

Care TaylorMade Ltd

Care TaylorMade Ltd

Inspection report

11 Pentland Grove
Darlington
County Durham
DL3 8BA

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Care TaylorMade Ltd is a supported living service providing personal care to adults with learning disabilities, autism and physical and mental health needs. There were three people using the service at the time of the inspection. People had their own rooms in a shared house, which had a number of communal areas and a garden. The accommodation had a room for staff to use so the service could provide 24-hour support.

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

The service was exceptionally caring. People were treated with respect and compassion at all times. The service excelled at supporting and empowering people to express their views. People were involved and supported to make decisions about their own care. The service had embedded a culture of respecting people's rights, privacy, dignity and choice. Staff were pro-active, sensitive and aware of people's individual needs.

People received exceptionally person-centred care. The service had worked hard to encourage and support people's independence. People were now administering their own medicines, ordering their own food and drink in cafés and pubs, and handling small amounts of money. The service used creative, innovative and personalised methods to help people reach their goals and improve their quality of life. People were encouraged to take part in activities which were important to them. One relative told us, "We have seen positive changes in [person] since they have been there. [Person] is more organised, tidier and [person] plans themselves what they want to do. [Person] seems happy and contented." The service had a culture of open and honest discussions and carried out especially detailed investigations into any concerns raised.

The service was consistently well-led. There were high levels of satisfaction throughout the service. There were clear roles and responsibilities within the service and the registered manager understood their regulatory and legal requirements. Comprehensive audits were undertaken, and quality improvement was promoted. People, relatives and staff were encouraged to give feedback and the service was extremely pro-active in engaging with other professionals to achieve good outcomes for people.

People were supported to be safe. Staff understood their safeguarding responsibilities and built positive and trusting relationships with people. Risks to people were effectively assessed and safely managed. Staff were recruited safely and there were enough staff to meet people's needs. People received their medicines as prescribed and the service safely managed infection control.

People's needs were comprehensively assessed and reviewed. Care files were meaningful for each individual person. Staff had the right skills, knowledge and experience to support people effectively, and people were involved in the recruitment process. People were supported to maintain a balanced diet and prepare meals where possible. People's health needs were met in an effective and timely manner.

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 this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were given choice and supported to make decisions about their own care. People were supported to be as independent as possible. People were encouraged to pursue their individual likes and interests. People were treated with dignity and respect at all times. The service had an exceptionally person-centred culture and welcomed feedback.

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 good (published 23 November 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Care TaylorMade Ltd

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

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, deputy manager and senior support worker.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff and the person themselves. In this report, we used this communication tool with one person to tell us their experience.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies, procedures and quality assurance records. We spoke with one professional who was regularly in contact with the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Effective systems, procedures and policies were in place to safeguard people appropriately.
- Staff had completed safeguarding training and understood their responsibilities. Staff knew what to do if they had any concerns about safety, and were confident concerns would be dealt with properly.
- Staff built positive and trusting relationships with people who used the service. This helped ensure people felt comfortable to be open and honest and to discuss any concerns at the earliest opportunity. The registered manager told us, "We promote regular catch ups for everyone, grabbing a cup of tea and making time for one another; people and staff are supported to get any worries out in the open."
- People and relatives spoke positively about the care and support received. One relative told us, "[Person] is well cared for and the staff really think about [person's] wellbeing."

Assessing risk, safety monitoring and management

- Risks to people were effectively assessed and safely managed.
- Comprehensive risk assessments were in place. Risk assessments were tailored to each person and their individual needs. Care plans provided clear guidance to support staff to care for people safely.
- Care files were up to date and reviewed regularly. Information about risks was shared reliably with staff, and staff were knowledgeable about risks and triggers for each individual person.
- People had personalised plans setting out the assistance they needed to evacuate the building in the case of an emergency, such as a fire. The service completed regular fire drills, smoke alarm tests and health and safety reviews.

Staffing and recruitment

- Staff were recruited safely. There was a robust recruitment procedure in place which included appropriate pre-employment checks.
- There were enough suitably trained staff to meet people's needs. Staffing levels were flexible and adapted to support people to participate in activities of their choice. People were supported by a regular and consistent staff team.
- Staff were carefully matched to people's individual needs and personalities. People who used the service were involved in selecting staff to support them and deciding who would be their key worker.

Using medicines safely

- Medicines were safely managed. People received their medicines as prescribed.
- Staff had received appropriate training and their knowledge around administering medicines was

regularly checked. Staff told us they felt confident to support people with their medicines.

- People were encouraged to be independent with their medicines where appropriate. Comprehensive person-centred plans were in place to support this.
- Robust and appropriate procedures were in place if people needed to be given medication without their knowledge. This was used as an absolute last resort and procedures were reviewed monthly.

Preventing and controlling infection

- The service safely managed infection control and had coped well throughout the pandemic. Up to date policies and procedures had been implemented in line with government guidance.
- Staff wore appropriate PPE at all times. The service had sufficient supplies of PPE, and this was stored discreetly so it did not unduly stand out in people's home.
- COVID-19 risk assessments and contingency plans were in place.
- All staff had received infection control and food hygiene training.

Learning lessons when things go wrong

- Incidents were recorded and thoroughly investigated. Lessons were learnt from incidents and these lessons were communicated to staff.
- There was an open culture around reporting incidents and near misses, and actions were implemented in response to these.

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 good. At this inspection this key question has remained the same. 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 were comprehensively assessed. Care and support were delivered in a way which met people's individual needs and supported people to achieve good outcomes. One staff member told us, "Honestly, from the bottom of my heart I think the care is wonderful. Everyone deserves care like this. It has met and exceeded my expectations."
- Detailed assessments were carried out before people started using the service. The provider ensured people's transition into the service went smoothly. The service was careful to ensure any new person's admission would be in the best interests of existing people and beneficial to their wellbeing.
- People's care and support needs were regularly reviewed to ensure care plans were up to date and meaningful. Families and professionals were involved where appropriate. One relative told us, "We are very involved with the care plan. It is thorough and detailed."
- When delivering support, the service considered each person as a whole, taking into account their histories, their likes and dislikes, their goals and previous achievements. The service used new technology where appropriate, for example, to aid communication.

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge and experience to deliver effective care and support.
- New staff members were carefully selected. People using the service were supported to take part in the recruitment process where possible. A comprehensive induction was in place and new staff members were supervised until they were confident.
- Staff completed mandatory training and additional training which was relevant to people's specific needs. Comments from staff included, "You are supported to better yourself and do further training" and "[The service] is always looking for other training which might benefit staff and people."
- Staff had regular supervisions and appraisals. These meetings provided staff with an opportunity to discuss their wellbeing, outcomes, targets and training needs. One staff member told us, "I have just had an appraisal. They are very supportive. And in the meantime, [the registered manager's] door is always open."

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

- People were supported to eat and drink well.
- People were fully involved in planning their meals and preparing a shopping list each week. People were encouraged to make healthy and nutritious choices. Appropriate assistance was given to people to eat safely, where needed.
- People who were able to, were supported to make a meal for the house once a week. People were supported to choose the meal, buy the ingredients and then prepare the food. One person told us, "I really

like choosing what I want to eat and getting involved in the cooking. Tonight, I am making spaghetti bolognese with homemade garlic bread."

- One person was not always comfortable eating around other people. The service always ensured that this person could choose where to eat, and to eat alone if they preferred.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The service worked well with other professionals to ensure people's health needs were met effectively and in a timely manner.
- The service was pro-active and ensured appropriate referrals were made at the earliest possible stage. A range of professionals including GPs, dentists, hospitals, psychiatry and learning disability teams were involved in people's care.
- Health care plans and hospital passports were in place. These provided essential information for other professionals to help them understand and treat people effectively.
- Detailed plans were in place to support people at medical appointments. For example, to support people who were anxious or worried about attending certain healthcare appointments.

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

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 take 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider and staff understood their responsibilities under the MCA.
- Staff sought people's consent and included them in decisions about their care. One staff member told us, "We always ask what their choice is: it is very important that people can choose to do what they want to do."
- The service worked hard to help people understand their options and make decisions. The service used easy read documentation and pictures to aid understanding.
- Where people lacked capacity, decisions were made in line with legal requirements and in people's best interests. Professionals and relatives were involved where appropriate.

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 good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were exceptionally well supported and cared for. People were treated with kindness, respect and compassion at all times. We observed extremely kind and caring interactions between staff and people.
- People's wellbeing, fulfilment and quality of life were at the very heart of the service's visions and values. Staff we spoke with confirmed this. One staff member told us, "[The people who used the service] are planning a holiday for 2022. It would be just lovely to see them go away on a holiday."
- There was a clear and strong person-centred culture within the service. Each person had a key worker, who they chose themselves, and who matched their needs. One person chose their key worker because of how calm they were, and this had a positive impact on their own anxieties. One person responded better to younger support workers, and so staff were matched accordingly, to support this person to get the most out of every activity.
- There was excellent, person-centred guidance for staff in the care plans, around how to recognise people's emotions and their mood state. This included identifying when people needed encouragement, support, or time alone. The service worked hard to support people's morning routine in a positive way, as they had recognised the importance of this in determining whether someone would go on to have a positive day.
- The service went the extra mile to support people's interests. One person had their room decorated in the style of their favourite television programme. The person was involved in the planning and the re-decoration of the room, and was extremely proud of the end result.

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

- The service was exceptional at supporting and empowering people to express their views.
- The service had worked hard to improve people's communication skills. The service explored new and innovative methods, including eye movement communication, pictorial boards and technology aids. One staff member told us, "Over the last 18 months we have worked really hard on [person's] communication and I have seen [person's] quality of life improve."
- The service excelled at giving people opportunities to express their views and supporting them to do so. Individual review meetings were held with each person, their family, key worker and registered manager. People were supported to lead their own meetings. One relative told us, "[Person] can explain themselves better in the meetings we have because of the way the carers support them. [Person] will run the meetings and have an agenda and it helps us understand [person] better. It gets us more involved too."
- Similarly, people who used the service had regular meetings together with the staff. People worked together to create the agenda they wanted to discuss. People were also supported to share their views through questionnaires, which were in an easy read format.

- The service acted on any concerns or issues raised by people and was constantly striving to improve the quality of people's lives and accommodate their needs. Staff were sensitive to what was important for each individual person. For example, one person became distressed when their washing day was interrupted by another person who used the service. Staff were alert to the fact that this was a big issue for this person and so immediately took steps to ensure this did not happen again.
- Advocates supported people when required. Advocates help to ensure people's views and preferences are heard where they are unable to voice and express their own views.

Respecting and promoting people's privacy, dignity and independence

- The service had embedded a culture of respecting people's rights, privacy, dignity and choice. The provider ensured people and staff were respected and listened to.
- The service worked hard with one service user to support them to be more independent with their personal care. This person was now able to shower independently using pictorial memory aids and instructions which were on the shower wall. This person was also now able to brush their teeth independently using an egg timer to ensure they brushed their teeth for the right amount of time.
- Staff consistently told us they felt respected and valued and were able to truly be a part of the service and not just an employee. Management knew staff well and valued them. One staff member told us, "It is fantastic here. It is a wonderful place to work. You are so supported and valued. I was very young when I started, and they have given me so much confidence and really made me excel. Everyone is so kind and down to earth."
- People's religious and cultural beliefs were supported. One person accessed religious sessions online during the pandemic, and was respectfully given space and time for morning prayer.
- Staff were pro-active, sensitive and aware of people's needs and feelings in terms of interactions with their families and friends. The service involved parents regularly and kept them updated, but also encouraged independence and only discussed things with parents after obtaining the person's consent. The service supported the friendships between people living in the house, and this was viewed as being an extremely important part of their lives.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received exceptionally person-centred care. The service had gone the extra mile to encourage and promote people's independence and this had an extremely positive impact on people.
- The service encouraged people to administer their own medicines where appropriate. The service created charts for people to complete when they had taken their medicine. Further work was ongoing around this to support people to take responsibility themselves.
- The service empowered people to order their own food and drink in cafés and pubs. One person had made excellent progress and could now order their own items, pay for these, and have a chat with the café or bar staff. This had greatly impacted this person's confidence and self-esteem.
- The service had completed a lot of work around people's understanding of finances. One person was now able to handle small amounts of money themselves, which empowered them when they went shopping.
- People were supported and encouraged to understand their own behaviours and self-regulate their anxieties. One person had been shown breathing exercises which they were able to use when they became anxious. This person could now recognise themselves when they needed to spend some time alone. This had improved their quality of life.
- The service used creative, innovative and personalised methods to help people achieve their goals. Working alongside people, the service created a series of tasks for people to complete, which would ultimately lead them to completing an overall goal. The service used people's interests and hobbies to motivate them to achieve the goals, such as 'Salsa to Success' and 'Swim to Success.'

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.

- The service was meeting AIS requirements. Personalised and comprehensive communication care plans were in place and people were supported to communicate in a way which worked for them.
- Information about people's communication needs was easily accessible for staff in 'all about me' books, which provided a quick reference point when needed.
- Information was provided to people in an easy read format and staff supported people to understand and access information. The service used aids such as pictorial boards and electronic applications to assist people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to take part in activities which were of interest to them. For example, people regularly took part in swimming, dancing, art club, the sensory room, meals out, bike rides, pamper nights, farm visits and a drama group. One relative told us, "[Person] is able to do what they like at the house. [Person] goes to drama, art and swimming. [Person] does Zoom meetings with Down syndrome groups, keep fit and takes photos in the park."
- During the pandemic, the service tried to keep activities as normal as possible for people, in order to reduce anxieties. The service swapped pre-COVID-19 activities for COVID-19 safe activities. For example, where people might previously have gone out for coffee or for lunch, a picnic in the park would be arranged instead. When a person was unable to go to a dance club, the service arranged for them to dance at home. When people were not able to go to the cinema, the service arranged 'movie nights' at the house with popcorn and drinks.

Improving care quality in response to complaints or concerns

- People, relatives and staff were extremely complimentary about the service and the quality of care. The provider had received no complaints since the last inspection.
- The service had a culture of open and honest discussions, so any issues were dealt with immediately and before they could turn into anything larger.
- The service had a robust complaints policy in place. The service had an easy read guide for people, explaining what they could do if they were not happy with something.
- The service carried out exceptionally detailed investigations when a concern arose. Advocates were appointed for service users as part of investigations, so there was someone independent for the person to speak with. Recommendations and actions were implemented and completed.

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 good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service was consistently well-led. One staff member told us, "It is really well-run, there are excellent facilities, and the management genuinely care about the staff team."
- There were high levels of satisfaction throughout the service. One relative told us, "We are really pleased with the service. Every aspect of it has been excellent." One professional told us, "The service supports individuals to live life to the fullest and to be independent in what they do, whilst ensuring they are kept safe and well at all times."
- Staff were proud of the service and highly satisfied. One staff member told us, "Honestly, it's the best job I've ever had. I never want to leave. It is a wonderful place to work."
- Management respected all staff, and staff wellbeing and work/life balance was considered paramount. The registered manager spoke positively about their flexibility with shifts, allowing staff members to pursue their own goals and hobbies. Achievements of staff and service users were celebrated.

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

- Management understood their regulatory responsibilities and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.
- There were clear roles and responsibilities within the organisation.
- Comprehensive quality assurance audits were undertaken on a frequent and regular basis. Effective systems were in place to identify and manage any risks to the quality of the service.
- Clear and constructive feedback was given to staff following audits, in order to support and promote quality improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Management actively encouraged feedback and involvement from service users and staff. Staff were empowered to bring forward their own ideas and were then supported with these.
- The service sought feedback through regular team meetings, supervisions, appraisals, service user meetings, questionnaires and surveys. The results of these were analysed and actions implemented in response.
- The service was extremely pro-active in engaging with other professionals to achieve the best possible

outcomes for people. There was regular involvement with social workers, specialist health teams, learning disability teams, psychiatry, dentists and speech and language therapists.

- The service kept relatives up to date and welcomed them into the home. Relatives' comments included, "The management are excellent. They keep me really well informed, always let me know what is going on" and "We are always welcome, and they always make us feel welcome."

Continuous learning and improving care

- There was a strong focus on continuous learning and improvement.
- The service introduced 'monthly missions' as a way to focus attention on finer details and encourage staff involvement to help the registered manager develop and improve the service.
- When incidents occurred, lessons were learnt, and actions implemented. These lessons were effectively shared with staff to support their development.