Tamarisk Care Agency Hayle

Hayle

Inspection report

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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

The service provides personal care to approximately 35 people who live in their own homes in and around Hayle in Cornwall. At the time of our inspection the service employed 14 care staff and was operating a waiting list of people who wished to receive a service. This was because it was oversubscribed.

Everyone we spoke with told us they felt safe while receiving care and support. People said, "Oh yes, I am safe I look forward to them coming" while staff commented, "People are safe in my care, that comes first with me."

People and their relative told us, "They have never let me down" and, "They have never missed a visit and I do not suppose they would as they seem well organised." During our review of daily care records we found no evidence that planned care visits had been missed.

Staff visits schedules included appropriate travel time and daily care records showed that people's care visits were normally provided on time and for the correct visit length. People told us, "They are generally on time" and relatives said, "They are all very patient, there is never any rushing."

Further comments included , "I know all the girls." We found care was provided by consistent, small groups of staff who they saw regularly and whose company they enjoyed. People knew which staff were due to provide their next care visit and staff told us, "Generally I see the same people week in week out." Our analysis of staff visit schedules found there were sufficient staff available to provide all planned care visits.

Staff consistently respected people's choices and decisions. People told us, "They do what I want them to do" and staff described how they followed people's directions and ensured their dignity was protected while care and support was provided.

The service's systems for managing staff training needs were somewhat disorganised and staff training had not been regularly refreshed. In addition induction training for new members of staff had not been provided in accordance with current best practice. Prior to our inspection the registered manager had identified that improvements were necessary in relation to staff training and induction. All staff had recently received additional safeguarding training further addition training coursed had been arranged to update staff skills.

People's care plans were sufficiently detailed to enable staff to meet their specific needs. These documents had been developed by combining information, provided by the commissioners of care with information gathered during assessments of care need and initial staff experiences of providing support. People told us their care plans were accurate and had been regularly reviewed. Staff told us, "The care plans are fine, there is enough information in them."

The service was well led by the register manager. There was a clear management structure and staff told us they were well motivated and well supported. Staff said managers acted to ensure they were not

unnecessarily disturbed while not at work and that the service on call manager system worked well.

Records were well organised and the service's policies and procedures had been updated regularly to ensure they accurately reflected current practices. Quality assurance systems ensured people's feedback was valued and acted upon. Responses to recently completed surveys had been consistently positive.

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. There were sufficient staff available to meet people's assessed care needs.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

People were supported to safely manage their medicines and appropriate infection control procedures were in use.

Is the service effective?

Good

The service was not entirely effective. Staff training had not been regularly refreshed and induction training had not been provided in accordance with current best practice.

The registered manager had a limited understanding of the Mental Capacity Act.

People's care visits were provided on time and of the correct visit length.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and understood people's individual care needs.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People's care plans were sufficiently detailed to enable staff to meet their needs.

People's care plans included clear individualised but limited information about their life history and background.

Complaints and concerns had been investigated and resolved to people's satisfaction.

Is the service well-led?

Good

The service was well led. The registered manager had provided staff with appropriate leadership and support.

Staff were well motivated and the service records were well organised.

Quality assurance systems were appropriate and people's feedback was valued.

Hayle

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 9 and 13 June 2016 and was announced in accordance with the commission's current methodology for the inspection of domiciliary care services. The inspection team consisted of one adult social care inspector.

The service was previously inspected in December 2013 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the six people who used the service, three people's relatives, five members of the care staff and the registered manager. In addition, we observed staff supporting people during three home visits. We also inspected a range of records. These included four care plans, five staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe while receiving care and support. People's comments included, "Oh yes, I am safe I look forward to them coming" and, "Of course I do [feel safe]." Staff told us, "People are safe in my care that comes first with me."

Staff understood their role in protecting people from abuse and avoidable harm. All staff had recently received training on the safeguarding of vulnerable adults and were able to say how they would respond if they became concerned about someone's safety. A copy of the provider's safeguarding policy which included contact telephone numbers for the local authority and the Commission was included in each person's care plan. In addition, information on how to report safeguarding concerns to the local authority was displayed in the service's office.

People's care plans included risk assessment documentation. These assessments had been completed as part of the care assessment process and provided staff with guidance on how to protect both the person and themselves from each identified risk. The risk assessments had been regularly reviewed and updated to reflect any changes to identified risks.

The service had previously had trouble with identifying people's homes when they first joined the service. In order to avoid this, the registered manager told us, "We do a recce before the first visit to identify the home and check the address." In addition, all staff had been provided with photographic identification badges to enable people to confirm the identity of carers who they did not know during their initial care visits.

Where people required the use of equipment to meet their mobility needs information on how to operate the equipment was included within their care plans. Where staff had not previously used specific items of equipment before, we saw they had been shown videos and provided with other specific training on how to use the equipment safely.

As most people supported by the service lived in Hayle, during periods of adverse weather a more limited service could be effectively provided by staff that were able to walk between people's homes if necessary. During previous poor weather this system had worked well and a four wheel drive vehicle was now available for staff transportation if required.

Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the accident book. All accidents and incidents had been fully investigated and, where necessary, procedures and risk assessments were updated to reduce the likelihood of a similar incident reoccurring. For example, because of the investigation into a recent near miss, the service had developed a policy and provided staff with training on how to respond in the event they smelt gas during a care visit.

People said they had not experienced missed care visit. One person told us, "They have never let me down." Relatives told us, "They have never missed a visit that I am aware of" and "They have never missed a visit and I do not suppose they would as they seem well organised." During our review of daily care records we

found no evidence that indicated planned care visits had been missed.

We reviewed the service's visit schedules and found there were sufficient numbers of staff available to provide all planned care visits. The registered manager told us, "We are recruiting new staff at the moment as we have a waiting list of people who want to use the service." During the week of our inspection one member of staff was unwell and this had resulted in some changes to planned staff visit schedules. People had been informed of these changes and staff commented that their normally stable visit schedules had changed as a result of this issue. Staff told us, "I collect my rota on Thursday for the following week, things do not change much" and "We are a bit short at the moment as one member of staff is sick."

The service had a stable staff team and had only recruited one new member of staff in the last year. Appropriate recruitment processes had been followed including reference requests and Disclosure and Baring Service (DBS) checks. This meant the service had ensured prospective staff were suitable for work in the care sector before they were permitted to visit people's homes.

The service generally supported people with medicines by prompting or reminding people to take their medicines. Systems were in place to record details of the medicines staff had supported people with. The use of Medicine Administration Record (MAR) charts had recently been introduced where staff helped people to take their medicines from blister packs. One person had recently raised a concern about the medicines supplied within their blister pack and the service had worked with the person's pharmacist and GP to ensure this concern was addressed and resolved.

The service had appropriate infection control procedures in place. We saw that staff used personal protective equipment were necessary and that these items were available from the service's office.

Good

Is the service effective?

Our findings

There were systems in place to provide new members of staff with the necessary training to enable them to meet people needs. This included training and observation of an experienced member of staff providing care and support. The service's recently recruited member of staff had completed some of the 15 sections of the care certificate. However, this training had not been completed within their first 12 weeks of employment in accordance with current best practice. The care certificate provides staff new to the care sector with a wide theoretical knowledge of good working practices. The deputy manager had arranged to attend training about how to support staff through the care certificate process and intended in future to ensure this training was competed promptly by new members of staff.

The service's staff training records were somewhat disorganised and staff had not regularly received refresher training in topics including food hygiene, risk management, moving and handling and first aid. The registered manager had recognised this issue prior to our inspection and had begun to take action to ensure staff training was refreshed. All staff had recently been provided safeguarding training and the manager told us further additional refresher training courses were panned for the summer. Most staff told us they felt well trained and able to meet the needs of people they visited regularly.

Staff received regular supervision, informal training and briefings from the service's managers. Supervision records showed these meetings had provided an opportunity for staff to share information with managers and for managers to provide information on identified changes to people care needs. One person told us, "They have learnt a lot about the illness and my needs." We saw, during a supervision meeting, people had been provided with informal training on how to meet people's specific care and support needs. Staff told us, "I've occasionally had supervision and they do do spot checks."

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 registered manager and deputy manager had limited understanding of the requirement of the act and how it applied to the care and support provided by the service. Staff however, consistently recognised the importance of respecting people's decisions and were able to provide examples of how they supported people to make choices about how their care was provided.

People's care records demonstrated that where necessary the service had liaised effectively with health professionals including GPs, district nurses, dentists and speech and language therapists to help ensure people's care needs were met.

Were staff supported people to prepare meals, people were involved in making decisions and staff respected those choices. In addition, staff tailored their language to people's preferences, for example staff asked one person what they wanted for lunch and another person what they wanted for dinner. In both instances, staff were asking what was required for the midday meal while respecting people individual

linguistic preferences.

Staff visit schedules included appropriate amounts of travel time between consecutive care visits. All of the people the service supported lived in around Hayle and staff received a minimum of five minutes travel time between consecutive care visits. The service operated a number of designated walking routes and we saw these visit schedules also included appropriate amount of travel time with up to 15 minutes allocated for travel between consecutive visits. Our analysis of daily care records showed that staff normally arrived within half an hour of the planned visit time and that visits were consistently of the correct visit length. People told us, "They are generally on time" and "They vary a bit as can be caught up in traffic at this time of year but I am not fussy about that" while relatives commented, "They are all very patient, there is never any rushing." Staff said, "Traffic can be an issue in the summer but you can't plan for that", "I do not rush people" and, "Normally you have enough time and I don't feel I have to rush."

Good

Is the service caring?

Our findings

Everyone we spoke with consistently praised their care staff for the kind and compassionate care they provided. People's comments included, "I get on well with them [carers] and can have a good laugh with them," "It is lovely when they come. I couldn't do without them" and "Lovely, very nice and very supportive. I can't say a word against them." People's relatives said, "They are brilliant" and "They are a lovely lot of girls." While staff told us they enjoyed their role and spoke warmly of the people they supported. Staff comments included, "I get on well with people" and, "I love my Job you get to meet so many nice people."

People knew their care staff well and were able to tell us which staff were due to provide their next planned care visit. Visit schedules showed that staff consistently provided support to small groups of people who they knew well and people told us, "I know all the girls" and, "Everybody knows everybody." At the end of each of the three care visits we observed staff explained to the person when they were due to next visit them. If their next visit was due to be provided by another member of staff, who that was likely to be. Staff told us, "Generally I see the same people week in week out" and, "You get to know what people like as you see them so often."

Throughout our inspection managers and staff demonstrated a detailed understanding of people's individual needs and preferences. During our observations, we saw that staff changed their approach to reflect people's individual preferences. For example, one person's relative told us, "Some [staff] will sing with [Person's name]. [My relative] enjoys it and it seems to help [them] along." We heard staff singing with this person while providing support and the person told us, "I like the singing."

People told us they felt in control during their care visits and that staff respected their decisions and choices. People said, "They do what I want them to do" and "They do talk to me about what they are doing." During our observations we saw that staff followed people's instructions and where necessary provided appropriate support to enable people to make decisions independently. Staff told us, "People don't always want what is in the care plan so I do what the person wants," "You can't force people to eat if they don't want to. You can offer things but it is up to them. You can only try and encourage people" and "If someone wants to stay in bed I will prepare breakfast and then try again to coax them to get up but it is their choice."

Staff respected people's privacy and ensured their dignity was protected while providing care and support. We found that people's preferences in relation to the gender of their care staff were also respected and accurately reflected in the service's planned visit schedules.

Good

Is the service responsive?

Our findings

Detailed assessments of people's care needs were completed by the service's managers. This included visiting the person in their current home and discussing specific needs with the person and any previous providers of care to ensure the service could meet the person's needs. Draft care plans were developed from the information gathered during the assessment process. Managers then provided staff with detailed briefings on the person's specific needs prior to the first care visit, which was normally provided by a senior carer. Staff experience and the person's feedback was then combined with information from the draft care plan to form the person's ongoing care plan.

People's care plans included sufficient information to direct and inform care staff of each person's care needs. People told us, "It is accurate as far as I can see." During our observation of care within people's homes we found that staff provided support in accordance with people's care plans. Staff told us, "The care plans are fine, there is enough information in them" and "They [care plans] are fine they are kept up to date." Where people's care needs were more complex staff were provided with appropriate step by step guidance on how to meet those needs.

Care plans included clear goals and the person's desired outcomes from the support provided. For example, the aim of one person's care plans was, "To enable [person's name] to stay in her home, helping them with tasks that they now have problems with. Encouraging independence and promoting dignity at all times." This information helped staff to understand people's desires in relation to their care and support needs. However, care plans did not include information for staff on people's life history, background and interests. This type of information can help staff, during initial care visits, to quickly identify topics of conversation the person is likely to enjoy.

People told us, "I feel it is good for me to do a bit for myself." We found that people's care plans included guidance for staff on how to encourage and support people to complete tasks independently. For example, one person's care plan said, "Encourage [Person's name] to wash their face, hands and front if able."

People's care plans had been regularly reviewed and updated to ensure they accurately reflected their current care needs. Care plans were regularly reviewed during face to face meetings in the person's home. People told us that during these meetings the care plan and risk assessments were read aloud and any necessary changes were discussed and agreed. Their comments included, "They come out and check the care plan and to see if they need to make any changes" and "A manager came two or three weeks ago, read out the care plans and did a survey to see if we were satisfied."

At the end of each care visit staff completed detailed daily care records. Staff arrival and departure times were recorded along with details of the care provided and information about any observed changes to their needs or mood. These records were signed by staff and people told us, "They fill it our regularly" and "They write done what they have done, it's all correct I do read it."

The service had appropriate procedures in place for the management and investigation of complaints. We

found the limited number of complaints received had been appropriately investigated and resolved to the complainant's satisfactions. People and their relatives told us, "I am happy they would address any complaint if I made one," "I do know how to make a complaint and I would if I had reason to" and "[My relative] would soon tell them if he was not happy."

Good

Is the service well-led?

Our findings

People and their relatives consistently told us how happy they were with the care and support provided by the service. Comments received included, "I am very happy with them" and "I am personally very happy with them. I am sure that if everyone had the support [My relative] has people would do a lot better."

The service employed a very stable and well-motivated staff team. In the year prior to our inspection no staff had resigned and one additional member of staff had been recruited to meet the increasing needs of people cared for by the service. Staff reported that they were well supported by the service managers. Their comments included, "It's a good place to work", "[The registered manager] is really good" and, "The manager is lovely I am definitely well supported."

The service had a clear management structure. The registered manager was based in the service's office and did not routinely provide care visits. The registered manager was supported by a full time office based administrator and a deputy manager who was normally office based but provided care visits during periods of staff leave or unexpected absence. The registered manager clearly valued the contribution and commitment of the staff team and told us, "I am proud of all my staff, they are brilliant."

Staff told us the service was well managed and organised effectively by the office staff team. Staff comments included, "Most things are well organised but if someone is sick things have to change" and "The work life balance here is good". Staff consistently reported that managers respected their privacy and aimed to avoid unnecessarily disturbing staff while not a work. One member of staff told us, "They don't like to call you or send messages late at night as they don't like to disturb you. The other week I went to my first visit but it had been cancelled at midnight, I had arrived before they had called me." The service operated an on-call manager system. Staff told us this worked well and that their calls were "always" answered.

The service's managers ensured they were aware of new developments within the care sector, and up to date with current best practice by regularly attending peer support networks and appropriate training events. Records showed the registered manager had recently completed training on changes to the regulatory environment and that the deputy manager was due to complete training on how to support new staff through the care certificate training.

The registered manager had maintained the service at a consistent size since our previous inspection and was operating a waiting list for new clients at the time of this inspection. Each time the service was asked to provide support to additional people, the registered manager completed a detailed analysis of staffing levels and visit schedules to identify if it was possible to provide additional care visits. This meant the service was always able to meet people's needs and preferences in relation to visit times. The service did not take on care packages where there was any risk that people's needs could not be met.

The service's records were well organised and it's policies and procedures had been regularly reviewed and updated. In addition, when incidents had occurred the service had developed new procedures to ensure that any learning identified as a result of an incident was passed on to all staff. For example, staff had

recently been provided with additional guidance on how to support a person after a fall. A specific policy had been developed and shared with staff to provide them with clear guidance on how to support and encourage people to get up if they were uninjured.

There were systems in place to monitor the quality of care the service provided. Every six months one of the service's managers visited each person at home to review their care needs. As part of this visit people's feedback on the service's performance was collected using a detailed quality assurance questionnaire. We reviewed the results of the most recently completed questionnaires and found people's feedback had been consistently complementary. For example, in response to this survey one person's relative had congratulated the service on the quality of care it provided and then commented, "I would like to add my thanks to you all for all the help and support I also get. I like to think of you all as friends."