

Rose Care Suffolk Limited

Rose Care Suffolk Ltd

Inspection report

107 High Road West
Felixstowe
Suffolk
IP11 9AJ

Tel: 01394670281

Website: www.rosecarefelixstowe.co.uk

Date of inspection visit:

05 June 2017

06 June 2017

Date of publication:

23 June 2017

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

Rose Care Suffolk Ltd provides personal care to people living in their own homes. At the time of this announced inspection of 5 and 6 June 2017 there were 82 people who used the service, 68 of these people received the personal care provision. The provider was given notice of the inspection because the location provides a domiciliary care service and we needed to know that someone would be available.

At the last inspection of 12 February 2015 the service was rated as Good. At this inspection we found the service remained Good. The service continued to make improvements and had developed some positive new projects. However, these were not yet fully implemented at the time of our inspection or embedded to enable us to assess how these improved the outcomes for people using the service.

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.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe. There were processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

Care workers were available to ensure that planned visits to people were completed. People were supported by care workers who were trained and supported to meet their needs. Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where required, people were provided support to access health care professionals.

Care workers had good relationships with people who used the service. People were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs.

The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve. A complaints procedure was in place.

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.

Rose Care Suffolk 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 checked 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 comprehensive inspection was carried out by one inspector on 5 and 6 June 2017 and was announced. The provider was given notice of the inspection because the location provides a domiciliary care service and we needed to know that someone would be available.

Prior to the inspection we reviewed the contents of notifications received by the service.

Prior to our inspection we received questionnaires from 12 people who used the service, two relatives, 10 staff and one health professional.

On the first day of our inspection we visited the service's office and we spoke with the registered manager, two office staff and three care workers. We reviewed the care records of 10 people who used the service, four staff personnel files and records relating to the management of the service.

On the second day of our inspection we visited two people in their home and spoke with five people and three relatives on the telephone.

Is the service safe?

Our findings

People told us that they felt safe with their care workers and using the service. One person said, "I feel safe, that really is the biggest thing, I feel safe with these guys." One relative said that the person was, "As safe as they can be, they keep [person] in [their] own home which keeps [their] independence." All of the questionnaires received from people told us they felt safe from abuse or harm from their care workers. This was confirmed in the questionnaires received from relatives and a health professional. All of the questionnaires from care workers said that they knew what to do if they suspected that someone using the service was being abused or at risk of harm and that people were safe.

People continued to be protected from avoidable harm and abuse. People received support from care workers who demonstrated to us that they understood how to recognise and report abuse. The care workers handbook had recently been reviewed and included increased information about the types of abuse that may occur, including radicalisation, female genital mutilation and child trafficking. This showed that the service had kept up to date in changes in the risks to people.

Risks to people continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with their home environment and moving and handling.

The registered manager told us that the staffing level continued to be appropriate to ensure that visits to people were undertaken. The service maintained records which demonstrated that any late or missed visits were addressed to ensure people were provided with the care that they required. The low number of missed visits had been identified as staff and care worker error, which were addressed.

All of the people we spoke with told us that they were told by a telephone call if their care workers were going to be late, but this was not regular, one person referring to lateness as, "Very seldom." One person said, "If they say they are coming at 8.30am they stick to that time." We spoke with the registered manager about feedback received from people in questionnaires which seven agreed that care workers arrived for their visits at the right time and three did not agree. The registered manager said that there had been changes in the office staff and were aware that telephone calls to people to advise of lateness had not always happened. We were assured by discussions with the registered manager, care workers, office staff and records that this had improved.

All of the questionnaires received from people said that they were provided with familiar and consistent care workers and that the care workers stayed for the agreed length of time for their care visits. One person listed the times that their regular care worker visited and said that they were always, "Reliable."

The service continued to maintain robust recruitment procedures to check that prospective care workers were of good character and suitable to work in the service.

Medicines continued to be administered safely. We observed a care worker assisting a person with their eye

drops which was completed in a safe and caring manner, all actions were done with the person's consent. One person told us, "My [relative] looks after my medication but they [care workers] always check I have taken it."

Is the service effective?

Our findings

One person spoken with said about the care they received and their care worker, "The standard is very high, reliable, good quality skills and attitude is exceptional. I cannot praise them enough." All of the questionnaires received from people told us that they felt that the care workers had the right skills and knowledge to meet their needs. This was also confirmed in the questionnaires received from relatives and a health professional.

The service continued to provide care workers with the training and support and the opportunity to obtain qualifications in care. Care workers told us that they were happy with the training and support received which supported them to meet people's needs effectively. In addition to the formal training staff were provided with refresher sessions in team meetings.

One care worker told us about their induction, which included formal training, regular supervision and shadowing more experienced care workers. All of the questionnaires received from care workers said that they were provided with an induction which prepared them for their role and that they received the training that they needed to meet people's needs, choices and preferences.

Records demonstrated that staff continued to receive supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. One care worker stated in their questionnaire, "Rose Care give me the highest level of support to make sure I can give my clients the best care and quality of life possible."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. People's care records identified their capacity to make decisions and included their consent to the care they were provided with. Staff continued to demonstrate they understood MCA and how this applied to the people they supported. The care worker handbook and sessions in team meetings provided further information to care workers relating to the MCA. All of the questionnaires from care workers said that they had training and understood their responsibilities under the MCA.

The service continued to support people, where required, to maintain a healthy diet and/or with the preparation of meals and drinks.

People were supported to maintain good health. Discussions with care workers and records demonstrated that any concerns about people's wellbeing were addressed promptly, such as contacting health professionals or relatives with people's consent. One person told us how the service worked with them and a health professional to ensure that their needs were met. A health professional stated in their questionnaire, "Rose Care have a high standard of care and will inform our team if they have any concerns with regards to meeting patients care needs/manual handling. The team are always very approachable and helpful and we have good communication links with them. They are always happy to complete joint visits to discuss any issues/concerns." The registered manager told us that they had positive relationships with health

professionals and worked together to improve people's wellbeing. Records confirmed what we had been told.

Is the service caring?

Our findings

People we spoke with told us care workers treated them with respect and kindness. One person said, "They [care worker] always use [title and last name] rather than my first name. I think this is very good." Another person commented, "They [service] understand the true meaning of the word care," and about their regular care worker, "Is always pleasant and happy." One person told us about the care they were provided with which, "Gives me dignity and self-worth again, I know they [care workers] are coming and they will help me get up and get dressed." Another person commented that the care workers were, "Lovely, we have a laugh, a good old laugh. They do worry about me if I am not well." One person's relative said that the service and care workers were, "Absolutely wonderful they really seem to care."

All of the questionnaires from people, relatives and a health professional stated that the care workers were respectful and caring. A health professional stated in their questionnaire stated, "All the carers I have met have always had a professional and empathetic approach, and the patients provide good feedback on their care."

Care workers continued to speak about people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices.

All of the questionnaires received from people said that the care workers supported them to be as independent as they could be. One person spoken with told us how the approach of their care worker encouraged their independence without being overbearing, "[Care worker] encourages and says it in a nice way, we do a little more each day."

People told us that they continued to make decisions about their care and that care workers listened to what they said. Records demonstrated that people and, where appropriate, care workers were involved in care reviews and decisions about the care provision.

Is the service responsive?

Our findings

The service continued to provide a flexible and responsive service. This included assisting people to any appointments they had and changing care visits, at short notice where required. One person said that they had needed extra support in the short term to meet their needs, "All we had to do was call them [the office] and it was arranged that day." Another person commented about their care, "Top marks plus 10% and [care worker] top marks plus 50%." All of the questionnaires received from people and relatives said that the care workers completed the care and support tasks that they were required to do at each visit. One person stated in their questionnaire about the service they received, "Complete satisfaction. Very good service."

One care worker gave an example how their approach had responded to a person's needs and choices. They said that the person had not wanted care initially but they had worked with the person at their own pace and now the person accepted care and they shared a good relationship.

The service continued to ensure that people's care records were personalised to include information about them designed to provide care workers with the information that they needed to meet people's needs and preferences. The registered manager showed us an improved assessment record which included more detailed information, for example, about people's history and specific conditions. This had not yet been rolled out to all of the records of the people using the service.

The service continued to provide celebrations and meetings for people, for example a Christmas party and annual fish and chip lunch on the sea front, which reduced the risks of people being isolated and lonely. The service had recently started Rose Care Club where people could sign up to if they chose to and receive a twice yearly newsletter and the opportunity to enjoy events and trips. People and care workers were being asked for suggestions of outings which they may enjoy. This was not yet fully established to enable us to assess the outcomes for people.

There was a complaints procedure in place and the service continued to address any concerns and complaints received in a timely manner and use these to improve the service. There were several letters and cards thanking the service for the care and support provided.

Is the service well-led?

Our findings

One person told us how they had been recommended to the service and they were happy they were using the service. The person said, "They are brilliant, really good." One person's relative spoke with said, "Rose Care are fantastic." Another commented, "We are fortunate to have found them. Long may Rose Care continue." One relative stated in their questionnaire, "Rose Care Suffolk goes out of its way to be flexible and helpful. They are a 'can do' agency, some of the care workers who are employed by this agency are outstanding in the quality of the care they provide and their commitment to delivering an excellent service."

The registered manager continued to promote an open culture where people, relatives and staff were asked for their views of the service provided. Where comments from people were received the service continued to address them. For example, one person had stated in the quality assurance survey that they wanted to change their visit times and this was done. People were kept up to date with the service and any changes in newsletters. Care workers were kept updated in team meetings and updates which advised of changes in their role and people's needs.

One care worker stated in their questionnaire, "I believe that Rose Care Suffolk Ltd are a very good company to work for and as care providers they are also very very good and I am happy to be part of their team." Another said, "My manager and team leader are always there for me." All of the questionnaires from care workers agreed that they were confident in reporting concerns of poor practice or concerns to the management. One care worker spoken with told us that they regularly visited the office and that they could discuss any concerns they had with the registered manager at any time.

The registered manager continued to carry out a regular programme of audits to assess the quality of the service and identify issues. These included audits on medicines records, training and care records and observations of care worker's practice. We saw that these audits and checks supported the registered manager in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records and discussions with the registered manager demonstrated that these were acted upon.

The registered manager told us about improvements they intended to make to the service in future. For example, a new electronic diary system and bespoke rota. These were expected to be in place later in the year. This demonstrated to us that the provider and registered manager were committed to continual change and improvement.