

Mark Taylor Support Ltd

# Taylor Support Hub

## Inspection report

77-83 Severn Walk  
Sutton Hill  
Telford  
TF7 4AS

Date of inspection visit:  
21 April 2022  
27 April 2022

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06 June 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Taylor Support Hub provides personal care to people living in their own houses and flats. They also provide care to people in other settings including community facilities and support people on residential breaks. The service provides support to both children and adults. They were currently supporting 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

The service could not show how they met some of the principles of right support, right care, right culture

### Right Support

People did not always receive the right support as they were not supported by staff to have the maximum possible choice, control and independence, as people's capacity had not been considered or best interests decisions made. Staff had also not received training in this area to offer the right support.

Not all safeguarding incidents had been reported appropriately to ensure when incidents had occurred people were receiving the right support.

The systems the provider had in place to monitor the service were not always effective in driving improvements to ensure people were receiving the right support. We were not assured that information was stored and shared safely. We had not been notified about all events that had occurred within the service.

### Right care

The care people received was person centred, care plans we reviewed were individual to the person's need, and completed with people who were important to them. People were supported by safely recruited staff, who they liked and knew them well. People had staff available to support them when needed.

Staff protected and respected people's privacy and dignity. They offered people choices and promoted their independence where possible. They encouraged them to participate in activities they enjoyed. When they needed support with health care and meals this was provided for them.

### Right culture

People were supported by a provider and management team and staff who fully understood the holistic needs of supporting people with learning disability and autism. People were empowered by a staff team to live a fulfilled life that included taking positive risks. The culture of the service was empowering, and the ethos, values and attitudes of the management team and staff was positive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 2 July 2020 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to regulation 11, Need for consent, regulation 13, safeguarding service users from abuse and improper treatment and regulation 17, Good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Taylor Support Hub

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience.

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. They also provide care to people in other settings including community facilities and support people on residential breaks. The service provides support to both children and adults.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 April 2022 and ended on 29 April 2022. We visited the location's office on 21 and 27 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it had registered with us. We also gathered feedback from the local authority.

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 six relatives about their experience of the care and support provided. We also spoke with the registered manager.

We reviewed a range of records. This included four people's care records. We also looked at records relating to the management of the service, including procedures and governance records.

After the inspection.

We continue to review the information we held about the service. We spoke with two staff on the telephone.

# 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 since this service has been registered with us. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Systems and processes to safeguard people from the risk of abuse

- Although there were procedures in place to manage safeguarding concerns, when incidents of potential abuse had occurred, they had not always been appropriately reported to the safeguarding team, as required, so that they could investigate and consider any further actions. For example, when incidents of potential abuse had occurred between two people and injuries had occurred.
- Following our feedback, the provider shared these incidents with the safeguarding team to enable them to consider the information.
- When incidents had occurred, the provider told us they had taken action to ensure risks were reviewed and to minimise the risk of this reoccurring. This had not always been documented by the provider.
- Staff had received training in safeguarding, and they knew how to recognise potential abuse. One staff member told us, "Its keeping people safe and reporting any concerns about safety."

Assessing risk, safety monitoring and management

- Relatives were confident people were safe being supported by Taylor Support Hub. One relative told us, "Absolutely 100% safe. I have no concerns at all about my relation not being safe".
- Individual risks to people were considered and assessed. When people's needs had changed risk assessments were reviewed to consider this.

Staffing and recruitment

- Relatives and staff confirmed there were enough staff to provide support to people. One relative said, "There are absolutely enough staff".
- There were enough staff available to support people and records we reviewed confirmed this to us.
- The registered manager told us, and we saw staff received pre-employment checks before working with people to ensure they were safely recruited.

Using medicines safely

- Staff administering medicines had completed training and their competency was reviewed to ensure they continued to be safe to administer these.
- Records we reviewed confirmed people received their medicines when needed.
- There were systems in place to monitor medicines, to ensure errors had not occurred.

Preventing and controlling infection

- No concerns around staff practice in relation to infection control were raised with us. Infection control

procedures were in place and staff were aware of these.

- Staff told us how they used personal protective equipment such as masks and gloves and that this was available for them.
- Staff were receiving Covid-19 testing in line with government guidance.
- Staff had received training in this area.

Learning lessons when things go wrong

- There were some examples of how lessons had been learned when things went wrong. For example, the staff survey had highlighted how communication could be better. The provider had taken action to resolve this and had shared this with the staff team.



# 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 since this service has been registered with us. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- When people lacked capacity to make decisions for themselves capacity assessments and best interests decision were not in place. For example, when people were unable to manage their own finances or medicines.
- When relatives held power of attorney for people there was no evidence this had been verified, so we could not be sure they had the legal right to make decisions on behalf of people.
- The registered manager or staff were not aware if any one was being deprived of their liberty or if any applications or authorisations to the Court of protection had been made.
- Although staff had a basic understanding of how to gain consent from people. For example, asking if they would like to go out and not going if they did not want to. The registered manager and staff did not demonstrate an understanding in this area and staff had not received training.
- After the inspection the registered manager offered us reassurances that they were to receive updated training in relation to MCA, and this would be rolled out to the staff team.

The principles of MCA were not understood or followed. This placed people at risk of harm. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's religion, gender and culture were considered as part of the assessment process.
- People's physical, mental and social needs were also assessed and considered.

- People and those important to them were involved throughout the assessment process.
- Information obtained from assessments was used when developing care plans and risk assessments to ensure staff had access to accurate information about how to support people.

Staff support: induction, training, skills and experience

- Relatives told us they felt staff had the knowledge and skills to support people. One relative said, "They know what they are doing, and they are brilliant at it".
- Staff received an induction. During the induction staff had the opportunity to shadow more experienced staff to enable them to get to know people and their routines.
- Where staff had received training, they felt it was of a good standard and helped them to do their job.
- When people had specific needs, such as epilepsy. Staff received training that related to this to ensure they could support the person in a safe way.

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

- People's dietary and nutritional needs had been assessed; plans were in place when needed.
- When needed staff would support people with eating and drinking.

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

- Although the provider was not responsible for managing people's health, people's families were, their health needs were considered, and support offered where appropriate.
- The provider and staff team worked with professionals to ensure people's health needs were managed.
- People's oral health care was assessed to ensure people received the support they needed.

# 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 since this service has been registered with us. 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 and relatives were happy with the staff that supported them and the support they received. One relative said, "They are great staff they do lots of stuff with my relation, so they are happy."
- Staff knew people very well and were able to give detailed accounts of people and what was important to them.
- People's individual characteristics were considered. This was recorded throughout people's records and was reflected in how they were supported.

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

- People were at the centre of the support they received. This was reviewed with people and those closest to them to ensure it was still relevant.
- People's records reflected their individual preferences and choices and how these were made.
- Staff told us they offered people choices throughout the day. Staff were aware of how people chose to communicate their choices.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people privacy, dignity and independence. They told us how they encouraged people to be independent and the schemes that were in place to develop people's independence.
- People's privacy and dignity was encouraged and promoted. Staff gave examples of how they would support people with this.
- Records we reviewed reflected the levels of support people needed.

# 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 since this service has been registered with us. 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 had personalised care plans which considered their preferences. For example, how people liked to be supported with personal care.
- Where possible, people had a small staff team that could offer them consistent support. The staff team had been identified with the person and their families based on their preferences.

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.

- The Accessible Information Standard was considered. The registered manager and staff were aware of this.
- People's communication had been assessed. There were clear plans in place identifying how people communicated. People chose to communicate through a variety of methods including pictures and signs. Staff had training in these areas to ensure they were able to support people.

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 were able to pursue their hobbies and interests. We saw documented staff had completed activities including swimming.

Improving care quality in response to complaints or concerns

- People and relatives felt able to and knew how to complain.
- There was a complaints policy in place.
- No formal complaints had been made at the time of the inspection. When concerns had been raised these had been documented and actioned in line with the complaint's procedure.

End of life care and support

- When people were at the end of their life, there were plans in place to support people.
- These plans had considered individual's needs, health and what was important to them.
- The provider had worked closely with the hospice and professionals to ensure people received the best support available to them.

# 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 since this service has been registered with us. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

- At the time of our inspection the provider was registered at a previous location address, 20 Redwing Close, Telford, TF1 6XF. We carried out the inspection at the current location address. The provider had failed to update us when they had moved from their registered office location to another address. Therefore, they had not complied with a condition on their registration that they had to operate from the location registered.
- Since our inspection the provider has worked with us to address these concerns and have updated us accordingly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- There were some systems in place to monitor the service. For example, we saw there were medicines audits and audits of incidents and accidents. However, this information was not always used to drive improvements. For example, when incidents and accidents occurred the information was recorded on a log sheet. There was no evidence that this information was used to make changes. The registered manager told us they discussed this information; however, this was not documented.
- The system the provider had in place to record people's care was not always secure. Records were shared from staffs' personal phones to the providers data base. Although there was a procedure in place for this. There were no records confirming that the provider had checked the security of this.
- The registered manager told us they had recognised the concerns with this practice, and it was an interim measure whilst a new system was being implemented.
- The systems the provider had in place had failed to identify that they had not been reporting incidents of abuse to the safeguarding team as required to.

The quality monitoring systems in place are not always effective in identifying concerns and driving improvement within the home. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We had not been notified about events in the service where people had potentially been abused, in line with our requirements.

This was a breach of regulation 18 of The Care Quality Commissions (Registration) Regulations 2009

- Since our inspection we have been notified of these events.

- Staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the registered manager and provider. One staff member said, "It's a good place to work, they are always supportive if you need them."

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

- Relatives and staff spoke positively about the company and the support they received. One relative said, "It is wonderful, and I wouldn't change it. It is a professional organisation with boundaries."
- Staff worked closely with people and their relatives to ensure good outcomes were achieved.

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

- Duty of candour requirements were understood and met by the registered manager.

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

- Feedback was sought from people and relatives who used the service, in the form of surveys. The registered manager told us they were working to present the feedback received in a newsletter so that it could be shared with families. People using the service were to be involved with implementing this.
- Staff attended team meetings so that they could share their views. They felt involved with the company and that they were listened to.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>We had not been notified about events in the service where people had potentially been abused.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People did not always receive the right support as they were not supported by staff to have the maximum possible choice, control and independence, as people's capacity had not been considered or best interests decisions made.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems the provider had in place to monitor the service were not always effective in driving improvements. We were not assured that information was stored and shared safely. We had not been notified about all events that had occurred within the service.</p>