

Twilight Years Limited

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Inspection report

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Date of inspection visit: 24 June 2015 and 11 August 2015

Date of publication: 25/11/2015

Ratings

Overall rating for this service

Good



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?

Good



Overall summary

This announced inspection took place between 24 June 2015 and 11 August 2015. We last inspected this service in October 2013. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Twilight Years Limited provides personal care and support to adults living in their own homes. The agency is based in Barrow in Furness and provides support to people in Barrow, Dalton, Ulverston and the surrounding areas. Services offered by the agency include personal care, shopping, housework and preparing meals.

There was a registered manager employed at the service. 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.

People were treated with respect and included in agreeing to the support they received. There were enough staff to provide the care that people required. The staff knew the people they supported and were kind and caring to people.

Although people were protected against the risk of immediate harm, the records around medicines did not

Summary of findings

identify the medicines that people had taken. This meant it was not possible to check that people had been supported to take their medicines as their doctor had prescribed.

People received the support they required to remain living at home. They knew the staff who supported them and valued the care that the staff provided. The staff took appropriate actions to protect people's privacy and dignity and to support their independence.

The service was well managed. The registered manager listened to people's views and took action in response to

any concerns raised. All new staff were checked to make sure they were suitable to work in people's homes. The registered manager monitored the quality of the service. Areas which required improvement were identified and actions taken to address them.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to accurate records not being kept of the medicines people had taken.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safety of one aspect of the service required improvement.

Although people received the support they required with taking their medicines, the records staff completed did not identify the medicines people had taken. This meant that the registered manager could not check that people had been supported to take their medicines as their doctor had prescribed.

People were protected from abuse and trusted the staff who visited them.

There were sufficient staff to provide the care people required. Checks were carried out to ensure that new staff were safe and suitable to work in people's homes.

Requires Improvement



Is the service effective?

The service was effective.

Staff were trained and had the skills and knowledge to provide the support people required.

People received the support they needed to prepare their meals and enjoyed the meals provided.

People maintained control of their lives and gave consent to the care they received. The registered manager knew about their responsibilities under the Mental Capacity Act 2005 and how to protect the rights of people who needed support to make decisions or to express their wishes.

Good



Is the service caring?

The service was caring.

Staff were kind and caring and treated people with respect.

The staff protected people's dignity and privacy.

People were supported to make decisions about their care and to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People received the care they required from staff who knew them and who knew the support they needed.

The registered manager listened to people's views and took action in response to any concerns raised.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager set high standards for staff to work to and took action if these were not met.

People were asked for their views about the service they received and action was taken in response to their comments.

The registered manager monitored the quality of the service. Areas that required improvement were identified so that appropriate action could be taken to address them.

Good



Twilight Years Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between 24 June 2015 and 11 August 2015 and was announced.

The provider was given 48 hours' notice of our visit on 24 June 2015 because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by an Adult Social Care inspector 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.

The inspector visited the agency office on 24 June and 11 August 2015 and looked at care records for 6 people who used the service, training records for 5 staff and recruitment records for 3 staff. We also looked at records relating to complaints and how the provider checked the quality of the service. We spoke with thirteen people who used the service and 2 relatives on the telephone and visited 4 people in their own homes. We also spoke with the registered manager of the service and 6 staff.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 reviewed the information we held about the service, including the information in the PIR, before we visited the service. We also contacted the local authority commissioning and social work teams for their views of the service.

Is the service safe?

Our findings

People told us that they felt safe receiving support from this service. They told us that the staff helped them to remain safe in their homes. One person told us, “I feel very safe, I have the same carers [care staff] usually, they are grand girls and make sure my door is locked when they leave”. Another person said, “I feel safe with the staff who come here”.

One person told us that they had been at risk after having an accident. They said the care staff who visited them took prompt and appropriate action to assist them and to ensure their safety.

People told us that they usually received support from a small team of care staff who they knew and liked. They told us that it was very important to them to have the same staff visiting them. People said that there were enough staff to provide the support they required.

Some people who used this service required support from care staff in handling their medicines. They told us that the care staff provided the support that they needed to take their medicines. One person told us, “I used to handle all my own medicines, but I’m on a lot of pills now and I’m not sure what to take, the staff come and help me, that’s good.”

The staff we spoke with told us that they had completed training in the safe handling of medicines. They said that they were not allowed to assist people with their medicines until they had completed this training to ensure they could carry out the task safely.

We saw that people’s care records identified if they needed support with their medicines and how staff were to provide this. The care records showed that some people received their medicines packaged by the chemist into a medicines cassette box. These can be used to help people to know what tablets to take at a particular time. Some people took a number of tablets at the same time, all of which were packaged together in the cassette box. Where staff prompted or reminded people to take their own medicines from a cassette box we found that the staff had recorded the number of tablets a person had taken but the records did not identify what the tablets were. This meant there was not a clear record of the medicines people had taken.

We discussed this with the registered manager. They agreed to look into how staff would identify medicines people were taking and ensure clear and accurate records were completed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because accurate records were not kept of the medicines people had taken.

All the staff we spoke with told us that they had completed training in how to identify and protect people from abuse. They showed that they understood their responsibility to report any concerns immediately to ensure action could be taken, if required, to protect the individual. One staff member said, “We all have training in abuse, we know to report anything”.

Providers of health and social care services have to inform the Care Quality Commission (the CQC), of any allegations of abuse that they receive. The registered manager had informed us promptly of all concerns that had been made to the agency. The information they provided showed that people who used the service trusted the staff who visited them and had shared concerns about their safety with the care staff. The care staff had passed the information to the registered manager who had followed appropriate procedures and referred the concerns to the local safeguarding authority. This showed that the agency staff and registered manager took appropriate action to protect people who were at risk of abuse.

The registered manager had systems in place to anticipate and manage risks to people’s safety. The service had a procedure for staff to follow if they visited a person to provide planned care but were not able to gain entry into the individual’s home. All the staff we spoke with knew the procedure they had to follow if they could not access a person’s home to deliver planned care. This helped to ensure people’s safety.

The care staff told us that they were able to contact a senior person in the service at any time if they were concerned about the welfare of an individual they were supporting. They told us, “We have an ‘on call’ system, we can always speak to someone if we’re worried about a client”.

The registered manager used thorough systems when new staff were employed to make sure they were safe to work in people’s homes. All new staff had to provide references to

Is the service safe?

confirm their previous conduct and experience. They also had to obtain a Disclosure and Barring Service check to ensure they had not been barred from working in a care service and that they did not have any criminal convictions which would make them unsuitable to in people's homes.

Is the service effective?

Our findings

People told us that the staff who supported them provided the assistance they needed. They told us that the staff were “good at their jobs”. One person told us, “They all seem to know what they are doing”. Another person said, “I know the staff do training, they tell me, ‘I’m going on such and such a course tomorrow’”.

All of the care staff we spoke with told us that they had to complete a range of training before they were allowed to work on their own in people’s homes. They said that they felt the training they received gave them the skills to provide the support people required.

The registered manager used good systems to manage the deployment of staff. Where people had more complex needs, staff were only assigned to provide their care if they had completed appropriate training.

People told us that they were included in all decisions about their care and said that the staff who supported them asked for their agreement before providing their care. One person told us, “The staff always ask me what I want them to do”. Another person told us, “They [care staff] don’t seem to want to take over”. We saw that people’s care records included instructions for staff about supporting people to make decisions about their care.

Some people who used the service required support to prepare their meals. People told us that the staff gave them choices about the meals they prepared and said that they enjoyed the meals the staff provided. One person told us, “The care workers just know how I like things, what I like to

eat and how I like it cooked. We maybe talk about what I’m having the next day or the workers suggest something”. Another person said, “The staff ask me what I want them to make and do as I want”.

Most of the people we spoke with told us that they did not require support from care staff to see their doctor. One person said, “I make my own doctor’s appointments”. One person told us that a care worker had noticed that they felt unwell and advised them to see their doctor. They told us the staff member had offered to help them to make an appointment but said they had not required this assistance. They told us, “The staff do pick up if I’m not myself, they are very careful like that and suggest I see my GP”. The staff gave people the support they needed to make health care appointments.

All the care staff we spoke with showed that they would take appropriate action if they were concerned about the health of a person they were supporting. They told us that they would encourage the individual to contact their doctor and would support them to do this if they needed. They also told us that they would report their concerns to a member of the agency management team.

Everyone we spoke with told us that they were able to make their own decisions about the care they received. The care records we looked at showed that people had been included in agreeing to their own care. The registered manager was knowledgeable about the Mental Capacity Act 2005, (the Act) and the Act Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

Is the service caring?

Our findings

People who used this service told us that they received a good standard of care from the staff who visited them. They told us that this was a “wonderful service” and said the staff were “Kind, caring and all very nice to talk with”. People told us that they looked forward to the staff visiting their homes and valued the support they received. One person said, “They [care staff] are looking after me well, there are three really good ones [care staff], though there’s not a bad one amongst them”.

People told us that the staff helped them to feel comfortable receiving support. Two people told us they had been anxious about having staff visit their homes but said the care workers who visited them had helped to reassure them. One person said, “I hated having staff coming here at first, I really thought I couldn’t put up with people coming in and out, but the staff have been marvellous, they have really put me at my ease and now I look forward to their visits”.

The care staff we spoke with understood that people who used the service could be anxious when they first received care from the agency. One staff member told us, “I try to treat people how I’d want to be treated, it’s an important part of the job to make people feel comfortable”.

The registered manager tried to ensure that people received support from a small team of care staff who they knew and who knew the support they required. People told us that they were usually supported by staff who they knew. Each person we spoke with said that they had a small team of staff who knew them well. They said that, if a staff member was delayed or if there was a change to the

staff who would be visiting them, a member of the office staff would telephone to inform them. People told us that it was important to them that they were informed of changes to their planned care.

Everyone we spoke with told us that the staff treated them with respect and said they were included in decisions about the support they received. One person said, “The [care] worker treats me as she would like to be treated herself” and another person said, “The staff ask me at EVERY visit what I need, they don’t just assume they know, I like that”.

The care staff we spoke with knew it was important to respect the decisions people made about their care. They told us, “It’s people’s right to make their own decisions, we’re here to do what people want”.

People told us that the staff helped to protect their privacy, dignity and independence. They said that the care staff gave them time to carry out tasks for themselves and said all their personal care was carried out in private. One person told us, “They [care staff] are encouraging me to do things myself, sort of encouraging me back to independence”.

No one we spoke with required the support of an independent person to assist them to make decisions or to express their wishes about their care. Some people were supported by their family in making decisions. One person told us, “My son and daughter-in-law are very good, if I need anything they’d speak to the office for me”. The registered manager knew how to contact local advocacy services that could assist people to make decisions or express their views if they required support.

Is the service responsive?

Our findings

Everyone we spoke with told us that the care they received from this service supported them to remain living in their own home and said this was very important to them. They told us that the staff who visited their homes knew the support they required and how they wanted their care to be provided. One person told us, “The staff do what they have to do and they ask me if there is anything else I want, they are very good”.

People told us that they had a care plan that detailed the support staff were to provide. They said they had been asked about the support they required and that this was written in their care plan for staff to refer to. Everyone we spoke with said that the staff who visited them knew the assistance they needed and how they wanted their care to be delivered. One person said, “They [care staff] know my likes and dislikes.”

The care staff we spoke with said they knew the care people required because this was written in their support plans. They said they knew that they had to read the support plans and inform the agency office if the care a person needed changed, so their support plan could be updated.

People told us that they were included in decisions about the support they received and said that the service was responsive to their wishes. They told us that if they requested any changes to their support the service tried to meet their wishes. One person told us that they had needed to change the time of a planned visit and said that the service had immediately made the change they required. Another person said that they had asked for a change to the time of the visit but the agency was not able

to agree to their request as no staff were available at the time they wanted. They told us that the person they spoke with apologised for not being able to make the change they requested and said that they appreciated this.

People told us that the staff in the agency listened to their views and made changes to their care in response to their comments. Two people told us that they had asked for particular care workers not to visit them and said that this had been agreed immediately by the service. One person said, “It was just one carer [care worker] I couldn’t get on with, I rang the office and asked them not to send her again and they didn’t”. We saw that the system the registered manager used to allocate care staff to visits included an option to include people’s preferences about the staff who visited them. This helped the registered manager to ensure the service could act on people’s views and wishes.

The provider had a procedure for receiving and handling complaints about the service. Some people told us that they had received a copy of the complaints procedure when they started to receive care from the agency. Other people said they were not aware of the complaints procedure. However, they told us they would “ring the office” or tell a member of the care staff if they had any concerns. All the care staff we spoke with said they knew how people could complain about the service and said they would be confident supporting a person to do so. One member of staff told us, “If someone wanted to complain about me, I’d ask [office manager] to visit them or to call them. If someone wanted to complain about another staff member I’d tell them to ring the office or I’d ring for them if they wanted”.

We looked at the records the agency held about concerns it had received. We saw that concerns were investigated thoroughly and action was taken as required in response to issues identified.

Is the service well-led?

Our findings

People we spoke with told us that this was “a really good service” and said they would recommend it to other people. One person said, “I was with another agency, but they weren’t a patch on Twilight, [Twilight Years Limited] I’ve recommended them to my own family”. Another person told us, “I’d certainly recommend Twilight Years to anyone.”

Some people told us they knew the registered manager of the agency and how they could contact them if they needed to. Other people did not know the registered manager, however they said they knew how to contact the agency office. They told us that the response from the office staff was “always positive” and said that the office staff were “friendly and efficient”. Everyone we asked told us that they thought the agency was well managed.

The registered manager was supported by a senior management team including the care manager, care coordinators and care plan coordinators. All the care staff we spoke with said they felt well supported by the managers of the service. They said they felt the managers set high standards and took action if these were not met. This was confirmed by records we looked at. All the care staff we spoke with said they had no concerns about the service provided by Twilight Years Limited. They told us they would be confident speaking to one of the agency management team if they had any concerns about the behaviour or performance of another member of staff.

The registered manager had good systems for monitoring the quality of the service provided. They had identified areas of the service that required improving and were taking action to address these. At our inspection we found that some care records had not been reviewed in line with the agency’s timescales. The registered manager had already identified this issue and had taken steps to ensure that the care reviews were carried out. We saw records that confirmed care reviews were being carried out and that further reviews had been planned. This showed that the registered manager took action where they identified areas of the service that required improvement.

Each year the registered manager sent quality surveys to people to ask for their views about the service. We saw completed surveys that showed that people were happy with the care they received from this agency. Some people we spoke with confirmed that they had received and completed the survey, however other people could not remember receiving a copy to complete. All the people we spoke with said they knew how to contact the service if they wished to raise any concerns or ask for any changes to their care.

Providers of health and social care services are required by law to inform the Care Quality Commission, (the CQC) of significant events which affect the service or people who use it. The registered manager of the service ensured all required notifications were made promptly. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The provider had not ensured that medicines were managed safely. The records of the support provided to people did not identify the medicines that people had taken. Regulation 12 (2) (g).</p>