

Tranquillity Care Solutions UK Ltd

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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

Tranquillity care solutions is a small domiciliary care agency. Care and support is provided to people in their own homes. On the day of our inspection, 11 people were using the service.

When we last visited the service, it was rated requires improvement in safe and well-led. At this inspection we found the service had made the necessary improvements and therefore it was rated overall as good.

There was a manager in place who is in the process of becoming registered by the commission. They are supported in the daily running of the service by the two directors.

People were protected from the risk of harm and abuse. Staff had knowledge of safeguarding and were aware of their responsibilities to report any concerns. The manager knew of their responsibilities regarding the Mental Capacity Act 2005.

Risks were assessed and suitable control measures put in place, which still enabled people to maintain as much independence as possible. There were sufficient numbers of staff to make sure that people's needs were met and recruitment practices ensured that staff were of good character and suitable for their roles. People were supported to take their medicines safely, if required. Systems were in place to record when medicines were given and were regularly checked to make sure there were no errors.

Staff received an induction and on-going training to make sure they had the right skills and knowledge to provide people with care in their own homes. Staff were well supported and had opportunities to discuss any concerns and training needs they might have.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were positive relationships between people and members of staff. Staff treated people with kindness and took the time to get to know them and their interests whilst providing their care. The service had involved people in producing their care plans to ensure that care was provided in the way they wanted it to be. In addition, people and their family members were provided with information about the service and what they could expect from them.

The care plans we looked at were detailed. Staff could describe how individual people preferred their care and support delivered and the importance of treating people with respect in their own homes.

The service worked in partnership with community professionals and the local authorities to meet people's needs.

The provider had a system to regularly assess and monitor the quality of service that people received and

identified and acted on areas for improvement.

We have made a recommendations about the providers annual assurance process.

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.

Staff understood how to protect people from harm and abuse.

There were enough staff to support people in a safe way.

Staff were recruited appropriately within the required legislation.

Staff supported people to take their medicines safely and as prescribed.

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture at the service.

The management team were approachable and a visible presence in the service.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.¹ This was a comprehensive inspection.

This inspection took place on the 11 June 2018 and was announced. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available. Before the inspection, we asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about their service what the service does well and if there are any improvements they plan to make.

The service was inspected by one inspector. We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events, which the Registered Manager is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

We looked at the care records of four people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents and incidents reports, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the registered manager responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

During the inspection, we visited the agency's office and spoke with one of the directors and the manager. We spoke on the telephone to four people who use the service and one family member. We also spoke with three care staff.

Is the service safe?

Our findings

On our last inspection we found that care plans lacked robust risk assessments care plans we looked at on this inspection had detailed comprehensive and up to date risk assessments in place, to enable staff to support people safely. This meant the service was committed to improving practice when shortfalls had been identified. Risks within the internal and external environment and the use of equipment was discussed with the person and their family and recorded so that people and staff were kept safe. From the risk assessments and the daily notes, we saw, staff had a good understanding of people's needs, and the actions they needed to take to keep people safe and to support them to live in their own homes.

People who used the agency told us that they felt safe. One person said, "I feel safe and rely on them completely, and "I feel safe now that I know them. They support me very well."

People told us that staff ensured their safety when entering and leaving their home. One person commented that staff used the key safe system to access their house, and always ensured it was securely replaced on leaving. They said that staff would only disclose the number in an emergency to health care professionals.

Staff told us they carried a mobile phone and had direct contact to the office or to the on-call manager any time if they needed. One member of staff told us, "There is always someone on the end of the phone to ask for help or advice."

Staff told us they had been provided with training in safeguarding people from abuse, which was confirmed in the records we looked at. Staff understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns.

There were sufficient staff employed to keep people safe. People who used the agency and their relatives told us that there were enough staff to provide their care needs. One person told us, "They have never not come out when they should." Relatives told us, "I know that I can go out and my [name of relative] will be looked after and well cared for." Staff told us there were always two staff when required, for example to assist someone in using a hoist or because of the emotional needs of the person Staff told us they had sufficient time to deliver the support required. If they experienced any difficulties completing their schedule they would inform the manager who would then arrange extra support.

Staff told us all the staff were flexible and worked as a team and were able to cover if necessary, for example if someone was off sick or on annual leave. The manager told us that if staff were unable to cover then they themselves would carry out the care visits.

Recruitment files we looked at showed that the service had a clear process in place for the safe recruitment of staff. Staff confirmed that they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a Disclosure and Barring service (DBS) check had been undertaken before the member of staff could be employed, this was

carried out by the DBS to ensure that the person was not barred from working with people who required care and support.

People who needed support with their medication told us that they are happy with the arrangements. One person told us, "The staff help my [name of family member] take their medication, they are always here when he needs it. There has never been a problem." Staff were trained to administer medication; spot checks were carried out on their competency by the manager.

The service had a policy around infection control and staff were aware of this and put it into practice. Gloves and aprons were worn when delivering personal care. Staff told us, "We have plenty supply of gloves and aprons it is never a problem." One person told us, "The staff always look smart and professional."

Is the service effective?

Our findings

At this inspection people continued to be supported by staff that were trained and effective in their role. The rating remains good.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication, food hygiene and dementia awareness. Newly appointed staff completed an initial induction. This included shadowing more experienced workers to learn about people's individual routines and preferences, before working on their own. Staff told us the induction training they received was good and provided them with the knowledge they needed.

The manager explained that they observed staff as they provided care and support. These observations included checks on whether the member of staff was following the care plan and using personal protective equipment. They also monitored the support record sheets, including medicine administration record sheets, to check if they were completed appropriately. We saw that they also commented on the member of staff's approach, such as whether they were communicating effectively and if they were helpful and friendly.

People confirmed they thought staff were well trained and competent in their job role. People told us, "They certainly know what they are doing", "I have every faith in them they know what I need help with."

Staff confirmed that they benefitted from support to understand their roles and responsibilities through regular supervision, on site observations, spot checks and an annual appraisal. Staff comments included, "Managers are really supportive, they are always available to offer support", "We also have meetings and they listen to us," and "I do feel supported, if I have a problem then [named manager] will listen."

The provider was working within the principles of the Mental Capacity Act (2005) when supporting people to make decisions about their care. Care plans were signed by the person to confirm their agreement related to the care and support provided. The registered manager liaised with other professionals whenever they identified a concern related to capacity and consent. Staff understood the importance of consent and explained to us how they gained people's consent to their care and helped people to make choices on a day to day basis.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual needs. Whilst some people lived with family members who prepared meals, other people required more support. One person told us, "They help me with my lunch, they always ask me what I would like and make sure I have everything before they leave."

Information reviewed during the inspection showed the involvement of health and social care professionals. Advice and guidance provided by external health and social care professionals were reflected in people's care records. This meant staff had the correct information available to work with professionals to ensure the individual needs of the people were met.

Is the service caring?

Our findings

At this inspection we found people were still happy with the service provided to them and the rating remains good.

People told us that staff were kind and caring, comments included, "They are friendly but professional they are always polite and talk to both of us", "They always have a chat to me." A Relative told us "We are very happy with the care provided we would definitely recommend them to other people."

Relatives and people told us that they and their family members were involved in making decisions and planning their own care as much as they were able. People and their representatives had the opportunity to discuss their care and support during the review of their care All the staff we spoke with were able to demonstrate a good knowledge of how people wished to be supported. One person told us, "I have a really good relationship with carers and the service and communicate well. I am very happy."

People's privacy and dignity was respected. Staff demonstrated a good understanding of privacy and dignity and described how they protected and respected people's dignity such closing doors, shutting curtains and covering people. People told us, "They talk to me and treat me with dignity and respect when doing personal things for me", "I have been with them for some time now and are very satisfied they encourage me to do things for myself they never rush me."

The manager told us the minimum amount of time a staff member carried out a care visit for was 30 minutes they felt this was very important to enable staff to be as independent as possible and to have their needs met in a person-centred way.

The staff told us they had when possible regular schedules so that they saw the same people and this enabled them to build up positive relationships. One person told us, "It is really nice to have the same carer so I get to know them." Staff told us they tried to accommodate people's needs as much as possible. For example, if a person was going out and required an earlier call in the morning to help get them ready this was normally possible.

The service supported people to be independent. Relatives told us that staff encouraged their family members to be as independent as they could be according to how they felt on a daily basis. They told us that care staff never left until people were comfortable and had all they needed until the next visit.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

We saw that a comprehensive assessment was carried out before the agency provided a service to an individual. We saw assessments covered what the person could do, whether they had any specific needs around communication and what emotional and family support was in place. Daily records were well written by care staff and contained a good level of detail about the care that had been provided and any issues that other members of staff needed to be made aware of.

Care plans reflected people's likes and dislikes and helped staff to care for people in a way in which met their individual needs. The care plan clearly recorded what support the person needed and their background, likes, dislikes, hobbies, interests and religion. Regular reviews of people's care were held to ensure it was still meeting their needs. One person told us, "Yes they come out every 6months and go through my care plan. They have not really needed to change anything on the care plan but they always go through it with me and make sure I am happy with it."

People told us that staff knew them well; one person said, "I have the same carers every morning." Relatives also confirmed that care was provided by regular care workers and this meant that they knew people well and understood their preferences, likes and dislikes. A relative told us, "[family member] mainly has the same carers."

People told us they knew the procedure for making complaints and said if they had any concerns they would feel comfortable raising them with the appropriate staff. Comments included, "I would contact [manager or [name of director]", I am visited regularly to ask how I feel about things and sometimes I complete a form."

Some staff had received end of life training. The manager told us, that if someone required support because they were at end of life the trained staff would be allocated these care calls. Care plans gave clear instructions about who should be contacted in the event of a person requiring end of life support.

Is the service well-led?

Our findings

At the last inspection we found the service did not have robust quality assurance systems in place. During this inspection we found the necessary improvements had been made.

There were quality assurance systems in place to identify whether staff were following procedures and to make improvements were necessary. Checks and audits were carried out on people's care records including their medicines records. Where any issues were identified action was taken to make changes so that they could improve the service.

The agency had a clear management structure in place. The new manager had not been with the company very long and was in the process of registering with the commission. They told us it had been their priority to ensure that each care plan was updated in full and contained the relevant information to enable people to receive the necessary care.

The manager told us they were fully supported by the two directors who were open and approachable and gave them the resources they needed to do their job well. The manager told us they would be researching some support networks for them to share good practice between other providers and managers.

Care staff told us they felt valued and supported by the management team and that the manager was always available to offer support or advice. Comments included, "We work as a team, I never have to worry about ringing the office for advice", "[Name of manager] is really helpful and knows everyone really well."

People we spoke with told us they felt the service was well managed. Comments included, "I know the manager they sometimes come and visit." A relative told us, "The staff are all happy and that is a good thing, I think they are well supported by the manager."

The provider distributed surveys annually as part of their processes for monitoring the quality of the service provided. We saw the last completed questionnaires. People were positive about the service and how it was managed.

We recommend that the service seek advice and guidance from a reputable source, about extending their annual survey process to capture the views of relatives and other professionals.

People's care records were well maintained. Copies of people's care plans were kept safely in the agency's office. People could be confident that information held by the service was kept confidential.