

Rose Petal Homecare Ltd

Pinner

Inspection report

38 Lowlands Road
Pinner
Middlesex
HA5 1TU

Tel: 07745371500

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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

About the service

Pinner is a domiciliary care agency. It provides personal care to older people living in their own homes mostly in the London Borough of Hillingdon. It also supports some adults who are living with dementia. At the time of our inspection the service was providing care to 11 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

There were systems in place to monitor the quality of the service and recognise when improvements were required but these were not always recorded. The registered manager told us they would address this going forward.

People told us they felt safe. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks.

People's care and risk management plans set out the care tasks they required help with, and these contained personalised information about people and their preferences for how they liked to be supported.

People received their medicines in a safe way and there were systems in place to help safeguard them from abuse.

People's needs were assessed and planned for. Their health was monitored, and they had access to other healthcare services. People were supported with their meals if this was part of their care plan and this was according to their needs and preferences.

The provider made sure there were enough staff to support people and staff arrived on time at people's homes. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

There were systems for dealing with complaints and accidents and incidents. The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

The provider was transparent and there was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

This service was registered with us on 4 December 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Pinner

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience undertook telephone interviews with people who used the service and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of Inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 6 April 2022 and ended on 7 April 2022. We visited the office location on 6 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service as other people were unavailable and six relatives of other people about their experience of the care provided. We received written feedback about the service from six care workers and spoke with the registered manager.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at all six staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and risk assessments the provider had put in place following our inspection.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had appropriately identified and assessed risks to people's health and safety such as risk of falls and skin deterioration. Risk assessments were kept on an electronic system which the staff had access to. These were clear and included details of the person's background, medical conditions, risks identified and action plans. There were guidelines for staff to follow to help ensure they knew how to meet people's needs and reduce the risk of harm.
- There were risk assessments and management plans in relation to people's environment, such as ensuring the home was left secure after each visit to keep them safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care workers who supported them. One person stated, "I'm absolutely delighted with the service" and "I couldn't be more pleased with them." Relatives agreed and said, "I've have absolutely no concerns about the safety aspect", "As a relative I'm allowed to leave the house and can safely leave my [family member] in the safety of their hands" and "Sometimes my [family member] wakes up in the morning feeling rather low and when the carers have visited [them], [they] feel on top of the world again. There are no safety concerns."
- There was a safeguarding policy and procedure in place and staff were aware of these. Staff completed training on safeguarding adults and demonstrated how they would recognise and respond to safeguarding concerns. The provider had systems in place for noting and responding to safeguarding concerns. There had not been any safeguarding concerns in the last year.
- People told us they received their visits on time and sometimes staff stayed longer than the allocated time. One relative stated, "I was stuck on the M25 and the carers stayed with [family member] until I got there."
- The registered manager monitored closely people's daily visits. The electronic monitoring system required staff to log in and out of people's homes, and this was recorded in real time on the system. People and relatives confirmed the care workers were always punctual. A relative told us, "Their punctuality is spot on and I've never had missed calls."

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity, such as Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff underwent training and were assessed as part of an induction, before they were able to work

independently.

- There were enough staff deployed to meet the needs of the people who used the service. The registered manager told us they and the supervisor were always on hand to provide care at short notice in the event a care worker was unwell. A care worker told us, "If we are short staffed the manager steps in. When staffing levels are lower, everything still gets done as we have the manager and bank staff."

Using medicines safely

- People received their medicines safely and as prescribed. There was a policy and procedure for the safe administration of medicines and staff were aware of these. Staff received regular medicines training and refreshers and had their competency assessed.
- The supervisor and registered manager told us they carried out regular audits of people's medicines and the medicines administration record (MAR) charts, although they were not recording these. We discussed with them the importance of keeping records of these. They assured us they would do this going forward.
- We viewed the MAR charts for the two people who required support with their medicines and found these were recorded appropriately and staff had signed when they had supported people. People confirmed they received their medicines as prescribed.

Preventing and controlling infection

- There was an infection control policy and procedures and staff received training in this. Staff were provided with suitable personal protective equipment such as aprons, masks and gloves, and were able to obtain these when they required.
- The staff confirmed they had received adequate training in infection control including relevant information about COVID-19. One care worker stated, "We had online coronavirus infection training. We always try to open windows/backdoors for ventilation when it is possible. We always wash our hands when we arrive at a client's and we wear and dispose of PPE correctly."

Learning lessons when things go wrong

- The provider had a procedure for the management of accidents and incidents. However, there had not been any in the past year.
- Lessons were learned when things went wrong. The registered manager told us they learned and improved their systems daily using feedback from people who used the service and staff. They also liaised with colleagues and external professionals who provided advice.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service, to help ensure these could be met. However, there were no records of initial assessments as these were written up as care plans. We discussed this with the registered manager who told us they would address this. Following the inspection, they sent us evidence of an initial assessment they had undertaken.
- We saw the assessment was detailed and contained the necessary information about the person, such as their healthcare needs, living arrangements, communication needs and mobility. The assessment also included how the person wanted their care needs to be met.
- People's choices in all areas were considered and recorded, for example, their communication needs and how they wanted their care at each visit.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, and regularly supervised and appraised. People and relatives thought the staff were well trained and had the necessary skills to meet their needs. Relatives' comments included, "I think the staff are very well trained and I'm very confident they know [family member] well", "I'm happy that the carers have the right training to look after my [family member]" and "They have been trained very professionally. The manager encourages training among all [their] staff regularly and it's very gratifying to know that."
- New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as moving and handling and personal care. When assessed as competent, new staff could support people unsupervised.
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff also received training specific to the needs of people who used the service, such as dementia care and end of life care. We saw evidence staff training was up to date and regularly refreshed.

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

- People were happy with the support they received with their meals. People were supported by staff with food and drinks of their choice. Some required already prepared meals to be warmed up and other required snacks to be prepared. One relative told us, "They know how to prepare [family member's] food in a certain

way."

- People's care plans contained details of their food likes and dislikes, and where necessary, the care workers supported them with preparing food. For example, one person requested, "Please prepare my breakfast, poached egg on toast and a microwavable meal for lunch which is in the fridge."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were recorded and met. The registered manager expected all staff to be vigilant during visits and report any concerns they may have about people's health conditions. We saw evidence care workers communicated well with the office and reported any concerns promptly.
- Care plans contained details of people's health conditions, what impact these had on the person and how to support people. The registered manager liaised with the relevant healthcare professionals to meet people's needs, such as the GP and district nurses.

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

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 MCA 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People told us they were consulted about their care, and their choices were always respected. One person stated, "I have a care plan and I have my full input in how I want my care."
- The registered manager told us where people had the mental capacity to make decisions about their care, these were respected.
- Where people lacked the capacity to make certain decisions, they had their capacity assessed, and decisions were made in their best interests. We saw, where possible, people had signed their records to show they had been consulted and agreed with the content of these.
- Staff received training on the principles of the MCA and demonstrated an awareness of this.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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 told us they were treated with kindness and respect by the care workers who supported them. One person stated, "The staff are very funny and pleasant. They will share any conversation with me, no matter what the subject is. I now view them as an extended family and long may it last. What more can I say?"
- Relatives we spoke with thought the care workers were caring, respectful and 'part of the family'. Their comments included, "We are both so impressed with them all", "If you remove the aprons an onlooker would think they were family", "They treat us all with respect and dignity. [They are] very caring and very efficient" and "They are very friendly and caring people who are willing to really get to know you... they are genuine and really value your presence. It's as if they were carefully handpicked for the job. We appreciate everything they do. It's a privilege knowing them."
- People's religious and cultural needs were recorded and met. One person told us, "I'm religious and follow the church and the staff really respect that and can even make it a good talking point."
- Staff received training in equality and diversity and demonstrated a good understanding of this. The provider had an equality and diversity policy in place which included details about how to support people from the Lesbian, gay, bisexual and transsexual (LGBT+) community. At the time of our inspection, they were not supporting anyone from this community.

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

- People told us they were consulted and involved in decisions about their care. They told us staff took time to explain things and listen to them. One relative said, "I have an updated care plan and we are in close contact with the company to make tweaks, if necessary, but at the moment it very accurately represents my [family member's] requirements."
- People were encouraged to express their views via quality questionnaires and telephone monitoring. Documents we viewed indicated people were happy with the service.

Respecting and promoting people's privacy, dignity and independence

- People's choices and wishes were recorded in their care plans and respected. People and relatives told us the care workers knew their individual needs and met these. One relative stated, "They show a great deal of empathy and understanding to my [family member]" and another said, "My [family member] thinks the world of the carers. They are very nice and friendly... they have a good bond. [They are] often sad to see them leave each visit."
- The registered manager told us they monitored closely how people were supported. They told us they

lead by example and had a good staff team. They said, "The staff are lovely and go above and beyond at all times. One carer stays on longer to keep a person company. The carers are the right people for the right job. It has taken me a long time to find them but they are the best I could have."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were recorded and met in line with their needs and preferences. All the people and relatives we spoke with were happy with the care they received. Their comments included, "My [family member] is always aware of who's coming each day and the staff will sit with [them]. I really think they are like genuine friends who just help out with everything" and "They always ask what [family member] wants each day and [they are] thoroughly happy."
- Where people had specific needs, these were met by a team of caring and dedicated staff. One relative told us, "I'm so impressed with how patient they are when dealing with my [family member] with dementia. Their patience is better than mine and I think I'm patient. Even if there is anything they don't understand they will contact the district nurse for clarification. Even the district nurse recently said thank you for your co-operation to the staff and I, as a relative was very touched by that. They will let nothing slide."
- People's care plans were comprehensive and person-centred and were developed during the pre-admission assessment. Care plans contained a section entitled, 'What is important to me'. This included information about the person's living conditions, relationships, specific routines, religious and cultural preferences, social activities and any pets the person might have.
- The staff confirmed they had access to up to date care plans and risk assessments to inform them on how to support people. A care worker told us, "They are located on the [electronic system], under care plan and also manually in red folders in clients' homes. We do have time to read them and they do provide the information we need."
- Care plans were divided in sections which covered every area of the person's needs, such as mobility, communication, personal care and communication. Each area stated the current situation regarding the person's needs, what assistance was required, and any equipment needed.
- Care plans detailed how each person required to be supported at each visit. This was recorded in the person's voice. For example, 'Please wear PPE to protect me'.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded and met. All the people using the service had English as

their first language. The staff supporting them were able to communicate in English.

- Care plans detailed the person's communication methods and if they had any impairment. For example, one person had a sight impairment and wished to be supported with their glasses. Another person's care plan specified they had a hearing impairment and stated, "I am a little deaf and if you can look at me while you are speaking, this helps." People and relatives confirmed the staff respected their needs in line with their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans contained information about the social activities they enjoyed such as gardening and cooking. If this was part of their care plans, staff supported people to undertake activities of their choice.
- Most of the people who used the service lived with relatives and were able to maintain relationships with their extended family.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. People knew how to make a complaint and were confident these would be addressed. Their comments included, "The carers will respond to anything extra you ask them to do and I have never had any complaints", "I haven't raised any formal complaints since August last year when we started using them" and "I've made no formal complaints whatsoever about the company. We are very proud to have them, as they are way above standards of other carers I've known."
- The registered manager confirmed they had not received any complaints in the last year.

End of life care and support

- Where necessary, the service was supporting people at the end of their lives. We saw a person had an end of life care plan in place. This detailed their medical history, preferred place of death and specific wishes they had when they died. There was evidence of a discussion with the person around whether they wished to be resuscitated if they suddenly died, and a DNACPR was in place, signed by the appropriate parties. These are decisions that are made in relation to whether people who are very ill and unwell should be resuscitated if they stop breathing.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about staff and management. They told us the registered manager was approachable and they knew them well. One person said, "I like the way the manager always calls you by your first name." Relatives echoed this and said, "The manager is very supportive and very approachable... I would give the manager 10/10... I would definitely recommend Rose Petal Homecare Ltd because we have been really impressed" and "I can't believe how lucky we are."
- Staff told us they enjoyed their work, felt supported by the management and could contact them at any time. Their comments included, "The manager is very approachable and really fair to all staff", "it is a very good place to work, I enjoy taking great care of people and learning about their interesting lives" and "The manager and supervisor always listen to us and we always get feedback."
- The registered manager initiated a social media group which was an effective way of communicating and sharing information with staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They demonstrated they knew they had a legal requirement to notify the CQC and did so as necessary.

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

- The provider had auditing systems in place which included audits about recruitment, care plans, accidents and incidents, health and safety and medicines. They had not always recorded these audits but assured us they would do so going forward.
- The registered manager and supervisor undertook regular spot checks of the care workers, so they could help ensure people received the support they needed. Checks included punctuality, personal appearance, politeness and consideration, respect for service user, ability to carry out care, knowledge and skills. They also checked if the care worker was wearing PPE appropriately and if the person was satisfied.
- The provider's electronic monitoring system was effective and the registered manager was able to monitor the care people received in real time, therefore they were able to address any concerns without delay.
- Relatives were also able to monitor their family member's care using the electronic system. One relative

told us, "As a [relative], I have access to the [electronic] system. I can check in on staff arrival times and I'm happy with punctuality" and another said, "We've had a good access to a new system where we can access all aspects and progression of my [family member's] care and I think that's really effective."

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

- People's views of the service were sought monthly and these were recorded. We saw people were happy with the service they received and the care workers who supported them. In addition, the registered manager visited people regularly to check if they were happy and had a good relationship with them. They told us they wanted this to carry on as the service grew. During visits they checked diaries, care plans and medicines to ensure these were up to date and correct.
- There were regular staff meetings where a range of subjects were discussed, such as risk assessments and care plans, new referrals or any important information. The staff had the opportunity to discuss any concerns and share communication.

Continuous learning and improving care

- The registered manager led a good team who always strived to improve people's lives by making changes as necessary to meet their needs. A relative told us, "I had to go into hospital recently and the company increased the care package extremely well for my [family member] in my absence. I can't identify any weak areas within the management."
- The registered manager had worked in management for over 20 years. They had completed a level five diploma in health and social care. They told us they ensured they kept up their knowledge and skills by undertaking relevant training whenever they could.
- The registered manager and supervisor were planning to achieve a 'train the trainer' qualification in dementia care later in the year. They told us they were interested in developing their knowledge in this area to be able to support people living with dementia.

Working in partnership with others

- The registered manager kept abreast of developments within the social care sector by attending meetings and training courses organised by the local authority. They added they increased their knowledge by liaising with a range of healthcare professionals such as district nurses and the local hospital.
- The registered manager added they accessed a lot of information via the CQC website. They also said they felt supported by the local authority's quality assurance team who had helped them throughout the pandemic. They said, "The quality assurance team helped a lot during the pandemic with updates and information. I had access to the PPE portal which was easily accessible. PPE is delivered regularly."