

Tabitha Home Care Limited

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Inspection report

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13 August 2019

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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

About the service

Tabitha Home Care is a domiciliary care service providing personal care or support to 152 people living in their own home.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal and daily living activities that people may require support with.

People's experience of using this service and what we found

The service had experienced a period of change since the last inspection. A new management team was now in place, including a new registered manager who was also the provider. Progress had been made to address the concerns we highlighted at the last inspection.

People told us they felt comfortable with the staff who supported. The provider recruited and retained a more consistent staff team so that people could develop relationships with staff that know them well. The provider was following safe recruitment procedures and people were now receiving support from the same care staff.

Staff monitored people's health needs and worked well with healthcare professionals to ensure people received the right support.

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

Staff treated people with care and respect and understood how to promote people's dignity and independence. People had mixed views about their call times, most people spoken with told us their calls were within the time framed agreed. Some people told us they arranged times with staff to come early or later and some people told us that their calls were late or early.

Where staff supported people with their medication, records were not always signed by staff to confirm people had taken their medication. The providers monitoring systems had not identified that there were omissions in medication records. All people spoken with who had support with their medication told us that no medication had been missed.

Support plans had been reviewed and updated and were now a more accurate reflection of people's wishes and preferences.

Recently new systems for monitoring the service had been introduced since the last inspection. The provider had also registered as the registered manager. This meant that some concerns were being picked up more promptly and action taken. However, more time was needed to ensure these systems were fully embedded, so improvements could be sustained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was requires improvement with a breach of Regulation 17 good governance (published 23 August 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our findings below

Good ●

Is the service well-led?

The service was not well led
Details are in our findings below

Requires Improvement ●

Tabitha Home Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider who is also the registered manager would be in the office to support the inspection.

Inspection activity started on 08 August 2019 and ended on 13 August 2019. We visited the office location on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection,

During the inspection

We spoke with the registered manager who is also the registered provider, and an operation manager. We attempted to contact 25 people who used the service, and 10 staff. We spoke with 18 people who used the service and eight staff.

We looked at eight people's care records to see how their care and treatment was planned and delivered. Other records looked at included four recruitment files to check suitable staff were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety.

Using medicines safely

- Staff had been trained to give medication safely and the registered manager checked staff competence before they could support people with their medication.
- We saw that staff did not always sign for the medication they supported people with. We spoke with people where we had identified that signatures were missing from the medication administration record. People spoken with who had support taking their medication told us no medication had been missed. However, there was other people who were unable to talk to us and this meant that the provider could not confirm that no medication had been missed for other people. On the second day of the inspection. A meeting had taken place with the staff who had failed to sign the medication administration record.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they had completed training in safeguarding; the training included the signs to look for and action they needed to take if abuse was suspected. One member of staff told us, "I would tell the manager, social services, if I thought someone was not being treated right including 'whistle blowing '[reporting concerns to someone independent of the provider]. There were policies and procedures in place for staff to follow should they be concerned.

Assessing risk, safety monitoring and management

- People told us they felt safe with staff when they were being supported. One person told us, "I am unsteady on my feet, staff always walk with me, so I feel secure and safe."
- Risk related to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written with guidance for staff around how-to manage these risks and minimise them as far as possible.
- Staff were able to tell us about the individual risks to people and what steps they took to ensure people remained safe from risk of avoidable harm.
- All staff spoken with knew how to respond in a medical emergency to keep people safe. One staff member told us, "The first thing I would do is get help from the emergency services, I would inform who needed to be contacted after, the most important thing to do is get help."

Staffing and recruitment

- The provider's recruitment process ensured risks to people's safety were minimised. The provider obtained references from previous employers and checked whether the disclosure and barring service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal conviction. Staff told us they had to wait for these checks and references to come through before they started.

- We looked at four staff files to assess if staff were recruited safely. All relevant checks had been completed to ensure staff were suitable.

Preventing and controlling infection

- Staff had been trained on how to prevent the risk of infection and knew how to control this risk.
- One member of staff said, "We have gloves and aprons, we have infection control training and if there are any concern we tell the manager."

Learning lessons when things go wrong

- Improvements had been made to the recording of incidents and accidents. This enabled the provider to take steps to ensure the service learnt lessons when things had gone wrong. For example, risk assessments had been updated which gave clear instructions to staff on managing risks while providing support. Meetings were held which looked at any incidents and agreed any actions that were needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been reassessed since the last inspection to make sure support plans reflected people's current needs, wishes and preferences.
- Staff had a good understanding of people's needs and detailed information was included in people's support plans. One member of staff told us, "Each person has a care plan which tells us how they like to have their care done, what they like, and people I go to let me know themselves what they want."
- People told us that staff supported them the way they wanted, staff were kind and caring and staff always asked how they were.

Staff support: induction, training, skills and experience

- We found that improvements had been made to staff induction and training. For example, new staff who had started since the last inspection had completed a full induction programme. This meant that staff were confident in delivering people's care and support. One member of staff told us, "I went around with staff for four- or five-days shadowing before I went out on my own."
- Staff told us they thought the training was helpful. One member of staff told us, "We are having updates now because some training is due for renewal."
- Staff were supported by the operation manager and had the opportunity to discuss their learning and performance in supervision sessions. One member of staff told us, "We have supervision, but we can always speak with the senior or operation manager if we want. I get to say how I am feeling about things and they try and help."
- Training records were held by the registered manager which outlined training that each staff member needed. This included where training was due to be updated so this could be arranged.

Supporting people to eat and drink enough to maintain a balanced diet

- Risks to people's nutrition and hydration needs had been assessed. Where people were at risk clear information was available in people's support plan and care records. Staff told us they would report any concerns to a senior member of the staff team.
- Staff gave people a choice of what they wanted to eat to make sure people enjoyed their food. One staff member told us, "If people were going off their food or not eating then I would speak with their family members they maybe ill. Because I go to mainly the same people I would know if something was wrong and report it."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support.

- Staff were able to tell us about people's health needs and how they would raise any concerns. One member of staff told us, "Any changes we inform the office."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood the MCA and how they went about making sure people gave consent to support. One member of staff told us, "I talk through and explain everything I am doing for people."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us that staff were caring and kind and were happy with the staff that supported them. One person told us, "I have four calls per day never had any trouble with the staff, treat me with respect and always happy, which makes me happy." A relative told us, "Dad can have a banter with them, they jolly him up which he says makes his day."
- All staff spoke with compassion about the people they supported. One staff member told us, I have worked in care for many years and have always treated people with respect, I love listening to people's stories and have so much respect for our older generation."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their support and was activity encouraged to make decisions. One person told us, "The girls ask every time, they say ok [named person] what do you want doing today, can you manage that yourself or do I need help. It gives me control."

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity, preference and choices were promoted. Staff told us how they promoted people's independence. One staff member told us, independence is important for people once that's gone people seem to give up so it's very important to encourage people to do things as far as possible for themselves with support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Peoples needs were met through good organisation and delivery

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual needs had been assessed and support plans developed to meet people's individual care needs. Support plans were detailed regarding the support people required and had been reviewed regularly.
- Staff knew people they supported well including their preferences. One person told us, "They [staff] do what I ask and the way I like it." Another person told us, "I like things done in a way that I have control of, they [staff] are very accommodating, I have really nice staff."
- Support plans were individualised and contained information and guidance about all aspects of people's health, social and personal care needs. Support plans included background information about people's abilities and disability. Changes in people's care needs was discussed with people, reviewed and updated.
- The provider had recently purchased an electronic system for storing care plans and records. This enabled staff to be notified promptly if people's needs had changed.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place for receiving and responding to complaints about the service. We saw that a complaint had recently been investigated and upheld, records demonstrated that an investigation had taken place and a response had been completed with an apology.
- Complaints were responded to and managed in line with the complaint policy. The registered manager told us, complaints would be received as a positive and used as an opportunity to improve the service.
- People spoken with told us that they would contact the office if they had any complaints.

End of life care and support

- No-one was currently receiving end of life care, but the provider had a policy in place which outlined how end of life care would be provided.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided care and support in line with people's needs and preferences. Support plans were changed when people's needs changed, and staff were aware of any changes. The operation manager told us, "If people's needs change an assessment is completed and we inform social service that more help is required."
- Staff understood the importance of delivering person centred care. One member of staff told us, "We do what people want, everyone is different no two people are the same, that is why it is so important to ask

people want they want doing each time we go."

- Support plans showed that people and their relatives had been involved to ensure that the support plans were tailored to the individual.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans recorded people's communication needs and language, so the provider could ensure communication was effective
- The provider told us. "The service user information guide is being further developed in different formats, different languages and size of print. Images are being introduced to communicate key information. Further development is to provide an audio recorded version of key information which could be circulated to people with sight loss."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement with a breach of Regulation 17 HSCA 2008 Regulation Activities Regulation 2014 good governance: Although at this inspection this key question rating remained the same, there had been sufficient improvement to meet the breach. This meant that some of the new systems and processes introduced since the last inspection needed further time to become fully embedded.

Continuous learning and improving care

- The provider had installed a system where all calls were recorded. Staff would have to log into the system on their mobile phones when they attended a call. This would then show that the call had been covered and the time the care staff attended. The registered manager told us that sometimes there was a problem with the data which delayed the update of the system. This meant that the accuracy of the information was not always correct. For example, we looked at six records in relation to call times, one gave an indication that staff did not stay for the allocated time. The other records looked at showed that only one care staff attended when two staff were allocated to attend. We spoke with five of the six people whose records we looked at. One person told us "I am very comfortable with the staff, the times are based on what I want, although I have set times they come when I asked them to come, a little bit early or later. They stay if I want them to or go when I want them to. They are flexible." All people spoken with confirmed two staff always attended
- A range of quality checks had been introduced since the last inspection which meant managers now had a better understanding of the quality of the service being delivered. These included spot checks on staff to ensure people were receiving the care as described in their support plans, supervision, and training.
- Staff told us sometimes the system will not let them log in, it depends on the areas and the strength of the mobile phone signal. Staff felt they had enough time to go to each call and confirmed that some people had ask for calls a little early or later than planned.
- Care records were person centred. As part of the new system, staff could complete records as and when they visited people. There was a section where staff could record how the person was and any other details such as their wellbeing. There was also a tick box, for tasks completed. However, we saw the section where other information could be included about a person well-being was not completed so daily records were not person centred and the information about people became a tick box exercise
- The registered manager told us that the monitoring system can identify if calls were not attended but only if someone was monitoring the system. The registered manager told us that the system was being upgraded to set an alert if calls were not completed as they should be. For example, if only one care staff signed in or if only one staff attended a two-person call. This would mean that the person who was monitoring the system would be alerted but could still carry on with other tasks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they now felt they were listened to when they reported things to the office and that their opinions were valued. One member of staff said, "We have staff meetings and if there are any issues or concerns, they [the provider, and operation manager,] do their best to sort things out."
- People and their relatives told us they felt more informed about their care and support. For example, relatives were now able to read care plans and records via the new electronic information system. This enabled them to check which staff had called and how long they had stayed.
- People and their relatives were more positive about the quality of the service compared to the last inspection. All the people spoken with told us that the service had improved. One person told us, "They are just lacking in calling you back when you phone, it can take a couple of hours or days they just need to get that sorted, they have improved. Another person told us, "I would recommend the service now but not before."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in place who was also the provider.
- At the last inspection, improvements were required to monitor the quality of service provided to people. At this inspection the provider had registered with us as the registered manager, employed an operation manager and a consultant to support the organisation. The provider acknowledged that there were still areas for improvement but felt more confident in achieving good outcomes for people.
- The service had an out of office on call system so staff could get advice and support if required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Action had been taken to address areas of concern highlighted at the last inspection which was leading to improved outcomes for people. The operation manager was sending the provider weekly reports highlighting areas of improvements the service needed to focus on.
- People told us that the service had improved, support plans had been updated with good detail about the person's life, disabilities and risks.
- People spoken with, and their relatives were more positive about the quality of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider told us they had been very open with staff and people about the findings of the last inspection. The provider had now registered as the registered manager to take responsibility for the concerns raised at the last inspection. The PIR told us that the provider had subscribed to various organizations that help with renewing policies and procedures.
- Senior care staff carry out appraisals, supervisions, and staff competency check to ensure appropriate care practices were completed.

Working in partnership with others

- The provider told us the service had good working relationships with other professionals such as district nurses and social workers to ensure people were supported safely.