

Taylors of Grampound Limited

Taylors of Grampound

Inspection report

Unit 2a Grampound Road Ind Est
Grampound Road
Truro
Cornwall
TR2 4TB

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Tel: 01726884402

Website: www.taylorsofgrampound.co.uk

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

Taylor's of Grampound Domiciliary Care Agency provides support to people in their own homes in a large geographic area of Cornwall. The service has geographic divisions North and South. These included people living with dementia, older people, people with a physical disability and complex needs. There is a separate division of Taylor's of Grampound called Bespoke staffing solutions. This is a service specifically designed to support people with learning disabilities and other complex needs associated with learning disabilities. At the time of our inspection Taylor's of Grampound was providing support for approximately 160 people. There were approximately 100 staff including care support workers and office staff.

The service was previously inspected in June 2014 when the service was found to comply with the requirements of regulations.

There was a registered manager in post. 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 agency's policies and procedures required updating to reflect current legislation and for contact details for external agencies were accurate for people to use. We have made a recommendations about this.

There were sufficient numbers of care workers available to make sure people's needs were met. Care workers had permanent regular schedules of calls so that people received care from a consistent team. Staff received regular rotas informing them who would be visiting so that visits were planned and organised. Any last minute changes were relayed to staff either by telephone or e-mail.

Systems were in place to protect people from abuse and harm and care workers knew how to use them. Care workers understood the needs of the people they were supporting and had received training on safeguarding adults. People commented they felt safe with care workers entering their home. One person told us, "I have never experienced any verbal or physical abuse".

Staff understood the principles of respecting people within their own home and providing them with choice and control. The agency had identified people's needs and preferences in order to plan and deliver their

care. Mechanisms were in place to review people's packages of care and care plans to ensure the level of support was still meeting their care needs. Comments from people included, "I feel they are all perfectly skilled" and "I feel that the carers are fully trained and experienced to do the job they do. My (relative) has fallen several times but this has not been through negligence, they are very good with him, I cannot fault them. We do feel safe with the carers".

People were protected by recruitment procedures and new care workers received induction training which reflected the requirements of the Care Certificate which followed a set of induction standards reflecting good practice in the care sector.

Staff had good access to training and were knowledgeable about their roles and responsibilities. There was a designated training manager. Staff also had access to a fully equipped training room which enabled staff to gain experience to use equipment safely. Care workers had core training and more specialist training, so they had the skills and knowledge to meet people's needs. Staff said, "The training is very good and we always get reminders when things are due" and "The good thing is that we have a fully equipped training room. Not always like that when you go to people's homes but it helps us to get to know how to use it". People using the service had a range of needs including those living with dementia or learning disabilities. Staff had access to training in dementia care which they said had helped them to understand the condition better. Staff supporting people with learning disabilities had access to suitable training to support them. A professional told us staff were very knowledgeable in supporting people with learning difficulties.

Staff told us they were supported by the registered manager and the on-call arrangements provided people and staff with appropriate support when the office was closed.

Audit systems were in place to monitor and manage how care and support was being delivered and took account of accidents and incidents, as well concerns and complaints. These systems acted as early indicators of themes or trends which might affect individuals using the service or staff supporting 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. People told us they felt safe receiving care in their own home. There were enough care workers to meet people's needs.

Recruitment procedures were in place to check care workers skills, experience and good character before they started working for the agency.

Care workers had undertaken training in administering medicines safely and their competence had been assessed.

The provider had policies and procedures in place to make sure people were protected from abuse and harm. Care workers demonstrated they could apply the training they received in how to recognise and report abuse.

Is the service effective?

Good ●

The service was effective. Care workers understood people's health needs and acted quickly when those needs changed. Where necessary further support had been requested from health care professionals.

People were supported with their health and dietary needs

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet peoples specialist needs effectively.

Is the service caring?

Good ●

The service was caring. Care workers were enthusiastic about the care and support that they gave to people and their desire to provide a good quality service.

Care workers demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

People spoke highly of the staff and told us that they were supported with respect and kindness and experienced flexibility in their routines.

Is the service responsive?

Good ●

The service was responsive. There were systems in place to help ensure staff were kept up to date when people's needs changed.

People's care plans were detailed, personalised, and included sufficient information to enable staff to meet their individual needs.

There was a complaints policy in place which people had access to. People told us they knew how to raise issues and who to contact.

Is the service well-led?

Good ●

The service was mainly well led. Policies and procedures did not reflect current legislation and some information in policies and procedures was out of date.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Systems were in place to monitor how the service operated.

Taylor's of Grampound

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.

This inspection took place on 18 January 2016. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We reviewed a range of records about people's care, support and how the domiciliary care agency was managed. These included six care records, medicine administration records (MAR) sheets incident reports and other records relating to the management of the domiciliary care agency. We also reviewed six staff training, support and employment records, quality assurance audits and the range of policies and procedures used by the service.

During the inspection we met and visited three people in their own homes; spoke with eighteen people using the service, six care staff and four office managers. We also received responses from one professional who worked with the service on occasions.



Our findings

People told us they felt safe whilst receiving care and support from the service. Comments included, "There is a key in a box outside and the carers know the number, I feel safe with this system" and "We do feel safe with the carers" also, "I feel safe with the carers, I have not experienced verbal or physical abuse, they are patient with me". Staff members told us, "We (staff) are trained to look out for things which might not be safe and how to report it" and "It's important I make people feel safe because they put a lot of trust in us".

There were enough care workers to meet people's needs. Rotas were planned on a fortnightly basis and care workers were informed of their shifts in advance so any changes can be rostered in. A member of the office team told us, "We take time to schedule all the care calls. Most staff have set care calls each week. We schedule those, and then work around care calls where the care worker may be off. To help determine staffing levels, the office team calculated how many care workers were employed. How many were employed on a full time and part time basis and how many hours of care they were required to deliver. This helped the service to monitor how many hours of care they were required to deliver alongside how many hours they could deliver. The manager responsible for the learning disability support branch of the service told us it was a bespoke service and tended to have regular set packages, which may be more intense than the general domiciliary support division. Staff delivering these packages were consistent with little change to ensure continuity to the client. A professional told us they were very satisfied with the conduct and experience shown by staff supporting people.

People's satisfaction with the levels of staff supporting them was good. Comments included, "I need two carers morning and evening to get me in and out of bed, I feel they are fully trained in what they do" and "I have the same carer visit every week. The carers arrive on time and they stay for the full hour". People said they generally had regular carers who were familiar with their needs.

Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes at the agreed times. If they were delayed, because of traffic or needing to stay longer at their previous visit, office staff would always let people know or find a replacement care worker if necessary. One care worker told us, "Travelling around Cornwall in summer is always a challenge, but people understand that". A person using the service told us, "I always get the full 30 minutes, they (staff) are reliable and if they are running late, they would phone me to say they are late".

Taylor's of Grampound used a call monitoring system where staff reported their arrival and departure from each care visit by telephone. This meant visits could be monitored. If staff were running late or unable to

attend, there was a 'call in' system. On the day of our inspection visit all planned care visits had been provided and were running to schedule. A staff member we spoke with told us the system worked very well. People told us, "Staff arrive on time but sometimes they are late, I have just received a letter from Taylors to explain that sometimes visits might be twenty minutes early or twenty minutes late".

All staff had received training in the safe handling of medicines. Care workers understanding and skills were assessed through knowledge tests and observations to ensure staff were competent in administering medicines. One care worker told us, "It's very important we get this right, even though some people look after their own medicines and we might only help with opening the boxes". The care plans show what level of medicine help people need. People had an individual medicine risk assessments which considered the level of support required from care workers. The risk assessment considered if the person required prompting, physical assistance or administration from care workers.

Risks to people's safety were assessed and risk assessments developed. The service recognised the impact of providing care to people in their own homes. As part of the delivery of care Taylors of Grampound considered the home environment and any possible risks. For example, the provider considered COSHH, gas and electrical safety and whether any pets were in the home. As many people lived on their own safe access and departure was also considered. Where people required moving and handling equipment such as hoists, slings and profiling beds, care workers worked in partnership with other professionals to ensure the equipment was regularly serviced and remained safe to use.

Some people had restricted mobility. Information was provided to staff about how to support them, when moving around their home and transferring in and out of chairs and their bed. When visiting people in their own homes people's care plans showed that action was taken by the service to identify, minimise and review potential risks of harm. Risks that were associated with people's needs were assessed, updated at regular intervals. This had a positive impact for keeping people safe but at the same time did not restrict the rights or opportunities for people to take reasonable risks in their day to day lives.

Care workers recognised the importance of leaving people's property secure at the end of a care call. People expressed confidence in care workers always leaving their property safe and secure. On-call support was always available and a staff member told us, "We have a good on call system. I have used it once or twice and found it works well. It gives you confidence there is someone at the end of the phone if you need some help or support".

Accidents and incidents were recorded so any patterns or trends could be identified and action taken to reduce the risk of occurrence. Staff explained when it would be necessary to record incidents and what action they would take in these circumstances. One staff member told us, "It's important we report anything that happens which is not part of the plan".

There were safe recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were protected from the risk of abuse and harm. Care workers had received training in how to identify and report abuse. They said they would have no hesitation in raising any concerns with the provider and were confident the provider would take appropriate action. Care workers

were also aware of their own responsibility to raise a safeguarding concern themselves.

Care workers had access to organisational policies and procedures for safeguarding people from abuse. We looked at the policies and procedures and noted that people's rights, health and best interests are safeguarded by policies and procedures. Policies included as an example disciplinary procedures, equal opportunities and diversity policy, alcohol and drugs, gifts, wills and bequests, safeguarding, computers, email and the internet, office and mobile telephones and other operational policies and procedures.



Our findings

People and their relatives felt confident in the skills of the care workers. Comments included, "The carers are properly trained and I know that some are in the process of taking exams", "I do feel that the carers are trained and I know that some are in the process of obtaining NVQs in care" and "Carers are fully trained and experienced to do the job they do".

Care workers told us they felt supported and received a robust induction which enabled them to provide effective care to people. Following successful interviews and appropriate checks, new care workers attended Induction training. The training manager told us, "We are well on the way to getting staff through the care certificate which all care workers are now completing". The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One care workers told us, "Shadowing more experienced carers is really good and very useful. The induction was particularly intense but prepared me for the job". Induction training included shadowing and observing experienced members of staff in individual care settings. Regular 'spot checks' took place to ensure staff understood and met the criteria of their role. A member of staff told us, "The spot checks keep you on your toes but they are important and can highlight a problem which can then be out right".

The agency recognised a trained workforce was an essential component in ensuring an effective staff team. The agency had its own training room containing equipment which staff encounter in people's own homes when supporting them. Training was regularly monitored for all members of staff so that they updated all courses when required. This meant the staff team were equipped with current knowledge and skills to competently deliver care and support to people. The staff team also had access to more complex training including diplomas and courses specific to a person's health needs. For example peg feeding, catheter care and stoma care. This training was provided by specialist trainers contracted with the service. Staff told us, "Training is very good" and "We (staff) are reminded when a course is coming up". Training certificates issued by the agency were kept on a central data base. Two staff had recently been identified as 'champions'. Their role was to undertake nutrition training and then cascading the key information points at staff team meetings.

An office manager told us they used a combination of unannounced 'spot check' observations and formal one to one supervision meetings in order to support staff and help ensure they were carrying out their roles effectively. Individual appraisal notes detailed issues discussed and actions taken where necessary. Appraisal records showed how staff were being supported to access specific training. For example a recent supervision stated that (person's name) knowledge of dementia was not as good as they would have liked

so the staff member went through a recognised course.

The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). This is a domiciliary care agency and therefore whilst the staff team had the knowledge and skills to interpret what restrictive practice meant, staff worked with other professional agencies where conditions on authorisations to deprive a person of their liberty were in place. For example staff had referred a person to the local authority when there were concerns the person's right to liberty was being restricted due to the deteriorating mental capacity.

Care plans provided information about people's food and nutrition. Information was readily available where the person required assistance with food and fluid intake. Where people were living with diabetes, staff supporting them had received training so they understood how to provide a diabetic diet alongside the symptoms of high and low blood sugar. Daily notes kept a clear audit trail of the person's nutritional intake at each care call. For example, what they had for breakfast, lunch and supper. One relative told us, "The carers only have to put the meal in the microwave, I choose what I want to eat, they bring me a selection and I decide which one I want".

Care records included times when the service worked collaboratively with other health and social care services to ensure people's care needs were met. People had been supported to access a range of health and social care professionals. These included GP's, social workers and district nursing teams when required. A professional told us they were very satisfied with communication between the service and themselves.



Our findings

People consistently told us their staff were caring and respectful. People said; "The carers are always polite and have a joke with me, they are kind and caring", "They (staff) do speak to me with respect, they are very sweet, kind and caring" and "The carers do respect my privacy and dignity".

Care workers spoke considerably about the people they supported. One care worker told us, "I am honestly proud of the work I do and I am sure this goes for all my colleagues too" and "Rewarding job. The best I have had. People are lovely to work with its quite humbling". People were matched with care workers and support workers for the learning disability division with whom they were compatible with. A manager told us "When we carry out the initial assessment, we find out the person's likes, dislikes, history and social needs. From that information, we match the care worker to the person. Its important people we support feel confident in their support worker as it can be very intense sometimes.

During visits to people's homes we found that care workers respected people's homes and the right for them to do things for themselves when they wanted to. There were detailed instructions to staff on how to promote and engage people with their own care. For example, a person's care plan included how the person would like to be addressed and the way they would like to receive their care and treatment. This showed the service developed methods of providing care that were built around each person's individual and unique needs. One person told us "They (staff) try to please me in every way". A family member said "Staff explain what they are going to do and check on what they have done". This showed family members were kept informed about their relatives care and treatment and that their involvement mattered.

Care workers were aware of the need to preserve people's dignity when providing care to people. Care workers told us they took care to cover people when providing personal care. They also said they closed doors, and drew curtains to ensure people's privacy was respected. People reported that staff treated them with respect and dignity while providing care and support. Peoples' comments included, "The care (my relative) receives is personal care only and they (staff) do this with respect. They talk to (my relative) and me with respect. They are very caring and kind" and "Taylors have been wonderful, they have done so much to make our lives a pleasure again. Very respectful and caring". Spot checks were taking place by managers to ensure the principles of dignity and respect were embedded into visits. A detailed account of a visit confirmed staff were observed in how they communicated with people to ensure they understood the principles of respect.

Care plans were written in a person centred way and personal to the individual. Staff told us they were

provided with individual care plans so they understood the needs wishes and choices of people they were supporting. One staff member said, "It's good to get the information so we know about the client and this helps with communication when we first visit". The plans helped staff understand people's likes and dislikes, based upon the person's wishes as to what information they wanted to share.

A care worker told us that if they had any concerns regarding a person's ability to make a decision they informed the office manager for them to pass the information onto the doctor or local authority to ensure appropriate capacity assessments were undertaken. For example staff had recognised an issue and referred under safeguarding procedures to ensure the person was protected.

People's confidentiality was respected. Care workers understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. Care worker's rotas were sent via secure email. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to care workers and was also included in the care workers employee handbook.



Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One relative told us, "I don't think we would manage without our staff team. They are very good and go that extra mile". Another person said, "They (staff) visit every morning and stay for the allocated time. I feel that this is enough for the care I need, if I felt I needed more, I would ask. I have a care plan that has been updated several times during the period I have been having care".

Assessments were undertaken to identify people's care needs and support plans were developed outlining how these needs were to be met. These were reviewed on a regular basis and changes made to the support they required and the times and frequency of visits they needed. Care workers were kept fully informed about the changes in visits and the support people required. This was either by office managers or via text or email. Some care workers told us, "We (staff) sometimes come into the office. It depends where we are, because some of us work a long way from the office".

Care plans included records of the initial care assessment and information provided by the local authority in relation to people's needs. Each care plan outlined the number of visits required and the specific timing and length of visit alongside a description of the care to be provided.

The service worked collaboratively with people's relatives and commissioners of care to ensure people's needs were met. Staff told us, "Relatives are really important in letting us know about any changes or problems" and "We (staff) often work with other professionals. Some of the care packages are very intense. It's good that we have a positive relationship with professionals especially when some people need very specific support".

The manager of the learning disability division of the service told us people were encouraged to maintain their independence and undertake their own personal care where applicable and based upon assessment goals. Where appropriate care workers prompted people to undertake certain tasks rather than doing it for them. One care worker explained, "We (staff) are there to support people, but in some cases it can be so rewarding when you see someone achieve something".

Records showed people had been involved in their care planning and review. Peoples consent to care and treatment had been completed and were in place on people's care planning documents. This ensured people had agreed for example to share their personal information with other professionals and for their

medical information to be recorded.

Systems were in place to help ensure staff had access to the most up to date information about the people they supported. If anything of note occurred there were good communication systems in place to contact office staff by phone. Information was also recorded in people's daily records and communication books which were kept at people's homes. People told us, "A member of management visits me to ask if I am happy and if I want any changes. I can't find any fault" and "My (relative) has had an assessment done every year to note if there should be any changes".

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. People told us that they knew how to raise a concern or complaint and were confident in using it. One person said "I have no complaints and play staff up and make them laugh". People confirmed that their views and opinions mattered to the service and they could if they wished contribute to the reviews that took place. Where complaints had been raised they had been responded to and acted on in accordance with its own policy and procedure for dealing with complaints.

The service had a mini bus which could be booked by people using the service either as a group or independently. One person used the bus for weekly excursions of their choice. It was used by others to attend events. The bus was adapted so people with wheelchairs or mobility issues can access it.



Our findings

There were management systems and a management structure in place to ensure the service was operating in the best interest of people using the service. People were generally satisfied with the service they were receiving. Comments included, "I feel that the service is run well by the carers and by management", "Yes, I am very happy with it all, I have no complaints about anything, I am pleased with all that they do, they do everything I ask them to do" and "Taylors time keeping is brilliant, we can't fault that. (The persons) always receives the allocated time and on occasions when they are late or not able to arrive, they phone".

Policies and procedures were not reflecting current legislation and some policy documents had dated information recorded. For example, all policies and procedures related to HSCA 2008 ((Regulated Activities) Regulations 2009 instead of current HSCA 2008 (Regulated Activities) Regulations 2014. In addition Policies relating to criminal declarations related to Criminal Records Bureau instead of Disclosure and Barring Service. We shared this with the manager who confirmed they would ensure all service records were reviewed to current legislation and that contact details within the written literature are correct.

The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered manager oversaw individual responsibilities delegated to members of the management team. This included office managers for the different divisions of the service. Managers had the knowledge and experience of the client groups and how best staff should support people. Management responsibilities included supporting care workers through supervision and appraisal. Spot checks were undertaken whilst staff were carrying out their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service they received.

The provider was committed to completing audits for the local authority which included information about staffing levels, and the number of hours of care delivered. This was in conjunction with services own internal audits which governed the running of the agency. The registered provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included audits of accidents and incidents, medicines and care records. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people.

Regular staff meetings were taking place to meet the staff group's needs due to the large geographic area the

service covered. They were flexible so that all staff had access to meetings or the information from the meetings using a cascaded regular staff update. A staff member told us, "I can't always make the meetings but minutes are always posted through with the next rota". Issues discussed at a recent meeting included operational topics, including times of visits, key working responsibility and confidentiality.

Staff told us they felt listened to and managers were approachable. Staff told us they were well supported by their line managers. There was an on call system in place which meant staff and people could access advice and support at any time. Comments included, "I have always been very satisfied with my employer Taylors of Grampound" and "My line managers are brilliant. They are supportive, give feedback and always available when I need them never mind the time or day or night".

The service obtained the views of people in the form of questionnaires. Survey questionnaires were divided into two periods, April to September and October to March. The most recent results were positive or very positive. The outcomes were scored and analysed. They Identified any themes or trends. The results for the most recent survey concluded people were very satisfied with all aspects of the service. This was also reinforced by people that we spoke with. We heard nothing but positive comments about the manager and the agency. Comments like "I don't feel there are any improvements that could be made, I would phone the office if I needed anything, they are very approachable. I do think the agency is well organised" and "A wonderful service, very organised".

Each person receiving a service were provided with a Welcome Pack which contained evidence of the agency's aims and objectives, nature of the service, governance, quality assurance procedures, safeguarding and equal opportunities information.