complaints procedure. The registered manager would then formulate a response. We saw that all complaints raised were resolved to the satisfaction of the person making the complaint, and responded to within the specified

time frame.

## Is the service well-led?

### Our findings

People told us that they knew who the registered manager was, were able to contact them, and felt that they were kind and approachable. One person told us, "The management are good; I am comfortable speaking with them." A staff member told us, "The registered manager is very good." Another staff member told us, "I feel very supported; the registered manager would come out and support me if I needed it." We observed that the registered manager and the care coordinator were very knowledgeable about both the people being supported by the service, and the staff team. We also saw that the office had an open and friendly atmosphere and was used by staff members to drop in and speak to the management as required.

All the staff we spoke with said that they felt like valued staff members and received the support that they needed. We saw that staff meetings took place at various times. This enabled all staff to attend a meeting that was convenient for them. We saw that the information that was discussed during these meetings was clearly recorded and included service updates, training updates and client information sharing.

The service was organised well and the staff we spoke with felt confident that they provided good care and did their jobs well. The staff were aware of the visions and values of the service and were all motivated to continue to work for the service and help it grow and develop. We saw that the service had a staff structure that included the registered manager that was also the provider, a care coordinator, a training lead, administration staff, senior carers and carers

The service had a procedure for recording accidents and incidents which was understood and used accurately by staff. We saw that where an incident had occurred, it was recorded in detail for the registered manager to review and create actions where necessary. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC). We saw records that these notifications had been made when required.

We saw that staff members were encouraged to complete mandatory training as well as other courses that would benefit their work. The staff we spoke with were positive about the training opportunities that had been offered. The service had a dedicated training room where staff could access both group and online training sessions.

Quality control measures had been implemented. People told us that they were asked both formally and informally for their opinion on the care they received. Formal measures came in the form of a feedback questionnaire. We saw that these questionnaires were given to both people and staff members to gather their responses on quality. The information was then collated to identify any trends or issues. Where any problems were raised, we saw that actions had been created to respond to people.