

Taylor Care & Car

# Taylor Care & Car

## 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

This was an announced inspection that took place on 14 and 15 March 2017.

Taylor Care and Car registered with the Care Quality Commission in 2013. It is a service that provides personal care to people in their own homes. At the time of the inspection, 34 people were receiving support from the service. Twenty-one of these were receiving the regulated activity of personal care.

The provider is a partnership and is a family run business. There was a registered manager working for 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 and associated Regulations about how the home is run.

The staff were kind, caring and compassionate and treated people with dignity and respect. People valued their relationships with the staff and often looked forward to their visits. Where possible, the provider ensured that people saw the same staff as they knew this was important to them.

The provider had ensured that there were enough staff working for the service to attend people's care calls and that they stayed for the allocated length of time. This meant that staff could meet people's care needs and preferences in relation to how they wanted to receive their care.

The provider had systems in place to protect people from the risk of abuse and avoidable harm. Staff were aware of risks to people's safety when they provided them with care and took actions to reduce these from occurring as much as possible. The current processes in place to make sure people had received their medicines correctly needed some improvement.

Staff had received training in a number of different areas. This gave them the knowledge and skills they needed to provide people with safe care. The provider ensured they received regular supervision from senior staff to make sure their care practice remained safe.

The processes in place to ensure that consent was obtained from people in line with the relevant legislation needed some improvement. We have made a recommendation that the provider seeks further information and training in this area.

Where people were supported to eat and drink as part of their care package, this was completed in line with people's preferences. The staff also supported people with their healthcare if this was required, involving other healthcare professionals who could give specialist advice.

People were given a choice about the care they received and were involved in making decisions about their care. The provider actively sought feedback on the care being provided. They listened to people's views and

made improvements to the quality of care if needed.

Good leadership and direction was provided to the staff and there was an open, caring culture at the service. The staff were happy working for the service. They felt valued, supported and listened to.

## 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.

Actions were taken by the staff to reduce the risk of people experiencing avoidable harm and they knew how to protect people from the risk of abuse.

There were enough staff to provide people with the care they required.

The current system in place to give the provider assurance that people had received their medicines correctly needed some improvement.

### Is the service effective?

Good ●

The service was effective.

Staff had received training on how to provide people with care and their competency to do this effectively and safely had been regularly assessed.

The processes in place to ensure that consent was obtained from people in line with the relevant legislation needed some improvement.

Where it was part of the care package, the staff supported people to eat and drink sufficient amounts to meet their needs. They also supported people with their healthcare needs.

### Is the service caring?

Good ●

The service was caring.

The staff were kind, caring and compassionate and treated people with dignity and respect.

Arrangements were in place to support people to express their views and to be actively involved in making decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs and preferences had been assessed and were being met. The service was responsive to people's individual changing needs.

People knew how to complain. Systems were in place to investigate and response to people's complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was an open and transparent culture where people and staff felt listened to, respected and involved in running the service.

Good leadership was in place. The staff understood their roles and were happy working for the service.

Systems and processes were in place to monitor the quality of care people received. Most of these were effective at improving the quality of care people received.

# Taylor Care & Car

## 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.

This inspection took place on 14 and 15 March 2017 and was announced. The provider's office was visited on 14 March 2017 and some people who used the service or their relatives were telephoned for their feedback about the care received on 15 March 2017. The provider was given 48 hours' notice before we visited the office because the service provides care to people within their own homes. The provider and staff operated from a central office and we needed to be sure that they would be on the premises so we could speak with them during the inspection. The inspection team consisted of one 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.

Before the inspection we reviewed information we held about the service. This including looking at notifications the service had sent to us. Services have to by law, send us certain information in relation to incidents or accidents that occur. We also reviewed information we had received from the local authority quality assurance team.

During this inspection, we spoke with four people who used the service and three relatives of people who received care from Taylor Care and Car. We also spoke with three care staff, the care manager, office manager, registered manager and the provider.

We looked at the care records and risk assessments of three people who used the service, three staff recruitment records and information in relation to staff training. We also looked at how the provider monitored the quality and safety of the service.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe when staff were in their home providing them with support. The relatives we spoke with agreed with this. One person told us, "I am kept safe as they are with me." Another person said, "I am more confident in the shower when they are there as they stay very close." A relative told us, "I need to know [family member] is safe when I am not at home and they are."

There were systems in place to protect people from the risk of abuse. All of the staff we spoke with knew how to protect people from the risk of harm. They understood the different types of abuse that could occur and how to report any concerns. This included reporting concerns outside of the service if the staff member felt this was appropriate. They told us they had received training in relation to this area and the staff records we saw confirmed this. The registered manager was also aware of their responsibilities to report and investigate any alleged abuse. We saw that any concerns had been raised with the necessary authorities and investigated.

Risks to people's safety had been identified in areas such as the support they required to move, fire safety and the premises people lived in. The staff we spoke with told us how they took action to reduce the risk of people experiencing avoidable harm. For example, one staff member said they always made sure the environment was clear of things that could increase the risk of people falling. The registered manager told us that if a person had equipment they were unfamiliar with that they would always seek advice from an appropriate healthcare professional, such as an occupational therapist before using it. This was to make sure the staff had the necessary skills to use the equipment safely. The staff also had a good understanding regarding how to protect people from the risk of developing pressure ulcers. They told us they regularly checked people's skin to ensure it was healthy and alerted the relevant healthcare professionals if they had any concerns.

There were sufficient numbers of staff to meet people's needs and to keep them safe. All of the people we spoke with and relatives told us this was the case. People and relatives told us that the staff had always attended their care calls and that they stayed for the required amount of time. The registered manager said they currently monitored that staff had attended the required calls by discussing this regularly with them. They explained that for people they felt were unlikely to contact the office if the staff had not arrived at their house, they had a process in place where staff called the office after completing the call. This helped them to monitor that the call had taken place. The provider told us they were currently investigating the use of computer software which would help them monitor more closely that staff had completed their call visits as required.

All of the staff we spoke with told us there were enough of them to meet people's needs. They said they had not missed any calls and were given sufficient time to give people the care they required. The care records we checked confirmed this. The registered manager told us they currently had enough staff in place to meet people's needs and that this was kept under regular review. They said they always ensured they only took on new packages of care if they had the required number of staff in place. Existing staff, the registered manager and other office staff were utilised to cover any absences such as sickness or annual leave if needed. The

registered manager told us they were also considering recruiting a bank of staff to assist with this when needed.

The required checks had been made prior to new staff commencing work at the service. Staff had been subject to an appropriate Disclosure and Barring Services (DBS) check as is required. This ascertains whether the staff member has any criminal convictions or has been barred from working within the care sector. The registered manager had reviewed the identification of the staff member to make sure this was in order and had obtained references from their previous employer to help them judge the staff member's conduct in their previous employment.

All of the people who received either prompting or direct support from the staff to take their medicines told us they received them when they needed them. The relatives we spoke with agreed with this. One person told us, "They give me medicines that need to be taken." Another person said, "They help take the medication out of the packets and put in the dish for me."

The staff we spoke with told us they had received training in how to give people their medicines and that their competency to do this safely had been assessed. They said that people were given their medicines when they needed them. The registered manager confirmed they had checked their staff's competency and the staff records we looked at confirmed this. People's ability to manage their own medicines had been assessed. Where people could manage their own medicines the staff told us this was respected as this supported people to be independent.

At the time of the inspection, six people were having their medicines administered to them by the staff. The staff had only started to do this for four of these people within the last month. This meant that the records staff have to complete in relation to these medicines were not available in the office for us to look at. We therefore checked some medicine records for the remaining two people that were available to us, to see if they indicated that they had received their medicines correctly.

One record indicated that the person had received their medicines as intended by the person who had prescribed them. However, the staff had not signed to confirm that the other person had received two different medicines on one day in February 2017. We discussed this with the registered manager. They told us they routinely checked people's medicine records when they received them back from the person's home but did not document that this check had taken place. They subsequently could not tell us whether this person had received these medicines. They agreed to immediately review their current procedures to ensure that any potential errors made were identified and investigated to ensure that people had received their medicines.

Some of the medicines people received had been prescribed on a PRN (as and when required) basis. The registered manager told us they did not have any guidance within people's care records in relation to these medicines. They agreed to put this in place immediately so staff had appropriate information to guide them as to under what circumstances they would give people these types of medicines.



## Is the service effective?

### Our findings

All of the people we spoke with and relatives said they felt the staff had been trained well. One person told us, "They are competent and trained to meet my needs." A relative said, "They are well trained."

All of the staff we spoke with told us they had received enough training to give them the skills and knowledge to provide people with effective care. They said that the training was very good. The training was completed by two external companies and was all face to face training with the staff. Staff who were new to the service completed a comprehensive training over four days and existing staff received annual refresher training. This training was in a number of different subjects that included but was not limited to: how to support people to move safely, infection control, safeguarding adults and food hygiene.

We saw that some staff had also received training in dementia although this did not form part of the provider's mandatory training for staff. The registered manager told us that dementia was discussed with staff during team meetings to increase their knowledge about the subject. They also said they were looking to include this within their training schedule and that new staff were completing the Care Certificate where this area was covered. (The Care Certificate is a recognised qualification that can be completed by staff working within health and social care). This was important as the provider told us that nine people using the service were living with dementia.

Specialist training was received from a relevant healthcare professional such as a nurse when this was needed. For example when supporting people who received their medicines and nutrition by a percutaneous endoscopic gastrostomy (PEG) tube. The staff told us this had been received and that their competency to do this was monitored closely until they were confident and had the skills to do this alone. All of the staff said their competency to perform their role had been regularly assessed by the registered manager. They said they felt supported in their role and received enough supervision to enable them to provide people with safe and effective care.

All of the people we spoke with said the staff sought their consent before performing a task. The relatives agreed with this. One person told said, "They absolutely ask for consent and then ask what do you want to do next." A relative told us when asked about consent said, "They are very good and talk to [family member] and not at them. They do not talk to [family member] through me which I really like."

The staff we spoke with told us that some people could be confused about their care and did not always understand the care and support that they received. This meant that the staff needed to have an awareness of the principles of the Mental Capacity Act 2005 (MCA) and how it impacted on their care practice when supporting people in these situations. The 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. We checked whether the service was working within the principles of the MCA and found that improvements are required in this area.

The staff we spoke with demonstrated varying levels of knowledge in relation to the MCA. All of them told us they offered people choice and support to facilitate them making their own decisions. Most staff understood the need to assume that people had capacity to make their own decisions. However, some staff were not clear about the principles of the MCA and how this affected their care practice. Also, the care records we viewed contained limited information about people's capacity to make decisions for themselves and what support staff needed to provide to enable them to make choices about their own care. For example, two people's care records under a section entitled 'confusion' stated that both people were living with dementia but did not say what this meant in terms of these people's ability to consent to their own care.

We saw that a relative had signed the care contract on behalf of their family member, thereby consenting on behalf of that person to the care being received. The registered manager told us the relative had a Power of Attorney (PoA) in place to enable them to legally do this. However, they did not know whether the relative had the correct type of PoA in place and had also not checked the relative held the relevant paperwork to confirm they had this power. They agreed to immediately review this to ensure that consent was being gained fully in line with the relevant legislation.

We checked the staff's training records and saw that MCA did not form part of the provider's mandatory training. The registered manager could not confirm to us whether staff had received training in this area. They themselves demonstrated they had some knowledge of this legislation but told us they had recognised both they and the staff needed to improve their knowledge in this area. They confirmed they were actively seeking this training.

We recommend that the provider and registered manager seek guidance from a reputable source in relation to the Mental Capacity Act 2005 to ensure that staff are acting within its principles and that consent is gained in line with the relevant legislation when providing care to people who may be unable to consent to it.

People told us that where it was part of their care package, that staff prepared their food and drinks to their liking. One person told us, "I have a sandwich left for me which is what I want and a cup of milk." The staff we spoke with told us they were aware of the importance of supporting people to eat and drink sufficient amounts for their needs. One staff member told us how they always ensured people had enough to eat and drink in the house. Staff knew people's individual likes and dislikes in relation to food. The registered manager said if they were concerned about anyone's food or drink intake that they would monitor and record this. They also confirmed they would involve other healthcare professionals such as the GP when necessary.

The people we spoke with told us they arranged their own healthcare. However, they said they were confident that the staff would assist them with this if required. The staff told us they had contacted healthcare professionals in the past such as GPs, paramedics, occupational therapists or the district nurse if they had needed to. Some people's care records we looked at confirmed this. On the day of the inspection visit, we heard the registered manager contact a healthcare professional and request they visit a person who had fallen in their home that day. We were therefore satisfied that staff supported people with their healthcare needs.

# Is the service caring?

## Our findings

All of the people and relatives we spoke with said the staff were kind, caring and compassionate. It was clear that people valued their relationships with the staff and that the staff knew them well.

One person told us, "They are kind, cheerful and friendly. They are very patient with me." Another person said, "They are so caring, they are like one of the family." A relative said, "The staff are caring, very much so. There is trust between us. They work so well. They are first rate and we could not have hoped to have found anyone as good as them. They are exemplary." Another relative told us, "They are excellent, we couldn't wish for any better. I am very pleased."

People told us that they did not always see the same staff but said that this was not an issue for them because all of the staff were equally as good as each other. However, the registered manager told us that where this was important to people, they ensured they saw the same regular staff so they could build caring and trusting relationships with them.

When we spoke with staff, it was obvious they knew the people they supported very well and cared for them. They demonstrated they enjoyed providing care and support to people and confirmed they could provide people with continuity of care where this was required.

The registered manager told us they were aware that some staff often went the 'extra mile' when providing care to people that was above and beyond what was expected of them. They said one staff member regularly stayed in their own time to paint one person's nails as they knew this was important to them. They also said that staff would go out and buy light bulbs for lights that did not work or replace general items in some people's fridges if they found they had ran out of them. Another staff member had brought a present for a relative of one person so they had something to give their family member for Christmas. They had done this because the relative had not been able to go out and get a present themselves. This made both the relative and the person who used the service happy.

People were involved in making decisions about their care. They said they were visited by a representative from the service before they started using it to discuss and agree their care needs. They said during this process, they were asked how they wanted to receive their care and that since then, regular reviews had taken place with them to ensure they were happy with how it was being delivered. One person told us, "At the care plan reviews they make sure everything is okay. They have to ask me the important things and they listen to me and give us choice." A relative said, "Everything was agreed before it started with what care was needed." The registered manager told us that information could be provided to people in different formats such as large print to help them make decisions about their care. All of the staff we spoke with told us they always asked people for their opinion about their care and offered them choice to help them make a decision.

Staff treated people with dignity and respect and their independence was encouraged. All of the people we spoke with told us this was the case and their relatives agreed. One person told us, "They are very good and I

am very comfortable when they carry out my personal care." Another person said, "They are absolutely wonderful. We couldn't exist at home without them as they are super". A relative said, "They encourage him to be independent and ask him if he would like to wash himself or would he like them to do it which gives him some dignity."

The registered manager told us that during their recruitment process, they made sure they only recruited staff who they felt demonstrated a caring and respectful attitude towards people. Staff received coaching and training in relation to how to treat people with dignity and respect. It was evident from our discussions with staff, that they understood how to protect people's dignity and encourage their independence. They told us they did this by ensuring people were covered when providing personal care and that curtains and doors were closed and that the water they used was at a temperature to the person's liking. They also called people by their preferred names and said they respected people's decisions to live their lives how they choose.

In relation to independence, the staff said they always asked people what they could do for themselves and often walked with them outside to help them with mobility. One staff member told us how they had noticed one person was finding it difficult to get out of their chair. They had reported this to the office who had involved an occupational therapist. They had visited the person in their home and raised the height of their chair. This meant they were able to get out of their chair more easily and helped them maintain some independence.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. All of the people and relatives we spoke with told us this was the case. They also said they could get hold of the staff in the office when they needed and that the service was responsive if their requirements changed. One person told us, "They are happy to change the calls for you and I have had to do it quite last minute on a couple of occasions and they don't mind." A relative told us, "[Family member's] needs have changed so they increased the time and the carers now stay longer." Another relative said, "They respond well to needs of [family member] and are very good at interacting with them."

People told us that staff usually arrived to provide them with care at their preferred times to help people get up in the morning or eat their meals. The relatives we spoke with agreed with this. They said that if staff were running late, they were informed about this so they could understand what was happening. One person told us, "They are generally not late, but do call us to let us know if they are running late."

The staff we spoke with told us they were able to meet people's individual needs and preferences. This included being able to support people to get up when they wanted to and eat their meals at their preferred times. The staff were clear about people's individuality and diverse needs and were able to explain how they supported people with these needs. They gave us some good examples of when they had provided people with individualised care.

One staff member told us how they felt one person would benefit from some specialist advice in relation to continence care. The person had agreed and their relative told us this had been arranged for them which had improved their family member's quality of life. Another staff member said that it was taking longer to provide one person with a shower than their allocated time allowed. They told us they had felt rushed and so had spoken to the registered manager. The time had then been extended and the person was able to enjoy a much longer shower which they enjoyed.

The staff told us the communication was good in relation to people's changing needs. They said they always received updated information in these circumstances so they knew what care they needed to provide people with. They told us that the care records documented enough information to give them an understanding of what care people wanted to receive. They said they were given extra time to read the care records in people's homes if they were not familiar with the person or their needs.

The registered manager told us that currently they did not employ any male carers. This meant they could not offer people a choice of gender of carer. They said they always checked with the person before providing them with care they were happy to have female carers which was currently not an issue to people. However, they said they were mindful of this and had plans to recruit male carers if needed, in line with the growth of the business.

An assessment of people's individual needs and preferences had been conducted before people used the service. This included information in relation to people's health, social and cultural needs. Plans of care had

been developed to provide staff with guidance on how people wanted to receive their care. Most of this information was clear and gave a good account of people's daily routines and requirements. Areas such as communication, bathing, sleeping and medicines were covered. Where people were diabetic, there was a specific plan of care in place to advise staff to observe people if their blood sugar was low. However, this did not specify what types of things to look out for and what to do if these occurred. Also, more information was required in relation to how staff could support people who had memory difficulties. The registered manager agreed to review these care plans and incorporate more information in them so staff had sufficient guidance in place.

The registered manager and the staff told us they were aware that some people who they provided a service to were socially isolated. In response to this, they advised people of local community events that were taking place such as a day care centre so people could attend if they wished to. One staff member told us how they would take people out to the shops so they could 'get out and chat with people.'

All of the people and relatives we spoke with told us they did not currently have any complaints but knew they could contact the office if they had any concerns. One relative told us they had raised a concern in the past but this had been quickly dealt with to their satisfaction.

When people started to use the service, information was given to them in relation to how they could make a complaint or raise a concern if they wanted to. The staff told us they regularly requested feedback from people and advised the registered manager if any concerns were raised. They said that action was always taken in response to any concerns about the care being provided. No formal complaints had been made but the registered manager told us how they would deal with them, in line with their policy, should any be received. We were therefore satisfied that people's concerns and complaints were encouraged and listened to and that the registered manager learnt from these.

## Is the service well-led?

### Our findings

The people and relatives we spoke with were extremely complementary about the management team at the service and the positive, caring and open culture they had developed. They all said they thought the service was led well and that they felt listened to. Everyone without exception said they would recommend the service to other people, with some saying they had already done so.

One person told us, "[The provider] has a very well run business which we are very thankful for as they make a very awkward situation so much better and easier." Another person said, "I am very satisfied with the service. We are very lucky to have found them." A relative told us, "It has to be well led to be as good as it is this end." Another relative said, "They are very understanding and want things to be done correctly" which they felt was done.

Taylor Care and Car is a family run business. The provider and registered manager both worked in the office and ran the service day to day. They were supported by an office manager and a care manager. All of the staff we spoke with were very complimentary about the provider and registered manager and how the service was led by them. They told us the provider and registered manager were extremely passionate about providing people with high quality care that met their needs. All of the staff said they received good leadership and direction. They understood their roles and responsibilities, felt included in the running of the service and supported. They told us they were always asked for their opinion about how they could improve the quality of care people received. For example, one staff member told us how they had made a suggestion that writing the daily notes in the front of people's care records rather than at the back, would help staff to understand the care that had been given that day. Therefore, if they needed to take any action such as encouraging the person to drink more, this could be more easily identified. The staff member said this had been implemented and that it was now much quicker to ascertain what action they needed to take to meet the person's needs.

Staff said they were happy in their job, that their morale was good and that they could always reach someone in the office to discuss any concerns they had when they needed to. This they said, gave them confidence when they were out in people's homes providing them with care.

Any compliments that had been received in relation to the support staff provided had been passed onto them. The registered manager told us they felt it was important that staff knew they were appreciated and did a good job. From our conversation with the registered manager it was evident they were appreciative of the staff and their efforts to provide people with good quality care.

The registered manager kept up with best practice by attending local registered manager meetings with other providers and was in the process of updating their own training in a number of areas. This was so they could train other staff working for the service and assist them to keep their care knowledge and practice up to date.

Systems and processes were in place to monitor the quality of care provided. Most of these were effective at

doing this. An audit was in place to ensure that all staff had been subject to the required checks prior to them starting to work for the service. Regular reviews of people's care records had taken place to make sure they accurately reflected people's current needs. The registered manager kept their staffing numbers under regular review to make sure there were enough of them available to provide people with good quality care and to meet people's preferences.

The registered manager monitored staff care practice to ensure they provided people with safe, respectful care. They also monitored the completion of staff training to ensure their skills were up to date. Most areas were covered although no specific training regarding the Mental Capacity Act 2005 had been sought. However, the registered manager confirmed they were in the process of doing this to provide staff with the necessary skills within this area. The current system in place to give the provider assurance that people had received their medicines needed to be more robust and the registered manager agreed to do this.

People's views on the care they received had been regularly sought by the way of telephone interviews, questionnaires and reviews. This demonstrated that the provider included people in the running of the service. We viewed the results of the questionnaire survey that had been completed in May 2016. All of the responses were very positive and no suggestions had been made on how the service could be improved. The registered manager and staff told us that should any suggestions be made, they would act upon these to improve the quality of care people received.