

Tailor Maid Care Solutions Limited

# Tailor Maid Care Solutions Limited

## 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

We carried out an announced inspection of the service on 6 January 2016. The Provider was given 48 hours' notice of this. We gave notice of the inspection was given because the service. The inspection team consisted of one inspector, as this was a small service.

Tailor Maid Care Solutions Ltd is required by the Care Quality Commission to have a registered manager. 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 resigned from the service in December 2015, and the current manager was in the process of applying for the acting manager to become the registered manager.

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.

Tailor Maid Care Solutions Ltd is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection, the service was supporting 13 people.

People we spoke to told us they felt safe. People were supported by staff who recognised signs of abuse and knew what actions to take to protect people and keep them safe. Any risks were recognized, and managed through the use of risk plans. The risk assessments were mainly generic, and not personalised to the individual. We spoke to the provider about this.

There were sufficient staff to meet people's needs, and people usually received support from the same staff members. The provider had the relevant checks in place to ensure the staff were recruited safely.

People who needed help to take their medicines were supported by staff that had been trained to administer medication in a safe manner. Records showed medicines were given at the right time, and were recorded in the correct way by staff.

People were supported by staff who had been trained to work within the guidance of the Mental Capacity Act (2005). The Mental Capacity Act is the legal framework to ensure that where people are assessed as lacking capacity to make decisions for themselves, decisions are made in their best interests. Although most people using the service were deemed to have capacity, staff had received training in relation to Mental Capacity Act, and understood issues around consent and capacity.

People told us that they were supported by staff who knew their needs, and had the relevant training to carry out their roles and responsibilities. Staff received training, and had access to regular support and supervision to make sure they had the skills to carry out their roles and responsibilities.

People spoke highly of the support they received, and of the way staff interacted and supported them. Staff we spoke to clearly knew their needs and preferences of the people they were supporting, and showed warmth and care in discussions about the people they supported.

People felt involved in their care planning, and told us they were involved in assessments before the support had started. This meant that people received care that was appropriate to their needs, and that their choices and preferences were taken into account. Care records gave detailed information of what support was needed, and how this would be given. The service sought advice and support from other professionals when this was needed to ensure that people's health care needs were met.

The service regularly monitored people's satisfaction with the support they received through a variety of methods, including telephone checks calls, personal visits from managers, and satisfaction surveys. If people raised any issues, the service listened and responded appropriately to concerns raised.

There was a caring and open culture, and staff spoke positively about the acting manager and the area manager. Staff felt able to raise concerns and suggestions with the management team, and had faith that any issues would be acted upon promptly.

Care plans and risk assessments were regularly audited, and updated to reflect any changes in people's support needs. The provider kept records of any incidents and accidents, and staff were kept updated on a regular and on-going basis.

## 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.

People were protected from harm; staff understood the actions they needed to take to keep people safe. Risks were assessed, and measures put in place to reduce the risks.

The provider recruited staff safely, and there were sufficient staff to meet people's needs.

When people needed help with their medicines, staff gave support safely.

### Is the service effective?

Good ●

The service was effective.

People's diverse and individual needs were met by appropriately trained staff. Staff were trained, and supported to increase their awareness and knowledge.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People received support with meeting their health care needs, and if needed, with eating and drinking.

### Is the service caring?

Good ●

The service was caring.

People had positive caring relationships with staff.

People were at the heart of planning their care, and staff consulted them about their support needs and preferences.

Privacy and dignity were respected.

### Is the service responsive?

Good ●

The service was responsive.

People received care that met their individual needs.

People were aware of the complaints process, and knew how to raise concerns. The manager responded to complaints and had a complaints process.

Staff were knowledgeable about people's choices, preferences, and needs.

**Is the service well-led?**

**Good** ●

This service was well led.

The previous registered manager had resigned, but the service had an acting manager already in place, who was being supported by the area manager.

Systems were in place to monitor the quality and safety of the service and people were supported to express their views about service.□

# Tailor Maid Care Solutions 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 inspection took place on January 6 2016, and the provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available. The inspection team consisted of one inspector as this was small service.

Before the inspection, we contacted the local commissioners for health and social care to obtain feedback. We contacted the local Healthwatch team. We looked at the statutory notifications that the service sent to us. These contain important or serious information which the provider must tell us about.

On the day of our inspection, we spoke to, and received feedback from, five people who used the service and three relatives of people. We spoke to the area manager and the manager. We also spoke to four members of staff. We reviewed the care records of three people, and also looked at staff files for three members of staff. We looked at records of accidents and incidents, complaints, and policies and procedures that were in place at the service. We looked at staff training records and records associated with managing and maintaining the quality of the service.

# Is the service safe?

## Our findings

People we spoke to told us they felt safe when they were being cared for by staff from the service. One person said, "Oh certainly. Very safe." Another person said, "Yes, absolutely. They [staff] all do the job properly." A relative told us, "I trust them; I leave them to it [supporting the person]." Another relative said, "I leave the staff to it [supporting the person]. I hear peals of laughter from [person name] and the staff."

All of the staff we spoke with told us they had received training in safeguarding of vulnerable adults at the beginning of their employment. There was a safeguarding policy in place that gave detailed information on the different types of abuse, and what actions needed to be taken in the event of any concerns. Staff understood the different types of abuse, what signs to look for, and how to escalate their concerns. A staff member told us, "I would make sure [person] was safe and ring the office straightaway."

Staff were aware that there was a whistleblowing policy in place, and they knew how they were able to escalate their concerns if they felt that they were not being listened to. However we found a concern had been raised by a staff member following the whistleblowing policy, and although the provider had investigated this matter, they did not report it to ourselves or the local authority safeguarding adult's team until prompted to do so by ourselves. We raised this with the area manager and they assured us that any future such issues would be reported to the relevant agencies.

Assessments were completed before people came to live at the service to identify each person's needs and highlight any risks. We saw examples of risk assessments, which informed staff of how best to provide the support people needed in a safe manner. Whilst some risk plans contained personalised details, the majority were the same template. These risk assessments were generic rather than tailored to the individual's circumstances. For example, in relation to the environmental risks, the risks were the same in each file, rather than being specifically drawn up for each individual. We raised this with the provider, as risk assessments should be person centred.

Staff were trained to use any relevant equipment, such as hoists, as part of their induction, and gave us examples of action they had taken if there were any concerns. One staff member told us they had discovered a hoist sling was the incorrect size for a person. It can be dangerous for a person to be moved in a hoist using a sling that is the wrong size. The staff member recognised the risk, and took immediate action to prevent harm to the person. The provider kept a record of accidents and incidents which included details of what action they had taken in response. As the service is fairly new, there was not many recorded accidents and incidents. We saw the provider considers whether any changes in practice are needed from evaluating these records.

We saw that staff were safely recruited. All staff had received the relevant background checks before starting employment to ensure they were suitable to do this kind of work. This was confirmed by the recruitment policy, information in the staff files, and what staff told us.

People told us they felt there was usually sufficient staff. All the people we spoke with said that their calls

had never been missed, and were usually on time. People confirmed that staff usually phoned them if they were going to be delayed. One person said, "They [staff] are very reliable, they always turn up." Another person said, "If they get held up, they always let me know."

People who needed two staff to support them told us that the staff always came in pairs to support them. The duty rota showed where and when staff were working. If staff holidays or sickness reduced staff numbers, the acting manager and the area manager were also both trained to provide support to people, and provided cover in emergencies. Some staff felt that at busy times such as mornings, it was sometimes difficult to get everything done in time. The manager was aware that mornings were a busy time and is constantly looking to recruit more staff. The number of staff was determined by how many people were using the service. The provider's aim was to maintain continuity of care by ensuring staff provided support to the same people on a regular basis.

When people needed assistance with taking medication this was provided safely and reliably. One staff member told us, "I always check that the medicine is being given at the right time and to the right person." Another staff member told us, "If I find a tablet has not been taken, make sure it is out of reach of the person, and alert the office and the family." We saw copies of medicines administration records in the care plans which were appropriately completed and showed people were receiving their medicines at the right times. All staff currently working at the agency had received training in administering medicines before they were allowed to support people with their medicines. In addition, we saw records where the area manager and manager carried out unannounced visits, and observed staff to ensure they were following safe administration of medicine guidelines

## Is the service effective?

### Our findings

Peoples were assisted by staff who had the relevant training and support to do their jobs and meet people's needs. One person told us, "They [staff] are very effective. I feel I have improved since they started." Staff told us they had received training, and we saw written evidence of staff training. This included all mandatory training, such as assisting people to move, medication training, food hygiene, safeguarding, and infection control. Mandatory training is essential for staff to keep their skills and knowledge up to date in a range of topics. The staff files we checked confirmed that staff had attended a five day induction and had access to training in mandatory areas. Staff had received training in dementia care and all were signed up to be dementia friends. Dementia friends is an initiative set up by the Alzheimer's Society, and aims to give greater understanding of what the experience of having dementia is like for a person.

After induction training, new staff members were shadowed by more experienced staff until the manager felt they were competent to carry out their role independently. Staff told us, "Yes, the training prepared me for the job," Staff were working towards the care certificate. The Care Certificate is an identified set of standards set out by the Skills for Care Council that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This showed that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

Staff received regular management supervision to monitor their performance and development needs. This ensured they had the skills and competencies to meet people's needs. We saw records of staff supervisions, which the area manager told us took place every three months.

The service had systems in place for staff to have an annual appraisal. This is to assess staff's performance and any development and training needs. As the service is newly registered, appraisals have not yet taken place. The service had clear guidelines and policies in place to ensure consistent standards were adhered to. For example, we saw a policy for which made it very clear that staff were not to accept monetary or other gifts from the people they supported. The area manager told us they were frequently seeking to provide more external training. The Alzheimer's Society had provided some training in dementia care. All staff were 'Dementia Friends.' Dementia Friends learn about what it's like for a person living with dementia, and enabled staff to respond to people's needs in a more appropriate way.

People we spoke with told us that staff always asked their permission before supporting them. We were told "Oh yes, they [staff] always ask my permission." A relative added, "They [staff] are very respectful and always ask [person's name] if it's okay before they start."

People told us they were involved in their care planning and that staff regularly recorded information in their care plans. A person told us, "Yes, I was involved in my care planning." A relative said, "We did it [the care plan] together with staff." We saw evidence of people's signatures in care plans. This is important as it demonstrates people were involved in their care planning.

We saw that staff had received medicines training by a specialist person from the NHS. In addition, the manager was looking towards staff obtaining the Care Certificate. The Care Certificate is an identified set of

standards set out by the Skills for Care Council that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This showed that people were cared for, or supported by, suitably qualified, skilled and experienced staff. We saw that the provider had templates in place for annual staff appraisals, but these had not yet started as the service was less than a year old. An Annual appraisal looks at the performance and development of staff and what support they might need to do their job well.

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. Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. The majority of people currently using the service had mental capacity. All staff were aware of the principle of offering choice at all times. A person told us, "Oh yes, they [staff] always ask permission." A relative told us, "They are interested in [person's name]. They act on what [person] wants, they give choice." The staff we spoke with demonstrated that they had good understanding of the need to seek permission and gain consent from people before undertaking any support. All the staff we spoke with said they would not undertake a task unless the person needing the support had consented.

Staff supported people who were unable to get their own meals prepared. A relative told us, "They [staff] always ensure they leave [person] with plenty of water to drink." Staff confirmed that, when people needed help to get food and drink, they were always given a choice, and understood people's preferences. People explained that staff made a shopping list with them so staff could be sure they bought the items people had chosen. One of the staff said, "We have a shopping list made by the family, and we write in the communication sheets, and give [person] a receipt."

Staff told us, and we saw in the care plans, that staff were aware when people required specialist diets. For example, it was clearly recorded that a person had diabetes. A staff member explained the importance of regular meals, and the type of foods that needed to be avoided. The staff member also showed good awareness of the signs and symptoms to be aware of, if the person's blood sugar levels were becoming low.

One person explained how the staff were concerned about their relative's weight loss, and had urged them to speak to a health professional. The person said, "They [staff] have taken the weight (of responsibility) off my shoulders." Staff we spoke with showed understanding of what actions to take if a person had unintentional weight changes or was self-neglecting in any way. This showed us that staff understood their responsibilities and sought outside help via the manager when needed.

Staff gave examples of incidents where they were required to liaise with other professionals such as ambulance staff. A staff member explained that they had found a person on the floor, and had therefore contacted an ambulance straight away to summon help. Another staff member had encouraged the person to contact their GP when they were unwell. We saw written records of action staff had taken in the communication sheets that are kept in people's homes. Staff also were able to contact the on call manager at any time to raise concerns and we saw the records of calls taken by the on call manager. This ensured that people's changing healthcare needs were effectively met.

# Is the service caring?

## Our findings

The staff were caring. One person said, "The staff that come are great. They are very caring" and, "Fine, I don't have any criticism." Another person told us, "There is a lovely rapport between us." A relative said, "They [staff] are extremely caring generally, and are interested in [person's name] as an individual." Another relative said, "They provide little touches that are lovely." People felt that the care supported them as an individual rather than being just a set of actions carried out. We were told, "They [staff] are genuinely caring and put my needs and wishes first."

All of the staff we spoke to were passionate about their role, and spoke in a positive and caring manner about the people they supported. One staff member said, "It's all about them [the people]-making sure they are happy and safe." Another staff member explained that they always spoke to people to make them feel at ease before undertaking any care tasks. A staff member stated, "I always try to make [person] more comfortable with me before doing personal care."

The care plans we saw were written in a caring and respectful manner. The life history was limited, but the plans noted people's preferences, such as whether they wanted a male or female carer. Staff told us, and records confirmed that the provider tried to always accommodate these preferences.

People told us, and staff confirmed that they were encouraged to be as independent as they could. One person said of their relative, "They used to shave [person's name] but he does that himself now and they [staff] encourage that." A staff member added, "We try to get [person's name] to do as much as they can for themselves."

People gave us their views in relation to the care and support they received. A person said, "I have the same staff every day. They involved me in the care planning, and they know what they are doing." Another person said, "I was involved in planning what support I need." A relative said, "They involved us in the care planning, and it's sensitive to [person's] needs." This relative added, "They give [person] choices." One staff member said, "I ask if they want a shower or strip wash; it is always their choice." Staff gave examples of offering choices in relation to what meals were provided, and what clothing was worn. People were supported to express their views and were actively involved in making decisions about their care, treatment and support. The area manager or manager visited people before their support package started and agreed with each individual what support would be provided.

Staff were aware of the provider's confidentiality policy, and in discussion showed understanding of the requirements to keep people's personal information confidential.

People told us that their privacy and dignity was maintained by staff. A person told us, "They [staff] always close the door and curtains. They make me feel at ease." Another person said that staff always asked if they felt up to having a shower and accepted the person's right to refuse this if they did not feel well enough. A relative said, "They maintain [person's] dignity well. They always ask permission." Staff showed good awareness of how to maintain privacy and dignity. One staff member said, "I always ask the person if it's

okay before I do a task." Another staff member showed understanding of a person's right to refuse support, "If [person] refuses care, we have to accept their decision providing they have capacity." This showed the service respected the decision of this person to refuse any care intervention. The care plans we saw showed that staff were respectful to people in the manner they were written and in the language that was used.

## Is the service responsive?

### Our findings

People told us that they received care that was personal to them and met their needs. A person said, "Yes, they support me to be independent." A relative told us, "We have seen a copy of the care plan. It's a true reflection of [person's name] needs."

The area manager and manager told us they always visited people prior to the service starting and drew up the care plan based on the needs and wishes of each person and their family. We saw evidence of this in the care plans we looked at. A person said, "The manager came originally and went through the care plan with us." People said they could always contact the office if there were any problems. A person told us, "There is always someone we can get hold of."

On speaking to staff we noted that they were fully aware of the content of the care plan and risk assessment for the people they supported, and were following the care plan when providing care. This meant that people were getting care that responded to their needs.

People told us they were generally given a choice over the gender of their care staff. This demonstrated the service respected people's individual preferences. Usually, people received their support from the same one or two staff. This means that staff knew the people they were supporting well, and were able to pick up on any changes in people's needs. One staff member stated, "If a person's needs are changing and they need more help, I would speak to the office."

Relatives said they felt involved in their family members care and felt that that their views and opinions also mattered. One relative said, "The staff are very observant. They noticed [person's] weight loss and were onto it straightaway." A staff member explained how they had sat with a family carer and given them some time to talk about their feelings when this person was feeling low in mood. Staff told us that they tried to involve people, and where appropriate, their relatives in discussions, and said that care was based on people's known preferences. For example, we saw in one care plan that the person had expressed a preference for a female staff member. The provider had documented this request, and had ensured that only female staff carried out this visit.

People were aware of how to complain and who to speak to. People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. The acting manager carried out regular telephone reviews for people using the service, and also reviewed and amended care plans as people's needs changed.

There was a complaints procedure and we saw written details of how the provider had responded to complaints and concerns. One person told us that they could not get on with a particular member of staff and had concerns about the staff member's time keeping. The person said although they felt they had dealt with this situation directly, they did also tell the manager. They said, "The manager was wonderful. He was onto it straightaway and it was sorted." A person said, "I know who I can ring if there is a problem, but I've never needed to."

Staff also were aware of the complaints process and explained how they would respond, In the event of receiving a complaint. A staff member said, in the event of a complaint, "I would listen and see if I could help, and I would always involve the office." Records showed there had been one complaint since the service started and it had been dealt with to the satisfaction of the person raising the complaint. People and staff are given information on the complaints process in a suitable format for them.

The service sought people's view and opinions through a variety of methods, including telephone spot check, visits to the person whilst a staff member was working, and satisfaction surveys. The analysis of feedback dated in December demonstrated high levels of satisfaction amongst people who used the service.

## Is the service well-led?

### Our findings

People had confidence in both the manager and the area manager, and felt they were approachable. A person said of the manager, "The manager has been fantastic." Another person said, "We have spoken to the manager. They are lovely, and very helpful." Staff said the managers were happy to take suggestions on board. A staff member said, "The managers are pretty easy to talk to," and, "They [manager] are there if you need to talk."

There was an open and caring culture. Staff spoke positively about each other, and felt they worked well as a team. One staff member said, "There is great communication between all of us. There is nothing we can't approach the managers about." Another staff member said, "If something isn't working, we can raise it with the managers and they take suggestions on board."

Staff were clear about the values and vision of the service and told us they felt supported in their roles by the management. Staff we spoke to confirmed that the provider had carried out spot checks whilst they were working in people's homes. This was confirmed by the people we spoke to, staff members, and written records of the spot checks. The provider held regular staff meetings, which enabled clear and effective communication within the staff group, and provided opportunities for all staff to have a clear vision of what was expected of them in their daily roles. One staff member said, "They [managers] make sure we are using equipment properly, and wearing our uniforms." Another staff member said that the manager did checks to make sure people were happy with the support they received. Staff felt able to be open with the management team. A staff member told us, "If I made a mistake, I would open up to the managers. It's important to the people we support that we are honest."

There was an out of hours emergency number for people to contact. We saw records of telephone calls to the out of hours number, and this showed what action the management team had taken. This ensured that, if a staff member had to cancel a visit at late notice, the management team ensured the visit was still covered by an alternative staff member.

Staff meetings were held on a regular basis, and we saw from records kept of the meetings, that a range of issues were discussed and information shared. For example, we noted from a recent staff meeting that the staff rota over Christmas period was discussed to ensure that care could still be provided, and that sufficient staff were working to ensure all calls were covered. Staff had regularly been given feedback to ensure that they were working in line with the aims of the service. One staff member said, "We do get a lot of feedback here."

There were systems in place to monitor the quality of the service. We saw completed feedback forms that people had completed. These looked at several areas, such as promptness of staff the service, dignity and privacy, and satisfaction of the service received. The feedback was very positive, and people expressed high levels of satisfaction with the support they received.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. There

was a safeguarding incident which the provider had investigated internally, that had failed to report to the local safeguarding team and the Care Quality Commission until prompted to do so. We raised this with the provider, and from their response are satisfied they will report any relevant future issues.