

Tailored Care Limited

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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 inspection took place on 9 February 2016 and was announced.

Tailored Care Limited is a care service registered to provide personal care and support for people in their own homes. At the time of our inspection they were providing care and support for 106 people.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm because they were cared for by staff who understood how to recognise and respond to abuse. Staff were not employed until required checks had been carried out to ensure they were suitable to support people in their own homes.

People and their relatives were involved in the planning of their care and in their reviews. The registered manager encouraged people to raise any concerns and people were confident that action would be taken by the management team to resolve any issues.

People were encouraged to maintain their independence and staff supported this. Staff provided care which was kind, compassionate and promoted people's privacy and dignity. Staff had developed good relationships with the people they supported. People were supported to have choice and felt listened to and respected.

Staff received an induction at the start of their employment and ongoing training in order for them to provide care. The provider understood their responsibilities under the Mental Capacity Act (MCA). Staff were given training on these topics and showed their understanding of best interest decisions. Staff were supported by the management team and received regular feedback on their performance.

People knew how to make a complaint if they needed. The provider completed regular quality checks to ensure standards of care were maintained. People's views were sought about the quality of their service on a regular basis and the results fed back to them. Any areas for improvement were identified and acted upon. People were aware of who the management team were and felt they were approachable and listened to them.

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.

The provider had safeguarding procedures in place and staff understood what actions to take to keep people free from harm or abuse. The staff having received appropriate training.

The provider had recruitment and selection processes in place which meant only staff suitable to work with people using the service were employed.

Is the service effective?

Good ●

The service was effective.

People's consent to care had been appropriately obtained and recorded.

Staff had the skills and experience to meet the needs of the people they were supporting.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff that provided support and care in a dignified manner.

People had their needs appropriately assessed and care records gave clear guidance to staff as to how people needed to be cared for and supported.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to make their views known about the service and raise any concerns they had.

Staff had a good understanding of people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Is the service well-led?

Good 

The service was well led.

The management team was approachable and people felt the service provided was well managed.

People who received care and their relatives were asked for their views on the service.

The provider monitored the quality of the service provided to people. Staff received support and regular feedback from managers

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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.

We carried out an announced inspection on 9 February 2016. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was carried out by one inspector and one 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.

As part of our planning for the inspection we asked the local authority and Healthwatch to share any information they had about the care provided by the agency.

We spoke with six people who used the service, seven relatives and five staff.

We reviewed two people's care records, two recruitment records, the complaints log, management quality reports and quality assurance systems.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe and that their service was delivered in a safe way. One relative said, "The girls are trustworthy and nice to me". The care staff told us that they had received training in safeguarding. They showed us they had a good understanding of the risk of abuse and what action they would take if they had a concern. We saw records which confirmed staff participation in safeguarding training. Staff had access to information on how to raise a concern within and outside of the organisation. This enabled people to live safely and free from abuse or harassment.

Risks to people's safety and wellbeing had been assessed and were monitored regularly. Staff understood the risks associated with people's care and understood how to keep people safe whilst ensuring they were not restricting them. A staff member told us, "I am aware of how to look for hazards in the home. For example, things that people might trip over". We were told that a staff member had raised a concern regarding the safety of someone they were supporting. The care manager took immediate action to protect the individual whilst seeking assistance from the local authority. All staff we spoke with could describe what action they would take in the event of an emergency. They were aware of people's right to take a risk if that was their choice. They understood the need to balance safety against the person's wishes to do something. The service operated an on call system which responded to issues that arose out of office hours

People told us they felt safe while staff assisted them to move about. One person said, "The hoist gets used and they all seem fine and trained with it to keep [person] safe". The provider had a system to monitor accidents and incidents and identify trends and staff were aware of the reporting processes they needed to follow if either occurred.

One person said, "They have never cancelled and tend to arrive on time". Another told us, "The staff usually turn up when they say they will". Some people commented that the punctuality of care workers could improve. The provider was aware of this and had taken steps to improve this aspect of the service. The registered manager said the time and amount of staff who provided support to each person was set by the needs of the individual. The senior care workers or registered manager assessed the person's personal needs and discussed with the local authority any changes to the care provided to ensure sufficient staff and time were available.

Safe recruitment and selection processes were in place. The registered manager showed us the appropriate checks that were undertaken before staff started working for them. These included satisfactory Disclosure and Barring Service (DBS) checks and written references to ensure staff were safe to work with people in their own homes. Staff we spoke with confirmed that appropriate checks and references had been gathered before they started their employment. They considered this was very thorough and they didn't start work until it was all completed.

People told us that they were prompted to take their own medication. One person said, "They give me my medication and I have had no problems there", another said, "One day I didn't have any tablets left and the care worker went to the chemist for me and sorted it all out. That was really good of her". A staff member

told us, "We prompt people to take their medication as this helps them to maintain their independence in their own home". We saw care plans and training records for medication. Staff said that if they had concerns that someone was not taking their medication they would talk to them and let the registered or care manager know. One said, "I would ring the person on call for advice".

Is the service effective?

Our findings

People told us that they received care from well trained and supported staff. Staff told us that as part of their induction they shadowed a more experienced staff member. As part of this induction they met the people that they would be supporting. The registered manager said that it was important for people to meet those supporting them to build a rapport which creates an effective working relationship. Staff told us they were well supported by the management team. They felt they could approach the registered manager or director at any time they wanted and were able to discuss anything that they needed. Staff felt that they had access to a good range of training and were competent in the tasks that they performed.

Staff were proactive in seeking assistance when people's health needs changed. Staff told us that as they mostly saw the same person they were able to notice subtle changes in their wellbeing. Staff told us that they reported any issues to the registered manager after first talking to the person. Staff understood people's needs and preferences and were adaptable to changes. One staff member told us they always checked that people had enough to eat and drink when they visited. They said, "We leave snacks and drinks within reach before we leave".

People were asked for consent before care and support was given. One person said, "They ask for my consent before they do anything for me". The registered manager reviewed people's ability to make decisions about their care. Where support was needed for a person who was unable to make decisions independently, the process was documented to guide staff.

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.

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. We saw that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff told us they asked for people's consent every day and whenever they offered care.

Is the service caring?

Our findings

One person said, "As a rule, I find the staff very nice. They shower me and do everything. They keep me nice and private". Another person told us, "All the girls have helped enormously. The house is often full of laughter. Some take [person] out for a walk and a coffee". Staff we spoke with talked about people they supported with kindness, compassion and respect. A staff member said, "I am trained in how to care for people of different abilities. The training allowed me to understand how people react differently to male care workers. My approach can make this less stressful for them".

People and their relatives were encouraged to express their views about the care delivered and were actively involved in decisions about their support. Initial assessments of care, regular reviews and quality surveys encouraged people to express their opinions and suggestions.

Staff promoted people's privacy and dignity. One relative said, "The privacy bit is good and they shut my curtains when they come in. They always ask if it's ok to do something". One person told us, "We have respectful staff and the girls are lovely and quite enthusiastic about their job". Another relative told us, "Yes, they always draw the curtains and keep her discreet". Staff told us that privacy and dignity formed part of their induction training. The training plan we saw confirmed this. Staff described to us how they supported people in this area whilst giving personal care.

Staff we spoke with were aware that people may have different cultural needs or religious beliefs. They stated they weren't providing a service to anyone who needed specific support in this area. Staff spoke of advice given to people regarding other support or advocacy services to assist with their social isolation.

The registered manager told us that they tried to keep consistency in the staff members which supported each person if that was what they wanted. This was to enable them to build a relationship with them where the person could trust the staff member. They would also get to know the person's individual likes and dislikes. One person said, "I have never been supported by someone I do not get on with", another said, "I told them I didn't want a male care worker and they cared enough about this to respect my views".

Is the service responsive?

Our findings

People commented that the staff provided good care when they arrived in their home. However, some people said that staff sometimes ran late and usually rang them if this was the case but not always. Because of this, the provider had introduced a new electronic monitoring system to identify when calls hadn't been made to people's homes, so that they could alert the person and deal with the issue. This was a creative way to improve communication in a rural area where lack of mobile phone signal was a problem.

People told us that they were happy with the care and support that they received. A relative said, "Everyone I've had has been good and friendly. I can't fault them". Another relative commented, "If Tailored Care hadn't come when they did, I'd be dead. I couldn't cope with all the care [person] needed". Staff were knowledgeable about the people they supported and confirmed that they had access to care documentation to enable them to support people well.

People told us that they were involved in their assessment and care planning. One person said, "The manager came to see us and did a re-assessment. She'll ask my opinions too". Another said, "The manager came to do the paperwork first off. They ring to ask how it's going".

Changes in people's needs were identified and acted on promptly. A person commented, "The girls have been superb, I can't fault them. [Person] had some problems and the care worker advised trying something and it worked much better for them", another said, "We live out in the countryside, the girls have only been half an hour late and will ring if they're running behind". People were encouraged to be fully involved in the care provided and were confident that the provider would respond appropriately to their needs and preferences. Staff we spoke to talked about how they tried to enhance people's lives through listening to them and responding to their requests. For example, one person had been helped to sort out their finances and be taken shopping when the original care requirement was for personal care only. Staff developed a professional relationship with people that enhanced their lifestyle and tried to get their personalised care package right for them.

People told us that they knew how to raise a concern or make a complaint and were confident they were listened to and responded to appropriately. One person told us, "I don't have any worries at all, staff are always at the other end of a phone and they will sort it for me", another said, "I had complained about an issue but I am still waiting for a reply". We informed the provider of this and they agreed to review it as they had not been aware of this. We saw records that the provider kept about concerns raised. The registered manager took immediate steps to rectify the concern and the director reviewed these to identify any trends. One person told us, "The office responds quickly if things aren't right". Another said, "The provider listens to and acts on any issues". The provider kept records of management meetings where any concerns or comments were discussed as part of a team as an opportunity for learning and improvement.

Is the service well-led?

Our findings

People told us that they felt involved in how services were provided and they were regularly asked to comment on the care they received by survey, telephone or face to face visit. One person said, "The manager came to see us and we get the occasional survey from the care worker but I never hear anything back". The provider had responded to this by sending a letter with full feedback of survey outcomes to all people who used the service. Another person said, "A senior care worker came to check on the care workers last week and had a chat to us at the same time." Staff told us the importance of recognising people as individuals. This was promoted by the registered manager and director and evidenced in people's care plans.

The registered manager told us that questionnaires designed to gain feedback on the quality of the service were given out annually to people and their relatives. However, they had decided to change this and do one more often and also reviewing the type of questions asked. The results of these questionnaires were then reviewed to see if any changes to the provision of services were necessary. This enabled the person to have a say in the service that they received. It also helped to develop the service provided to others as the provider adapted practice where needed. We saw records of quality checks and changes made as a result. People we spoke with felt that their feedback was listened to and valued by the provider.

Staff said they were supported in their jobs by the management team and that they received regular one-on-one support sessions. Regular training was provided to enable staff to develop their skills in providing care. One staff member said, "Since starting I have been provided with all the basic training I need to do my role". Staff told us they had staff meetings which provided a forum for staff to openly discuss their practice, share information and ideas about the development of the service. Staff knew what was expected of them and they were happy in their work. Staff members had a clear understanding of the provider's whistleblowing procedures and felt able to raise concerns of bad practice should they need to. Staff said they believed they would be supported by the management team if they had to raise a concern.

The provider had a registered manager and director in place. They had a clear understanding of their role, responsibilities and organisation values. There was provision in place for staff to seek advice and support outside of office hours. Staff told us that they felt part of a team and that managers listened to and took note their views. The registered manager was aware of their responsibilities and had appropriately submitted notifications to us regarding safeguarding. The management team had a good communication system in place to pass on any changes to staff ensuring consistent care provision.