Taylored Care Limited

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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

Taylored Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger adults living with a disability, who require care and support for six or eight hours at a time, up to 24-hour care or live-in care. At the time of this inspection, the service provided care and support to four people.

This is the first inspection of this service since it moved its office address in July 2017. At the previous inspection the service was rated Good.

The inspection visit to the service's office took place on 5 June 2018. The visit was announced. We gave the service 24 hours' notice as we needed to be sure that there would be someone in the office. Following the site visit the registered manager sent us further information and we wrote to health and social care professionals who had regular contact with the service. The inspection was completed on 6 July 2018.

There was a registered manager who had been in post for three months. 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 previous registered manager, who owned and founded the service in 2010, had died suddenly in January 2018. Her husband and son had taken over the business to continue providing the service that she was so passionate about. It is a credit to her work that the service still operates in the way she intended and continues to provide a good service.

People were looked after by staff who were kind and compassionate. Staff knew each person well and supported each person in the way they wanted to be supported. Staff had been trained to keep people safe from avoidable harm and abuse. Risk management plans ensured that risks to both people and staff were minimised as far as possible.

There were enough staff to make sure that people were safe and their needs were met. The provider's recruitment process reduced the risk of unsuitable staff being employed.

People were given their medicines safely and as they had been prescribed. Staff followed the correct procedures to prevent the spread of infection and understood their responsibility to report any accidents and incidents.

Assessments of people's needs were carried out to ensure that the service could meet those needs in the way the person preferred. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff received induction, training and support to enable them to do their job well. Further training in topics

relevant to individual people's care was provided so that staff felt fully competent. When required, staff assisted people with their meals. Staff involved other healthcare professionals such as GPs in people's care if the person needed assistance with this.

People were cared for by compassionate and caring staff. Staff treated people kindly and showed they knew each person well. People were involved in planning their care and support. Staff respected people's privacy and dignity and supported people to remain as independent as possible.

Care plans gave staff detailed guidance relating to the care and support each person needed so that people received personalised care that was responsive to their individual needs.

A complaints process was in place and people and their relatives were confident that any issues would be addressed. A process was being developed so that people's end-of-life care needs would be met when this was required.

The registered manager provided good leadership and staff felt supported. Staff were clear about their role to provide people with a high-quality service, thus upholding the values of the service. Staff liked working for this service.

A quality assurance system was in place, including ways in which people, their relatives and staff were enabled to give their views about the service and how it could be improved. Audits and monitoring checks on various aspects of the service, including spot-checks on the way staff worked with people, were carried out. These had ensured that any shortfalls were addressed.

The registered manager was aware of the various matters that the service was required by law to notify CQC about. The service worked in partnership with other professionals to ensure that joined-up care was provided to people.

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 enough staff deployed to keep people safe and meet their needs. Staff recruitment reduced the risk of unsuitable staff being employed.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Potential risks to people and staff were assessed and minimised.

Medicines were managed safely and people were given their medicines as they had been prescribed.

Is the service effective?

Good

The service was effective

Staff had received training so that they had the skills and knowledge to deliver care to people. This included training in topics relevant to individuals.

Staff worked within the principles of the Mental Capacity Act so that people's rights in this area were protected.

Assessments of people's needs were undertaken. People were supported with meals and to meet their healthcare needs when required.

Is the service caring?

Good

The service was caring

People were supported by kind, caring and compassionate staff who knew each person and their individual needs well.

People were fully involved in planning their care and support. Staff showed they cared about the people they were providing a service to.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive

Care plans were in place for each person and the care was personalised to meet individual needs.

There was a complaints process in place so that complaints and concerns were responded to.

A process to ensure that people's end-of-life care needs would be met when this was required was being developed.

Is the service well-led?

Good

The service was well-led

The registered manager provided good leadership and was fully aware of improvements that were needed to ensure the service continued to develop.

Audits and quality monitoring checks were carried out and an improvement plan developed to ensure that any shortfalls were addressed.

The quality assurance process gave people, their relatives, staff and other stakeholders a number of ways in which to comment about the service.

Taylored Care Limited

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 was planned to check 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 service moved to a new office address and was registered as a new service on 31 July 2017. This was the first inspection of the service since the move.

Our inspection activity started on 5 June 2018 and ended on 6 July 2018. It included a visit to the provider's office on 5 June 2018 to see the registered manager and review care records, policies and procedures. The visit was carried out by one inspector and was announced. We gave the service notice of the inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available. Also, we wanted to contact people who used the service, and staff, prior to our visit to the office. This was arranged by a member of the provider's staff and was carried out by an assistant inspector.

We spoke over the telephone with the relative of one person who was using the service and two members of staff. We spent time with the registered manager discussing all aspects of the service and we gave initial feedback to the registered manager. The provider, who was on holiday at the time of the inspection, joined in the feedback session via the telephone. We looked at two people's care records as well as other records relating to the management of the service. These included medicine administration charts, audit records, the service development plan and the complaints folder. We wrote to four health/social care professionals who the registered manager told us had regular contact with the service. One health/social care professional responded and their views are included in the report.

Prior to the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about. We had not requested a provider information return (PIR) from the provider. 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.

Good

Is the service safe?

Our findings

Safeguarding systems were in place to protect people from abuse and avoidable harm. Staff had received training and were knowledgeable and confident in safeguarding people. They knew how to recognise abuse and to whom they should report any concerns, including external agencies such as the local authority safeguarding team. A member of care staff told us that the office staff had been very supportive when they had had an issue with another healthcare service. Staff had made a safeguarding referral to the local authority's safeguarding team on behalf of the person.
Potential risks to people had been assessed and guidance put in place so that staff knew how to minimise risks without restricting people's freedom. Risks to staff whilst working with individuals had also been assessed and action taken to ensure staff's safety.

We were assured that there were enough staff employed so that the needs of the current client group could be met. Additional staff were being recruited so that the service could offer care packages to more people. Staff were recruited in a way that meant that only staff suitable to provide long periods of care to people were employed. Satisfactory results of checks, such as a criminal records check and references from previous employers, were obtained before new staff could start providing care. New staff underwent an induction that included training in various topics, including keeping people safe.

Staff were trained to give people their medicines safely and there were policies and procedures in place relating to all aspects of medicine management. A relative told us that staff were well trained in giving their family member their medicines. They also said that their family member had a lot of changes to their medicines and staff were always "very knowledgeable" about the changes. There were systems in place to ensure that people had been given their medicines safely and as they had been prescribed. Medicine administration record (MAR) charts were audited by the office staff and the registered manager and care coordinator carried out observations and spot checks on staff to make sure staff remained competent to give people their medicines.

Staff had received training and were very good at following policies and procedures to prevent the spread of infection. The service provided them with whatever personal protective equipment they needed to work with each person. A relative told us that staff always washed their hands and wore gloves when carrying out care tasks and left their family member's room clean when they had finished.

Staff fully understood their responsibility to report any incidents, accidents or concerns. Staff reported to the on-call manager every evening by telephone. This meant that any issues could be dealt with quickly. Any learning was shared with staff and actions to minimise recurrence were added to the service's improvement plan. There had not been any incidents, accidents or serious concerns raised since the current registered manager had come into post.

Good

Is the service effective?

Our findings

The registered manager made sure that each person's needs were fully assessed to make sure that the service could meet those needs, in the way the person wanted and preferred. The service worked effectively with staff from other agencies if, for example, someone required 24-hour care from one member of staff but required two staff, perhaps four times a day, to transfer the person in a hoist.

At the time of the inspection the service was not employing or using technology to enhance care. However, the registered manager told us that they were working with one person's care manager to try to provide assistive technology so that the person did not need a member of staff with them at all times.

New staff received a thorough induction and further training in a wide range of topics so that they had the skills and knowledge to carry out their job well. A relative told us, "The new staff are well trained and have shadow shifts with my [family member] before they are left on their own." Staff then undertook refresher training in each topic at the required intervals to make sure their knowledge remained up to date. Staff were trained to meet everyone's specific needs, such as catheter, tracheostomy or stoma care; tube feeding; or oxygen saturation (SATs) monitoring. The registered manager and care coordinator carried out spot checks to ensure that staff put their training into practice. Staff received supervision and support from the office staff. When asked if they felt supported by the management team, one member of staff said, "Yes, there is always very good communication, we get support when we need it and I enjoy my job."

Staff supported people with their meals and drinks if it was part of the person's care package. They were involved in monitoring each person's nutritional needs and would liaise with the person and/or their relatives about referral to other healthcare professionals if that became necessary.

Staff worked well with other organisations to ensure that people were provided with the most effective care and support possible. A relative said that staff "are very good" at working with the GP, continence nurse and district nurses and always followed any new advice these healthcare professionals gave them about the person's care. A healthcare professional who had provided staff with training in a clinical procedure told us that staff were "attentive learners, asked pertinent questions and demonstrated good clinical skills (in the classroom setting)."

Generally, people and/or their relatives took responsibility for ensuring that people's healthcare needs were met. However, staff would contact, for example the GP or district nurses at the person's request. Staff accompanied people to hospital appointments if required and liaised with emergency services if there was an accident or incident.

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.

We checked whether the service was working within the principles of the MCA. Staff had received training. They had a good understanding of the principles of the MCA and how that affected the ways in which they worked with people. One member of staff told us they always offered people choices in their day to day contact with the person. They said, "Everyone has the right to choose."

Good

Is the service caring?

Our findings

Staff treated people with kindness, respect and compassion. A relative told us, "I've used many care agencies over the years and Taylored Care is the best care agency I've ever used. The staff are so friendly and compassionate to my [family member]."

Staff knew how to communicate with each person in whichever way the person could understand. A healthcare professional, providing staff with training specifically related to one person's condition with the person and their relative present, wrote, "I observed communication which made me feel there was mutual respect, support and encouragement [between the person, their relative and the staff]."

Staff worked with staff from other agencies to cover tasks which required two staff. They communicated well with these other staff to ensure that the person got the care they wanted and required. In one person's care folder there were photographs of the way the person liked to be positioned at night so that they could sleep well. This meant that all staff would work in the same way.

People (and their relatives when appropriate) were kept fully involved in all aspects of the person's care and were made to feel that they mattered. For example, one person's relative had requested a red (rather than the usual black) folder for their family member's care notes. This had been provided, both in the person's home and in the office. Photographs of a person, used to demonstrate an aspect of their care, showed the person laughing with staff and clearly enjoying themselves.

The way the service provided care, in blocks of time, meant that staff had plenty of time to spend with the person they were providing care to.

Staff were trained to respect people's privacy, dignity and independence. A relative said, "They always talk to [name] about what they are doing, which is very dignified." Staff told us, "I always talk to [the person], explaining what I'm doing. I will always keep [the person] covered during personal care, close the curtains and shut the door." One person's care notes contained an entry from a healthcare professional. They had written, 'The [staff] demonstrated understanding of privacy and left the room when the family came to carry out prayers.'

Staff supported people to be as independent as possible. One person styled their own hair with a brush while staff held the hairdryer. They could sharpen their own eyeliner pencil if staff held the sharpener and they participated in making cards.

People who were being offered a service at the time of our inspection had relatives who could advocate on their behalf. However, the registered manager had information about advocacy services, which they discussed with people when appropriate. They told us about a situation when one person might have benefitted from an independent person (an advocate) acting on their behalf. Details of advocacy services had been given to the person.

Good

Is the service responsive?

Our findings

Holistic assessments of people's needs were undertaken prior to a service being agreed. These formed the basis for care plans, which ensured that people received personalised care that was responsive to their individual needs. People, and their relatives when it was appropriate, were actively involved in planning their care and support, from the initial assessment through to care plans and care plan reviews. One relative explained how the registered manager had visited them to discuss their family member's needs and the care the service could offer.

Care plans were fully personalised and regularly reviewed and updated, with input from people, relatives and staff. The registered manager explained that they had decided not to have a formal structure for reviews, but to hold and record a conversation. This enabled people, their relatives and the staff to talk about whatever they wanted to, while staff present ensured that all key areas had been covered.

Staff read care plans to learn about any changes to people's needs and told us they felt care plans were useful, up to date and informative. There was information in each care plan about the person's specific conditions. One member of staff said, "When I read [care plans] I get all the information that I need for each [person]." Care plans reminded staff about how to work with each person. For example, one person's care plan stated, 'Care staff are to constantly chat to [name] so that [they do not] feel left out'.

Staff supported people to take part in appropriate activities if that was part of the person's care package. One person, who in the past had enjoyed going out with staff, now felt more comfortable staying in bed. Staff were very good at keeping the person occupied.

The provider had a system in place so that people, their relatives and any other visitors to the service knew how to raise a complaint if they needed to. The complaints procedure was documented in the guide to the service that people received when they started to receive a service from Taylored Care Limited. This included raising the matter with the registered manager or provider, or, if this was not comfortable, with the person's funding authority, the local authority or the CQC. One relative told us they had never had major concerns but knew who to go to if they did. They said, "Odd niggles…I've raised with the registered manager and she has dealt with these effectively." A healthcare professional told us they had no doubt that one person's relative would raise concerns with them if they had any.

Staff said they had not undertaken end-of-life care as the service did not specifically care for people who were at the end of their life. However, there had been an occasion when staff had worked with other healthcare professionals to care for someone whose life had ended earlier than expected. Staff said the management team and the family had been very supportive. The registered manager told us that training for staff in end-of-life care was planned and they would be working with the palliative care team to put end-of-life care plans in place for everyone who used the service.

Good

Is the service well-led?

Our findings

There was a registered manager in post. She had taken up the post in March 2018, following the untimely death of the previous registered manager/provider. She was supported in the office by the providers and a care coordinator. Both she and the care coordinator also covered care shifts when required. The registered manager told us, "It's really really good here." She felt the care staff and office staff all worked as a team. The providers were working hard to develop their knowledge about providing a care service, including undertaking training courses with the staff to improve their understanding.

The providers, managers and staff all promoted a positive culture so that there were good outcomes for people receiving care and support. A relative said, "The culture of the service and staff is amazing. The staff are so friendly and I always have support from everyone. They are like an extended family… Taylored Care provides excellent care, they look after the families and are very kind to [their] staff."

The registered manager had a clear vision and strategy to deliver high quality care. She provided good, visible leadership as well as wanting everyone, people, relatives and staff, to be involved in the development of the business. She was fully aware of improvements that were needed in the service to ensure that systems and processes were in place and improvements sustained. Introducing new documentation had been "a slow process" but staff had been cooperative and were getting used to the changes. Staff were aware of their responsibilities to ensure a high-quality, safe service was provided at all times. One member of staff said, "I like it…it has always been a nice place to work." Training and support given helped staff to do their job well and "It helps me to enjoy the job I do."

A healthcare professional who had provided training for staff in an aspect of one person's care told us, "The managers were proactive in their learning alongside their team." They had been able to clarify queries from the staff (for example about other people using the service) which the trainer would not have been able to do. This healthcare professional told us how they had been impressed by the staff's understanding, and understanding of the limitations, of their role. For example, in relation to responding to an emergency, such as cardiac arrest.

There was a quality assurance process in place. This included the registered manager seeing each person who used the service at least once a month. The registered manager told us that a satisfaction survey was going to be sent to people and their relatives in July 2018. This would give people the opportunity to comment, anonymously if they wanted to, both about things that were going well and about what could be improved. A relative said, "I often get contacted by the office staff, asking if everything's OK… We get a questionnaire every year, but I often get asked for my opinion on what could be done better, if anything."

The registered manager and care coordinator carried out spot-checks so that they could observe staff's working practice and all staff received supervision. Staff had been asked to give feedback on their supervision so that the registered manager could improve this experience if staff felt that was needed. Staff meetings had proved logistically impossible to arrange but management meeting minutes were made available to all staff and staff were encouraged to provide feedback.

The provider had a 'compliance tracker' in place so that all aspects of the service were monitored. In addition, an external body had been employed to carry out a full audit of the service. The registered manager said, "It's good to have another view of what we do." A relative told us that they had not noticed any changes in the quality of the service provided under the new registered manager. This relative told us, "The new [registered] manager has been very informative and had a seamless transition into her new role. The care has remained the same and I am still informed about everything to do with my [family member]."

Plans to enable staff to progress in the organisation were underway. The registered manager was keen to train another member of staff to work in the office. She felt this would aid consistency and ensure that people received a high-quality service, as well as giving staff opportunities to progress.

A newsletter was produced and sent to people who used the service and to staff. This ensured that everyone involved with the service was made aware of improvements that had taken place and future plans.

The service worked well with other agencies. For example, they had worked with other healthcare professionals to make sure that staff received any specific training they required to provide safe care. They had worked with external healthcare professionals to provide care and support to a person whose life had ended, and the person's family.