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Tailormade Healthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an announced inspection that took place on 9 June 2017.

Tailormade Healthcare provides personal care and treatment for adults living in their own homes. At the time of our inspection the service supported three people who lived within the city of Leicester and Leicestershire.

This was our first inspection of the service since they registered with us on 8 August 2016.

There was a registered manager in post. The registered manager was also the provider. This 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 safety of people was not seen as a priority. Staff recruitment checks such as references and proof of identification were missing from staff files, and staff were not automatically provided with a uniform or name badge so people could automatically distinguish their identity.

The registered manager undertook a range of audits to ensure staff were providing personalised care that centred on the people being supported, however the audits did not always reveal shortfalls or missing documents and information.

Staff had the appropriate knowledge and skills they needed to provide safe and effective care to people using the service. Staff knew how to keep people safe and followed the guidance and information detailed in people's care plan and risk assessments, though the addition of an evacuation plan would give staff additional guidance.

Staffing numbers were agreed with people's relatives in advance, and reflected the requirements of the people being assisted. People's nutritional requirements were detailed for staff to follow. People's health care needs were organised by their relatives.

Staff used the knowledge they gained from supporting the people to review and update their care plans so that they could respond to people's changing needs. People had a chance to meet new carers before they provided personal care. People and their relatives, when appropriate were encouraged to take part in care planning and reviews.

We found the provider breached The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking action against the provider for a breach of the Regulations in relation to the safe care and treatment of people using the service (Regulation 12). You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Staff recruitment and other personnel checks were not in place to fully protect people from receiving personal care from unsuitable staff.

Staff worked with people to promote their safety by providing care and support reflective of their needs.

Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills they needed to support people safely and effectively. Staff had completed training essential to providing safe care. People were encouraged to make choices and decisions about their lifestyles, and staff sought consent before commencing personal care.

Is the service caring?

Good 

The service was caring.

People received care and support from a group of staff, which encouraged caring relationships to be established.

Information about Tailormade Healthcare was made available for those using the service, which included information about the development of their care plan. People's views about their care and support had been sought and used to develop their care plans.

Is the service responsive?

Good 

The service was responsive.

The registered manager had liaised with the person or their relatives to develop a care plan and support people in their homes. People's care plans had been reviewed to reflect changes in the person's needs. The provider had developed a complaints procedure which was distributed to those using the service.

However this required some adjustment to reflect similar response times in all the corresponding documents.

Is the service well-led?

The service was not consistently well led.

The provider was also the registered manager. The registered manager performed audits and checks to ensure the safety of care provision; however these were not sufficiently robust to reveal the shortfalls in the staff recruitment process. Staff supervision meetings were not undertaken regularly to ensure the continuing development of the staff group.

Requires Improvement 

Tailormade Healthcare

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 9 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection team consisted of one inspector.

We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes a standard required set of information about a service. As part of the pre-inspection planning we review notifications which are sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about. Since registering with us there have been no notifications sent to CQC.

We spoke with the relatives of two people who received the service, the registered manager and two care workers. Neither of the people being cared for were able to speak directly to us.

We looked at records relating to all aspects of the service including two people's care files, three staff records, and quality assurance. We also looked at the person's care records.

Is the service safe?

Our findings

We found that staff recruitment did not fully protect people that were being cared for. We asked the registered manager to allow us access to three staff files. We found background checks on staff were not undertaken. For example, two of these did not have adequate references or proof of identification. In the first file there were no written references, but there was a telephone reference from the person's last employer. In the second file there was one written reference from a previous, but not the person's last employer. Neither of these files contained the documents to provide the person's proof of identification. The third file was unavailable as the provider had taken it from the office to complete checks required to ensure the person was legally entitled to work in this country. This does not ensure people were safe and staff were fit to supply personal care.

Risks within the person's home had been assessed and risk assessments completed to inform staff and reduce the impact of any identified risk. The registered manager explained they visited the person within their home to complete an initial assessment of them and their home environment prior to care commencing. People's relatives we spoke with confirmed receipt of this document.

We saw risk assessments informed staff how to protect people from identified issues in the environment such as kitchen equipment, hazardous substances and tripping risks. Staff gave us examples of how they ensured people's safety, for example by making sure their home was secure. However there were no personal emergency evacuation plans (PEEP's) linked to the care plans. For example one person who was supported on a 24 hour a day basis, there was no evacuation plan in the event of a fire or similar emergency. That would have informed the staff and gave them the procedure to follow, to ensure the person's safety. This does not fully protect people from risks in their environment.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One relative said to us, "The staff that visit don't wear a uniform and only one has a badge". A second relative told us, "Staff don't wear a uniform, and I have never seen a carer with a badge, though I think [named person] is safe with the carers.

The inclusion of staff identification with the use of staff identification badges and a uniform, promotes the security for people who used the service and their relatives.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. Staff were also aware of whistleblowing procedures, which is when staff may need to report concerns to relevant agencies if they had not been acted on by the management of the service.

When we discussed keeping people safe with the staff one said, "If I reported something to the manager and nothing was done, I would come to you (Care Quality Commission) or social services."

Staff told us they were subject to an interview and DBS check before they commenced employment. DBS checks help employers to make safer recruitment decisions and ensure that staff employed were of good character. Staff told us they did not work alone with people until their DBS checks had come through, though some staff undertook introductory visits, so the person could familiarise themselves with the staff, before being provided with care.

The provider told us safeguarding and whistleblowing policies (designed to protect people from abuse) were in place, but could not be accessed on the day. These were sent to us following the inspection. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service.

One relative told us that they forwarded concerns that some staff had not signed the medication administration record (MAR) each time that medicines were administered. We spoke with the registered manager who said the staff were retrained to ensure they complied with the medicines administration policy and procedure.

Staff told us they had been trained to administer medicines safely and support people to take their medicines. There was a medicines administration policy in place for staff to refer to and assist them to provide medicines safely to people.

Staffing numbers were agreed with peoples' relatives in advance of a care package commencing. The registered manager said they would usually include the person who received the care in the negotiations unless they were unable or unwilling.

Is the service effective?

Our findings

Staff we spoke with confirmed the training they had undertaken and said this gave them the ability to care for the people they visited. Records showed staff had completed an induction as well as training courses in health and safety, fire safety, food hygiene, medicines management, and safeguarding people. One member of staff we spoke with had commenced their induction training and completed the 'Care Certificate'. This is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. The registered manager said all new staff would complete this introductory course.

Staff were supervised and had their competency to provide effective care assessed by the registered manager or their representative. This ensured the care and support the person received was of a good quality and reflective of staff training and the company policies and procedures.

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. 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.

The provider had a MCA policy in place which set out how staff were to meet legal requirements with regards to the MCA. Staff were trained in the MCA and understood their responsibilities to protect people and alert other agencies if they felt a person's rights were being compromised.

Staff understood that people had capacity unless this was proven otherwise. This was in keeping with the MCA. The registered manager told us if it appeared that someone might lack capacity, they would ensure a mental capacity assessment was carried out. Dependant on the person who received the care, a relative or friend could also be involved, but only when the person gave their approval or did not have capacity to provide detailed information.

Staff we spoke with were aware of their role and responsibilities in promoting people's decisions, and were able to tell us how they supported the person to make decisions consistent with their needs. Staff told us they always asked for permission before offering care and support and explained what they were going to do. One member of staff explained how they would hold two different items of clothing up, so the person could choose. Staff also supported people to access a range of health care services to promote and maintain their health.

Peoples' relatives told us they ensured their relations health and medicine needs were organised and maintained.

One person's relative told us that food choices were respected and staff knew what people liked to eat and

drink, as they made up a detailed meal plan for staff to follow. They added that staff provided drinks as required throughout the time they were in attendance with their relation. A second relative told us that the staff were not employed to prepare or serve food and drinks to their relative. We saw information in one person's care plans about the assistance they needed to eat and promote their nutritional needs and independence.

Is the service caring?

Our findings

Relatives we spoke with told us staff visited their relation regularly which meant they had the opportunity to develop a caring relationship. They confirmed they were usually informed about which staff were to visit in advance. We spoke with the registered manager who told us there was a small group of staff that had got to know the people well.

The registered manager showed us an introductory pack of information and said this was provided to people when a service is commenced. This included information about confidentiality and safeguarding, information about key policies and procedures, which included equality and diversity. Only one of the two relative's we spoke with confirmed they had received this information at the initial meeting to discuss their relations care plan. We mentioned this to the registered manager who said these would be re-issued to ensure all the people who used the service had the relevant information. This showed a commitment by the registered manager to provide information about the service. This enabled those who used the service and any relatives or representatives to access to information about the service and what they should expect.

In the provider's statement of purpose it is stated that care plan would be agreed between the person or their representative and staff. A statement of purpose is a document that contains contact and other information about the service provided by the agency. People's relatives considered that care staff listened to suggestions and followed people's preferred care. They told us people's care plans were developed and agreed with them at the start of their contract and that they were involved in planned reviews and assessments. We saw evidence that people or their relatives had signed care plans to agree that their plans met their needs.

Staff explained how they recognised and preserved people's privacy and dignity. They told us that they closed windows, curtains and doors to ensure people's dignity was preserved. One staff member added it was important to cover people up when offering personal care, which helped protect their privacy. One relative said to us, "I think most of the staff are caring and they respect [named person] privacy and dignity."

Is the service responsive?

Our findings

We had mixed views from relatives about people's care plans. One relative said to us, "I don't think the care plan is detailed enough." A second relative said the care plan matched their relations needs. Staff who we spoke with, said the care plans had been reviewed recently, were person centred, though since the recent review, some were now overcomplicated.

One relative said that staff arrived on time. A second relative said that staff were never late and always stayed the full amount of time they were contracted to provide. Before care commenced we found that people had their needs assessed. Assessments included relevant details of the support people needed, such as information relating to their mobility and communication needs. There was some information about to people's preferences to help staff to ensure that people's individual needs were responded to.

Information gathered about people had been used to develop an initial care plan. This was then updated in response to the person's changing needs. This showed the registered manager was responsive in reviewing the person's needs and ensured that people's care needs were being reflected in the changes made to the care plan. Care plans were person centred and reflected the individual needs of people using the service.

Staff told us they attended regular staff meetings to discuss people's needs. However they said that these were less regular than they used to be, though staff said were still informed by the registered manager about any changes to people's support needs.

Staff told us that they read people's care plans so they could provide individual care that met people's needs. They said this usually happened before they were required to provide care and they were additional to the required number of staff.

People's relatives we spoke with told us if they had any concerns about the service that they would be confident to speak with the registered manager. Staff told us if they received a complaint they would refer this on to the registered manager.

When we asked people's relatives if they had considered making a complaint, one relative said, "No never, they have been so helpful and understanding."

The registered manager told us they had received no complaints about the service or staff.

The provider had developed a complaints procedure which they sent to us following the inspection. The complaints procedure was included in the service user guide though the response time following a complaint differs in each document. We spoke with the registered manager who said this would be rectified. We looked at the complaints procedure which indicated that the complainant should contact the service before contacting any outside service. It provided information about referral to relevant agencies such as the local authority and the local government ombudsman. However, there were no contact details for these agencies. The registered manager said this would be amended and the missing details added.

Is the service well-led?

Our findings

We saw quality assurance checks were used to ensure staff provided a quality service. Checks undertaken included call times and care records audits. Those were used to check the quality of the care provided and to monitor that calls had been made within required times. Other checks were performed on the staff recruitment process and content of the staff files. These were not sufficiently robust to ensure that they recognised the shortfalls in the staff recruitment process and missing documentation. This does not indicate a well led service. The registered manager stated that audits would be tightened to ensure that issues were identified and acted on.

Files were held securely when held in the office, however not all files were available for us at the inspection. The registered manager told us the recruitment file had been removed to ensure thorough checks on a current member of staff's status.

Records showed that the registered manager carried out surveys of the service to ensure the staff were performing their duties efficiently. These were not well timed as the registered manager appeared to have asked people's relatives to complete them following the announcement of the inspection. We spoke with the registered manager who said these would be sent out again later in the year to ensure people were happy with the service.

Staff confirmed they had supervision meetings, though said these had not taken place recently. We spoke with the registered manager who said a plan would be prepared in advance and the staff notified of the dates. Staff supervision can be used to advance staff knowledge, training and development with meetings between the management and staff group. That can benefit the people using the service as it helps to ensure staff are well-informed and able to care and support a person effectively.

The relatives of people who used the service were aware of the registered manager and how to contact them. One relative told us they were contacted regularly by the registered manager to ensure they were satisfied with their relation's care. A second relative said they had little contact with the registered manager. The registered manager explained that when staff were performing caring duties, they or their representative took the opportunity to visit and oversee staff to ensure they were following the care plan. They added they also ensured regular telephone calls were made to people or their families to ensure they were satisfied with the care provided. One of the two relatives we spoke with confirmed this. The second said, "There was again, little contact from the registered manager." This meant the registered manager was able to oversee the quality of the service provided to some of the people who used the service. We spoke with the registered manager who said that he or his representative would be in more regular contact with all the people who used the service or their relatives.

Staff we spoke with told us that they would recommend the service if a relative of theirs needed domiciliary care, as they rated the care provided as good.

We saw the registered manager held staff meetings, which were used to inform staff of changes to people's

care. They also provided staff with support in providing consistent and good quality personal care for people.

We saw that the registered manager had a business continuity plan in place. That ensured the business would continue to operate if, for example, staff could not use the current office premises for any reason.

We contacted both the Leicester city and Leicestershire local authorities who commission domiciliary care services, though neither currently have contracts with the service.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Recruitment checks were not sufficient to ensure people were protected from the employment of unsuitable staff.