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Taylor Care HQ

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

Taylor Care HQ is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, younger adults, people with a physical disability or sensory impairment and people living with dementia. At the time of our inspection the service was providing support to 18 people.

At our last inspection, we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People received safe care. We found that staff had been recruited safely. The staff we spoke with were aware of how to safeguard adults at risk. There were safe processes and practices in place for the management and administration of medicines.

People supported and their relatives told us staff visited them on time and stayed as long as they should. They were happy with the staff who supported them and told us they were supported by staff they knew.

Staff received an effective induction and appropriate training. People supported and their relatives felt that staff had the knowledge and skills to meet people's needs.

People received appropriate support with eating, drinking and their healthcare needs. Referrals were made to community health and social care professionals when appropriate, to meet people's needs and manage their risks.

People told us staff respected their right to privacy and dignity. They told us staff took their time when providing support and encouraged them to be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

We saw evidence that people received care that reflected their needs, risks and preferences. People told us they had been involved in discussions about their care and we found that where appropriate, their relatives or representatives had been consulted.

People being supported and their relatives told us they were happy with how the service was being managed. They found the manager and staff approachable and helpful.

The manager sought regular feedback from people being supported and their relatives and we noted that a high level of satisfaction had been expressed about all areas of the service.

Audits and checks of the service were completed regularly. We found the checks completed were effective in ensuring that appropriate levels of quality and safety were maintained at the service.

Further information is in the detailed findings below.

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 remains Good.

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 remains Good.

Taylor Care HQ

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 was 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 was a comprehensive inspection.

This inspection took place on 22 May 2018 and was announced. We gave the service 48 hours' notice of the inspection, so that the manager could contact people being supported and ask if they would be willing to provide us with feedback about their support. 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 expert by experience contacted people who received support from the service and relatives by telephone, to gain feedback about the care provided.

Before the inspection we reviewed the information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. As part of the inspection we contacted nine community health and social care professionals who were involved with the service for their comments, including community nurses and social workers. We also contacted Lancashire County Council contracts team and Healthwatch Blackburn for feedback about the service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who received support from the service, five relatives and one person's Court Appointed Deputy. We also spoke with one care assistant, two senior care assistants and the provider, who was also the owner. We reviewed the care records of two people who received support from the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and audits of quality and safety.

Is the service safe?

Our findings

People supported and their relatives told us staff provided safe care. One relative commented, "My [relative] has a stoma and it sometimes overflows. It's not nice at all but I know she's safe with the staff at night when they're here".

People told us staff arrived on time and stayed as long as they should. One person commented, "They always turn up on time. I know I have a set time for when they are coming and they're here". One relative told us, "They come for a pop-in but seem to have time to stay longer if it's needed." The manager told us that staff leave was covered by other permanent staff and there were also four bank staff who provided cover when needed. The manager told us she also provided support when needed.

The staff we spoke with understood how to protect adults at risk of abuse. A safeguarding policy was available which included the different types of abuse and staff responsibilities. The contact details for the local authority's safeguarding team were also available. Records showed that all staff had completed safeguarding training. One safeguarding alert had been raised about the service in the previous 12 months and had been unsubstantiated. The manager assured us that if any safeguarding concerns were upheld in the future, lessons learned would be shared with all staff.

The service had a whistle blowing (reporting poor practice) policy which staff were aware of and told us they would use if, for example, they had concerns about the conduct of another member of staff.

We reviewed two staff recruitment files and found that staff had been recruited safely. Appropriate checks had been made of their suitability to support adults at risk.

Risk assessments were in place for people supported, including those relating to cooking, mobility, medicines and the home environment. Risk assessments provided information for staff about the nature and level of each risk and how best to support the person to reduce the risk. They were reviewed regularly. Information was also available about the support people would need from staff if they needed to be evacuated from their home in an emergency.

We saw evidence that people's care records and staff files were stored securely in the agency's office and were only accessible to authorised staff.

Safe and effective processes were in place for the management of medicines. We reviewed the Medicines Administration Records (MARs) for two people and found that these had been completed appropriately by staff. However, we noted that people's date of birth and allergies were not included on their MAR. We discussed this with the manager who addressed this during the inspection. She told us that this would be checked during future audits of medicines records. We noted that people's allergies had been recorded in their care plan. All staff had completed medicines training and staff competence to administer medicines safely was assessed regularly. People told us they received appropriate support with their medicines. One relative told us, "[Relative's] medicines come in blister packs but the carers sit with her and prompt her to

take them and check that she has. I've been there multiple times and seen them do it".

The manager told us that no accidents had taken place in the previous 12 months. She told us that staff knew how to report accidents and would ensure that medical advice was sought if appropriate. None of the people we spoke with had experienced any accidents or incidents.

We looked at how the service protected people from the risks associated with poor infection control. Records showed that all staff had completed infection control training. The staff we spoke with confirmed they had completed the training and told us they used appropriate infection control equipment, including gloves and aprons, when they supported people. One relative commented, "[Manager] provides the gloves and aprons and stuff for when they give [relative] a shower".

There was a business continuity plan in place. This provided guidance for staff in the event that the service experienced disruption due to staff shortages, severe weather or the loss of information technology systems. This helped to ensure that people continued to receive support if the service experienced difficulties.

Is the service effective?

Our findings

People were very happy with the support they received and felt staff had the skills to meet their needs. One person told us, "They are a superb set of staff and know exactly what they are doing". Another commented, "I'm very happy with the service. The staff are all very nice and always spot on time". Relatives commented, "I'm very impressed with all the carers" and "It's excellent. They do everything I ask and more".

Staff told us they received a thorough induction when they joined the service and this was confirmed in the records we reviewed. They told us their training was updated regularly and they could request further training if they felt they needed it. We noted that new staff completed the Care Certificate, which is a set of standards introduced to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care. We noted that moving and handling training had not been updated since 2015. The manager showed us evidence that training had been arranged in 2017 and 2018 but had been cancelled at short notice by the training provider. She told us she was struggling to find suitable training and planned to complete the necessary qualification to enable her to train staff herself in future. Records showed that staff were observed providing care every three months, which included a check of their ability to move people safely.

Staff told us they received regular supervision and annual appraisals and this was confirmed in the records we reviewed. We saw evidence that staff received feedback about their performance and were able to raise any concerns. Records showed that the manager took disciplinary action when staff conduct fell below the expected standard. This helped to ensure that staff were supported by skilled, professional staff.

Records showed that an assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and personal preferences. This helped to ensure that the service was able to meet people's needs.

We reviewed two people's care files. We found they included detailed information about people's needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

A MCA policy was in place which included information about the principles of the MCA, capacity assessments and best interests decisions. We found that where people lacked the capacity to make

decisions about their care, their relatives or representatives had been involved in decisions about their care in line with the MCA. One person had a Court Appointed Deputy who told us they were happy with the support provided by the service. Staff told us they had completed MCA training as part of the Care Certificate. Staff told us they sought people's consent before providing care and provided additional information when necessary to help people make decisions. People told us staff asked for their consent before providing support. One person commented, "They always ask before they do anything and say something like, "Do you want me to do it or do you want to do it?" They're very good like that".

We looked at how the service supported people with eating and drinking. Care plans and risk assessments contained information about people's nutrition and hydration needs. They also included information about what people were able to do themselves and the support they needed from staff. The staff we spoke with were aware of people's preferences and special dietary requirements. One person supported by the service told us, "I have food delivered which I can warm up, or they sometimes help me. They are very good". One relative commented, "They set a little buffet out for [Relative], so she can graze in the day. Before, she'd lost so much weight".

Each person's care file included information about their medical history, prescribed medicines and any allergies. Records showed that people had been referred to, and were supported by, various health care professionals, including GPs, district nurses and the local community mental health team. This helped to ensure that people's healthcare needs were met. One staff member told us, "Staff ring GPs or district nurses when needed and if there's no progress we speak to [Manager] who will deal with it".

The manager explained that if a person was being taken to hospital, staff shared the person's MAR and information about their care needs and risks with ambulance service staff. This helped to ensure that information about people's needs and risks was shared with other professionals when they moved between services.

The community health and social care professionals we contacted for feedback did not express any concerns about the service.

Is the service caring?

Our findings

People told us they liked the staff who supported them. One person commented, "It's their approach, always cheerful. I've not had a single one I could complain about and you always get to meet the new ones". Another told us, "It's a team effort. The girls who come are lovely and caring and [Manager] is always there too". One relative told us, "They are a god send to me. They are courteous and look after my [relative] really well and carefully. They've become like part of the family now".

People told us they were supported by staff they knew. One person commented, "They're all familiar faces". The manager told us that people were not supported by specific staff. She explained that as the service supported a small number of people and employed a small number of staff, all of the staff visited everyone supported, to ensure that all staff could meet everyone's needs. She told us this arrangement also helped to avoid staff complacency and people becoming dependent on specific staff. She told us, "All the staff have something different to bring to people".

People told us staff took their time when supporting them. One staff member commented, "We don't rush people". Another commented, "If we don't have enough time with people, we speak with [Manager] and she looks at getting the care package increased".

People told us they were encouraged to be as independent as possible. One person commented, "They make my lunch and come back in the afternoon to sort my tea out. I can't do much but they always ask if I want to get involved". One staff member told us, "We always encourage people to do what they can". Another told us, "If someone is able to wash their own face and hands, I encourage them to do it".

Staff told us they respected and promoted people's right to privacy and dignity. They gave examples of how they did this, such as being discreet when they were supporting people with personal care, offering people choices and seeking their consent before providing support. One relative told us, "The staff had got back from taking [Relative] out and needed to use the toilet. They didn't barge in, they asked [Relative] if it was okay to use her toilet first".

People told us communication from the service was good and their care needs had been discussed with them. One relative commented, "I live at a distance so the records help me understand what's been happening. They liaise very well with me". Staff told us that communication at the service was effective. One staff member commented, "Communication is good. It's happening all the time".

We saw evidence that people's right to confidentiality was protected. The service had a confidentiality and data protection policy, which included information about sharing information, security of information and staff responsibilities. People's personal information was stored securely and the staff we spoke with understood the importance of keeping people's information confidential.

Information about local advocacy services was included in the service user guide which was given to people when the service started supporting them. People can use advocacy services when they do not have friends

or relatives to support them or want support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

People told us they received care that reflected their individual needs and preferences. One relative commented, "[Relative] is getting out of bed now, she's getting dressed, they help to choose what she'd like to wear. She's happier, she's communicating again. They just seem to have a right lot of patience with her. She's a different person".

People supported and their relatives told us staff offered them choices and they were involved in decisions about their care. One relative commented, "[Relative] has always liked clothes, so they [Staff] will go to the wardrobe and have a bit of fun choosing what she's wearing and she's always co-ordinated". Staff told us they gave people choices and encouraged them to make decisions when they could. One staff member commented, "We encourage people to choose their meals, any trips out, general day to day decisions".

The care plans we reviewed contained detailed information for staff about what people were able to do, what they required support with and how that support should be provided. Care documentation was reviewed and updated regularly. The staff we spoke with described how they supported people in a way which kept them safe but encouraged them to be independent.

Staff told us they supported people with their hobbies and interests and supported some people to go out. One staff member told us, "I support people to go out for lunch, to garden centres, exercise classes, shopping or out for a drink".

The service used different types of technology to support people and staff, including contact by email and text. We noted that most information, including staff rotas, care documentation and policies and procedures were stored and updated electronically. Staff shared handover information by email and updates were texted to staff if there had been any concerns or changes in people's needs or risks. The manager told us that monthly checks of people's pendant alarms were completed by staff, when people were encouraged to press the pendant and speak with the operator to ensure it was working. This helped to ensure people's equipment was safe.

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

The manager was not aware of the Standard. She told us that at the time of our inspection, the service was not supporting anyone with this type of communication need. She told us that if they supported anyone in the future with this type of need, they would ensure that the Standard was followed. We noted that people's communication needs were assessed as part of the initial assessment and were reviewed regularly.

A complaints policy was in place which included timescales for a response and the contact details for the Local Government Ombudsman. Information about how to make a complaint was also included in the

service user guide. The manager told us that no complaints had been received since our last inspection and none of the people we spoke with had made a complaint. One person commented, "I've never had cause to raise a concern but I know I could if I needed to". One relative told us, "If we notice any little thing that we would like to change, we can just ring or email. [Manager] always answers her phone. She might say, "Can I ring you back, I'm just dealing with something?", but she always does. It's so reassuring for me, not living close by".

We looked at how the service supported people at the end of their life. The manager told us she had previously been a district nurse and had a lot of experience of providing people with end of life care. She told us that the service worked closely with people, their families, GPs, district nurses and the 'hospice at home' team when people required end of life support. Records showed that the two senior care assistants were in the process completing end of life care training through the local hospice. Current NICE (National Institute for Health and Care Excellence) guidance on end of life care was available for staff to refer to.

Is the service well-led?

Our findings

Everyone we spoke with was happy with the way the service was being managed and felt the manager and staff were approachable. They told us they would recommend the service to others. One relative commented, "I would be happy to say to somebody in the same position as me, go and see [Manager]". They told us they could contact the manager by email or telephone and received a timely response when contact was made.

The provider of the service was also the manager and was responsible for the day to day operation of the service. There was no regulatory requirement to have registered manager in post.

We looked at how the service sought the views of people being supported and their relatives. The manager told us that satisfaction surveys were issued yearly to gain feedback from people about the care they received. She informed us that questionnaires had recently been issued. We reviewed the three responses that had been received to date and noted that all were positive about all aspects of the service. One person had commented, "I have found that the carers who have assisted me, give me the support and friendship that I need, as I cannot go out. Thank you". The manager and staff we spoke with told us that people's views about their care were also sought during their care plan reviews. We reviewed a number of compliments that had been received by the service. One relative had written, "May we take this opportunity to express our many thanks for your excellent service".

The manager told us that satisfaction surveys were not issued to staff. She told us that staff had the opportunity to raise concerns or make suggestions during regular supervision sessions and team meetings. She also showed us a staff comment book and box which was available for staff to post comments, anonymously if they chose to. One staff member commented, "Everyone feels like they can question things or give their opinion. We all get on really well".

The staff we spoke with told us that staff meetings took place regularly and they could make suggestions and raise concerns. We reviewed some recent meeting notes and found that issues discussed included care standards, medicines, infection control, training and changes in people's needs or risks. We saw evidence that staff were encouraged to raise any issues.

Staff told us they were happy with the management of the service. They felt fairly treated and well supported by the manager. One staff member commented, "The manager is very approachable. She listens. She's a great boss". Another said, "I enjoy the job. It's the best company I've worked for. They're not just interested in making money, they want to provide good care. [Manager] looks after the staff as well as the clients. She understands issues like child care".

The staff we spoke with were clear about their responsibilities. They told us their roles and responsibilities were addressed during their initial induction, during training and regularly during supervision sessions and staff meetings. One staff member commented, "Our job is to support people to live independently in their own home and to provide the best possible care". Another told us, "The service's vision is to provide correct

care, reflecting people's needs and being available for what people want". Staff told us they received regular updates from the manager about best practice and any changes in guidance.

Records showed that the service worked in partnership with a variety of other agencies to ensure that people received the support they needed. These included social workers, district nurses, GPs and the local community mental health team.

We looked at the checks of quality and safety completed at the service. The manager completed regular checks of care documentation, including care plans and Medication Administration Records (MARs). Records showed that compliance levels were high and most audits found that no improvements were needed. Staff competence to deliver safe care was checked during six monthly observations, which included administration of medicines, infection control, moving and handling, documentation, communication and privacy and dignity. We saw evidence that any shortfalls in practice were addressed with staff. We found that the checks completed were effective in ensuring that appropriate levels of quality and safety were maintained at the service.

The registered manager told us that a number of improvements to the service were planned. These included an electronic rota system which would reduce administration time, weekly staff meetings to discuss people's needs and share best practice, and gathering more information about people's background and history to help staff engage people in reminiscence.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

The provider was meeting the requirement to display the rating from the last inspection.