Taylors of Grampound Limited

Taylors of Grampound

Inspection report

Unit 2a-2b, Grampound Road Industrial Estate
Grampound Road
Truro
Cornwall
TR2 4TB

Tel: 01726884402
Website: www.taylorsofgrampound.co.uk

Date of inspection visit:
11 April 2018

Date of publication:
19 June 2018

Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 11 and 17 April 2018 and was unannounced.

Our last inspection of the service was carried out on 19 January 2016. At that inspection we rated the service as Good. At this inspection in we found the service Requires Improvement.

This service is a domiciliary care agency. It provided personal care to people living in their own homes in the community. It provided a service to people living with Dementia, Mental Health, Older People, Physical Disability, Sensory Impairment and Adults with Learning Disabilities. The service mainly provided personal care for people in short visits at key times of the day to help people safely maintain their independence to live in their homes. There was one 24 hour package of care and people with learning disabilities are supported with life skills including accessing community events. These services were funded either privately or through Cornwall Council.

Taylors of Grampound Limited is registered to carry out the regulated activity of personal care. The agency's office is located on the outskirts of Grampound Road and is accessible for people using the service and staff.

The service covers two geographic areas in Cornwall including the south and central region. At the time of our inspection 136 people were receiving support from the service from a staff team of 56.

There was no registered manager in post at the time of our inspection. 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. The registered manager had deregistered with the commission in March 2016. There followed a significant period, where the service had not taken action to meet the condition of registration to have a registered manager in post. However, immediately following this inspection we were informed a suitable candidate had been recruited and an application to the commission was underway.

However at the time of the inspection there was recruitment taking place for the post of a manager to be registered with the commission. The service has a condition to have a registered manager in post as part of their registration requirements. This registered provider was failing to comply with the conditions of their registration under Section 33 of the Health and Social Care Act 2008.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery

of their care. These had been kept under review and were relevant to the care being provided. The information was person centred and where necessary alternative communication methods were used to support people. This included, pictorial and large print formats.
Staff had been recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs.

People's feedback about their experience of the service was positive. People said staff treated them respectfully and asked them how they wanted their care and support to be provided. People told us they had their care visits as planned. Staff arrived on time and stayed for the allotted time. One person said, "It seems to be a lot better now staff are not as rushed as they used to be."

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

Medicines were handled safely and people received the support they required to maintain their health. People received the support they needed with preparing their meals and drinks.

People received support from staff who they knew and who had the skills and knowledge to provide their care. There were enough staff to provide support as people needed it. All new staff were checked to make sure they were suitable and safe to work in people's homes.

People were supported to maintain their independence and to remain in their own homes. This was very important to them and they valued the support they received. One person told us, "My support workers are very important; they protect my independence and without them I could not cope alone in my own home."

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

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously review and improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received.

People had no complaints about the service they received or about the staff that provided their care and support; they were aware of the complaints procedure and processes and were confident they would be listened to should they raise any concerns.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service was not always well-led. The provider was not meeting the conditions of registration by not having a manager registered with the Care Quality Commission [CQC]. There was effective governance including assurance and auditing systems to monitor and drive improvement in how the service operated. Systems were in place to monitor the quality of the service.	**Requires Improvement**

Taylors of Grampound

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 inspection took place on the 11 and 17 April 2018 and was unannounced.

The inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

During the inspection we used a range of methods to help us make our judgements. This included talking with eight people that used the service and one relative. We spoke with four staff, and received comments from an external professional.

We looked at a range of records including four care plans, records about the operation of the medicines system, three staff personnel files, and other records about the management of the service. After the inspection we contacted three professionals who were external to the service for their feedback.

Good

Is the service safe?

Our findings

People who used the service told us they had confidence in the staff team and felt safe while receiving care and support. Comments included, "I feel very safe getting the service I need from them," "My carers try to keep to their timings, but if there is a lot to do they might leave things until the next visit. But they are very good, and I have no complaints" and "I have a sitter a few days each week. It is very important they turn up on agreed days and arrive on time, which they invariably do."

Staff told us that they had completed training in how to provide people's care in a safe way. For example, how to safely use equipment to support people in their own home. They said that they were familiar in understanding what abuse meant and how to report abuse. Staff members were knowledgeable when telling us how to recognise the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the manager would respond to their concerns appropriately.

People's care records included risk assessments that had been completed to identify and manage risks associated with the delivery of their care. These included actions staff needed to take to support people to maintain a safe environment and risks specific to the care and support being delivered. For example, supporting people with meals and hot drinks and having the right equipment to help them mobilize. People were protected from risks because hazards to their safety were identified and managed.

Risk assessments for the safe managements of medicines provided staff with a good understanding about the specific requirements for people they supported. Staff had relevant training and competency testing to assist them in the safe administration of medicines. Where staff supported people with their medicines they completed medicines administration record (MAR) charts to record when each specific medicine had been given to the person. Where an error had been reported the staff member was provided with additional training, supervision and observations by senior staff to ensure staff had learned from the error.

Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. Where incidents had occurred the service had used these to make improvements and any lessons learned had been shared with staff.

Staff recruitment procedures were in place, which demonstrated appropriate employment checks had been completed before staff began working for the service. All files contained proof of identity and satisfactory references. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to protect people from being cared for by unsuitable staff.

People told us they were satisfied with staff who supported them. Duty rotas were prepared in advance and care packages were not accepted unless there were sufficient staff available. Staff told us they had adequate time to travel between visits without rushing. One said, "There have been some changes but it seems a lot

better now and we have rounds which are manageable." People we visited told us, "They often used to be late but I always got a call from the office. It's a lot better now and on the rare occasion they are late the office still call me and let me know."

Staff told us that in general they were able to contact a senior person in the service if they needed to. However, it had been reported that during the Christmas period this had been an issue and an on call manager was not available when staff needed to contact them. The management team had responded to this and regularly monitored management cover to ensure it did not occur again. People confirmed they had been given the telephone numbers for the service so they could ring at any time should they have a query or in an emergency. People told us when they had needed to use office or on call contacts they had been answered and responded to.

Staff were provided with personal protective equipment, for example; gloves and aprons, which helped to maintain infection control. When visiting people in their own homes we were told staff used personal protective equipment when necessary and there was evidence of this equipment being made available to staff during the office visit.

Good

Is the service effective?

Our findings

People were confident that staff had the knowledge and skills to provide them with effective care and support to deliver good, effective support. People were generally happy with the care they received and told us that it met their needs. They told us they received support from familiar and consistent staff who arrived on time and stayed the correct length of time.
People said, "Mostly the work is repetitive so they just get on with it, but they always ask when doing something new or before giving me personal care" and "My family help me. We have a manager's telephone number to call and we would definitely call them when necessary."

Nobody said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

There was a structured induction programme which included in house training and working with more senior staff for a probationary period. The induction was in line with the Care Certificate which is designed to help ensure staff, who are new to working in care, had initial training that gave them an adequate understanding of good working practice within the care sector. Staff were positive that they were supported appropriately. One staff member said, "They [managers] are very good at keeping us up to date with all the training we need."

Taylors of Grampound had their own training department. It was staffed with trainers to deliver all training in an environment that provided all necessary equipment that staff needed to carry out their roles. Staff were positive about this and told us having the training room made a big difference to the level of training they received. Staff said the training was always ongoing and it gave them the skills to give the support people required. A staff member said, "The training is good." Staff had received training relevant for their role including, Mental Capacity Act, safeguarding of adults, infection control, manual handling, first aid and food safety. Staff received other specialist training to support them to effectively support and meet people's individual needs. For example, dementia, diabetes and clinical nutrition.
Managers and senior staff regularly met care staff for either an office based meeting or an observation of their working practices. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us they felt supported by the management team.

Staff members confirmed they had regular one-to-one meetings and appraisals to discuss their work and training needs. Meetings with staff were generally documented although there were some gaps found on the day of inspection. We shared this with the deputy manager who agreed to remind senior staff of the importance of recording these meetings as soon as they took place.

People's healthcare needs were well documented and updated as required. This information was discussed with the person or appropriate relatives as part of the care planning process. Records showed where staff had reported changes in a person's health needs and this information was passed to the necessary health professionals to act on. A staff member said, "It's really important we keep an eye on things especially when people are living on their own."

The service was planning to introduce technology systems for completing care plans and other communication methods so that staff had better access to information and could update information remotely. Some staff were already testing the system and feedback was positive.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The managers and staff had received training on the MCA. Staff we spoke with were knowledgeable about how the Act applied to their role.
Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. People we spoke with confirmed staff asked for their agreement before they provided any care or support. There were some gaps in records to show people had consented to their care and support. We spoke with the deputy manager about this who agreed to address the issue with immediate effect.

People were supported at mealtimes in line with their plan of care. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. Staff received food safety training so they understood food management. One person told us, "I order my meals on line and they get delivered but staff are very good if I want a snack or drinks when they visit."

Good

Is the service caring?

Our findings

When we visited people in their own homes they told us that they were happy with the level of support provided by staff who they knew and understood what was important to them in how their care was provided. They told us there were changes sometimes, but by receiving personal care from staff they knew helped them to feel comfortable. People told us the staff always treated them with care, respect and kindness. People said, "I feel the staff are very caring", "They [staff] are very patient and I never feel rushed" and "They [staff] respect this is my home. They don't leave until the jobs done. I'm very happy with their attitude."

Some people who used the service lived alone and could experience anxiety about their safety or the security of their homes. The care staff and managers in the service took appropriate action if people were anxious or worried. For example, making arrangements for access to people's homes using a 'key safe' (A secure system to access keys using a code). Only staff visiting the service were given access to the code. If there were any changes to times of visits people were informed so they knew when to expect a visit. This helped allay people's concerns and worries.

Staff were aware of people's individual needs around privacy and dignity. People said they felt their privacy and dignity were always respected. They said the care and support they received from the service enabled them to be as independent as was possible. They said staff were aware of their individual needs and preferences. One person said "They [staff] know exactly how I like things done."

People's care records gave guidance for the care staff about asking people what support they wanted and how care and support should be delivered. People told us they felt involved in their care and were involved in any decisions about any changes.

People's religious and cultural needs were respected and supported. There was information about this in people's care records. One person's care plan stated their religious preferences and recorded that attending church had been important to them throughout their lives.

Staff understood their role in providing people with person centred care and support. They were aware of the importance of maintaining and building people's independence as part of their role. People told us staff worked with them to promote their confidence and their independence.

Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. Care plans detailed how people wished to be addressed and people told us staff spoke with them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

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

emergency.

There were good communication systems between the office and staff providing care and support to people. Staff told us how information was communicated between the office and staff members so they knew what calls were to be made and if there were any updates. For example, if a person had been admitted to hospital or discharged. One staff member told us, they had recent changes to their planned round due to a change of circumstance for a person. They said, "The rounds we have are more manageable and we have the time to deliver the care people need."

Good

Is the service responsive?

Our findings

People told us senior staff met with them to discuss their needs before the service began. There were informative assessments in place which assisted staff to support and respond to peoples presenting needs. People told us staff supported them with personal care and to manage tasks they could no longer do. They said they could change the times of their visits if needed and their preference of carers was always taken notice of. They told us, "When it comes to having to make changes in the support I receive, they are the best organisation I've received support from so far" and "One of my original carers clashed with me and I asked not to see her again, which they were able to do for me."

Peoples' care plans reflected their physical, mental, emotional and social needs. There were details regarding personal history, individual preferences and interests. Staff demonstrated a good understanding of people they supported and were aware that people should have as much choice and control over their lives as possible. For example, care plans provided clear guidance to staff about appropriate levels of support which did not undermine a person's independence and ability to continue to carry out care and domestic tasks for themselves wherever possible.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided. For example personal care, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. This information provided a clear audit trail of the care and support being delivered. It also supported reviews which were regularly held to look at the level of care and support being delivered and if any changes had occurred or were required.

People told us that, if they requested any changes to their support, the managers in the service tried to meet their request. For example if they attended appointments and this clashed with the time support was arranged. One person said, "They [staff] are flexible. It doesn't happen often but now and then I have to ask for a change." This showed that the service was responsive to people's wishes.

People were supported to access the local community and to pursue leisure interests in line with their care plan. A team leader shared examples of how people were supported with their leisure activities. For example, shopping, going for walks, attending the cinema or bowling. The approach was person centred and revolved around what the person wanted to do so that activities were driven by them.

Care planning records included information about a person's choice when they were entering the final stages of their life. People were provided with the opportunity to discuss this or not and staff respected this. The service had a complaints procedure which was made available to people they supported and relatives involved with the person's care. People told us knew how to make a complaint if they were unhappy about anything. People using the service said they were confident their concerns were listened to and acted upon. One person said, "I have raised issues in the past and they were dealt with properly." The service kept a record of concerns raised with them with a clear audit of how they were investigated and what if any action was taken. It demonstrated the service was open and transparent in how it managed complaints raised with

them.

Requires Improvement

Is the service well-led?

Our findings

People made positive comments about the leadership and management of the agency. They told us, "I have received several visits from managers to discuss the support I need, and they have all been very approachable and understanding" and "I am just so grateful that good, caring organisations like Taylors exist and can support people like me to maintain our independence."

There was no registered manager in post at the time of our inspection. 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. The registered manager had deregistered in March 2016. There was no evidence that for a significant period the service had taken action to register another manager with the Care Quality Commission (CQC). However, immediately following this inspection we were informed a suitable candidate had been recruited and an application to the commission was underway. The service has a condition to have a registered manager in post as part of their registration requirements. This registered provider was failing to comply with the conditions of their registration under Section 33 of the Health and Social Care Act 2008.

There was a management structure in the service which provided clear lines of responsibility and accountability. The manager was also the nominated individual [A person registered with the commission responsible for supervising the management of the regulated activity provided]. The nominated individual took an active role in the running of Taylors of Grampound. They, alongside the deputy manager and senior staff co-ordinated the day-to-day running of the service. This included overseeing operational issues and speaking with people and staff.

Managers carried out checks on the quality of the service provided including checking care and medication records. They also observed staff as they worked in people's homes to assess the quality and safety of the care provided. The managers also worked providing care to people and used this as an opportunity to gather people's views about the service they received.
Staff told us senior staff regularly engaged with them, through supervision and spot checks. Staff were supported through staff meetings to discuss operational issues and changes which may affect work patterns. The most recent meeting was also used as a training session to update staff on current NHS guidelines for identifying signs of dehydration and the importance of fluids. There were tips for preventing urinary tract infections [UTI]. These meetings were also used to remind staff about safeguarding people they supported and the responsibility of staff to report anything that concerned them. Staff were able to discuss the quality of the service provided, the standards expected and any other issues. They told us they were able to contribute to the meetings and their views were always listened to. Staff attended the registered office so they could receive any required updates; updates were also received by text message.

The service sought the views of people who received support, and their relatives, where appropriate. These included telephone contact and monitoring visits and satisfaction surveys to see whether people were satisfied with the staff and the care provided. A new format had been introduced which was more

meaningful, in that information would be clearer in order to measure satisfaction. They checked staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. Comments seen showed that people were satisfied with the service they received and were praising of their carer's. They said, "I am very pleased with my carer's, they are very good," "Very good care received" and "Brilliant, wouldn't do without them [staff]."

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding teams. Our records showed that the provider had appropriately submitted notifications to CQC.