

Ann Tuplin Care Services Limited

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Inspection report

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Date of inspection visit:
18 March 2016
21 March 2016

Date of publication:
18 May 2016

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?	Requires Improvement ●

Summary of findings

Overall summary

Ann Tuplin Care Services Limited is a Domiciliary Care Agency registered to provide personal care to people living in their own home. They primarily support people with a range of disabilities who want to retain their independence and continue living in the community. The service supports people of all age ranges.

The service also provides personal care to people living in supported living arrangements. Individual support hours are provided depending on people's needs, following an assessment by the local authority who commissions the service. The aim of the service is to provide people with the support they need to live as independently as possible.

The service was last inspected on 12 and 13 June 2014, when it was found to be compliant with the regulations inspected.

There was a registered manager in place who had recently, successfully had their competencies and skills assessed by the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 who used the service were protected by staff who knew how to recognise and report signs of potential abuse. Staff had been recruited safely to ensure they were suitable to work with vulnerable adults and children.

Staff completed an appropriate induction for the service and a range of training was provided to enable them to carry out their roles. Staff received regular supervision and appraisals of their skills to enable them to effectively support people and ensure their behaviours and attitudes were monitored.

People told us staff worked in partnership and involved them in decisions about their support and their written consent about this was obtained at the commencement of their use of the service. People and their relatives were unanimous in their praise of the quality of support that was provided by care staff who said treated them with kindness, dignity and respect at all times. People were supported and encouraged to eat a healthy balanced diet where this was required.

People who used the service were encouraged to provide feedback about the service to enable it to learn and develop and used 'spot check' visits to enable staff skills to be observed.

A complaints policy was in place to enable people's concerns to be addressed and followed up if necessary. Some people told us communication with the office could sometimes be an issue over changes concerning their rotas; however the registered manager advised they were in the process of addressing this issue and were currently in the process of recruiting additional staff. The registered manager understood their

responsibilities and reported accidents, incidents and other notifiable incidents as required.

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.

People were supported by staff who had been safely recruited and knew what to do if they suspected abuse had occurred.

The registered person took action to ensure there were enough staff available to meet people's needs. People told us staff had never missed a call and that support was delivered at regular times.

People's medication was managed by staff who had received training on the safe use and administration of medicines.

Accidents and incidents were investigated to ensure the safety of people who used the service was promoted.

Is the service effective?

Good ●

The service was effective.

Staff were provided with a variety of training to ensure they had the skills needed to effectively meet the individual needs of people who used the service.

People were involved and consulted about their support to ensure they were in agreement and had consented to the way this was provided.

Staff worked in partnership with people and accessed community health care professionals when this was required to ensure people's medical needs were met.

Is the service caring?

Good ●

The service was caring.

People told us they received support from staff who were courteous and kind, who knew them well and did not rush.

People's confidentiality was upheld by staff who ensured their personal dignity was maintained.

People were supported to maintain their independence by staff who respected their wishes and feelings.

Is the service responsive?

Good ●

The service was responsive.

People were consulted and involved in the planning of their support.

People's individual preferences and needs were promoted by staff in a person centred way that enabled them to follow their interests and hobbies.

People know how to raise a concern and a complaints policy was in place to ensure these would be listened to and addressed.

Is the service well-led?

Requires Improvement ●

Some elements of the service were not always well led.

Communication was not always clear to people about staffing issues and the actions taken to obtain replacement staff.

The registered manager understood their responsibilities to report notifiable incidents as required.

A quality assurance system was in place consisting of audits and checks together with feedback obtained from people who used the service. Where shortfalls were identified action was taken to improve the service.

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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 registered 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 announced inspection of Ann Tuplin Care Services Limited was carried by one adult social care inspector and took place on 18 and 21 March 2016. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to make sure the management team and staff were available for us to speak with.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority safeguarding and quality performance team as part of our inspection process, in order to obtain their views about the service. We also looked at details we held about the registered provider and looked at notifications submitted by them about significant issues affecting the people who used the service. This showed us how they had responded to accidents and incidents that affected the people who used the service.

During the inspection we made a visit to the registered provider's office and spoke with the registered manager, a care coordinator and ancillary staff who supported the service. We visited the homes of three of the people who used the service and subsequently spoke with five other people and five staff by phone in order to obtain their views. Professionals in the local authority social services department were also spoken with.

We looked at the care files belonging to four people who used the service, staffing records and a selection of documentation relating to the management and running of the service, such as quality audits, minutes of

meetings and performance reports.

Is the service safe?

Our findings

People who used the service were positive about the service they received from staff. They told us they received their support from a regular set of care workers who knew them well and who they had established positive and trusting relationships with. One person with complex health issues told us, "My staff have always been really good. They have been here for me whenever I need their support." Another person told us, "I have the same regular carers who treat me with respect; they are more like members of family" A relative comment in a questionnaire we sent out stated, "Ann Tuplin are flexible to the needs of the service users and are willing to provide the appropriate support that is requested. Staff are flexible and adaptable with things, such as finishing times, if they can accommodate it." People who used the service told us they had never received a missed call and that support was delivered by staff that were punctual and attended at regular times. They told us care staff did not rush them and contacted them if they might be delayed to help them feel reassured.

Assessments about known risks were completed with people before services commenced to ensure staff knew how to support them safely and keep them free from harm. We saw these assessments included issues such as moving and handling, people's personal strengths and abilities to carry out tasks of daily living, aspects concerning their domestic environment and health and safety concerns, together with details about their nutritional and hydration needs. The registered manager told us people's risk assessments were monitored and updated on an on-going basis.

We found information was maintained to enable the quality of the service to be monitored and ensure support was delivered by appropriate numbers of staff with the skills needed to meet people's needs. Comments received from one person who used the service and a relative indicated staff retention was sometimes an issue for the service. The relative told us "If care workers are off work ill, sometimes the agency cannot provide replacement staff. They do endeavour to provide replacements, but staff shortages can be a problem." The registered manager acknowledged this was currently an issue but said they had therefore decided to stop accepting new referrals into the service. We saw evidence of attempts by the registered provider to recruit additional staff, but found that potential applicants had not been appointed due to them not having the right skills to perform their role.

There was evidence that safe recruitment procedures were followed before new staff were allowed to start work, to ensure they did not pose an identified risk to people who used the service. Checks with the Disclosure and Barring Service (DBS) were carried out to ensure staff were not included on an official list that barred them from working with vulnerable adults and children. We found that references of new staff were appropriately followed up and that checks of their personal identity and past work experience were carried out, to enable gaps in their history to be explored before offers of employment were made. A newly employed member of staff told us they had not been allowed to start work until their references and DBS check had been received and that they had worked alongside experienced staff before working alone, to enable them to get to know people and learn about what was expected of them.

We found training was provided to enable staff to recognise and report potential issues of abuse and ensure

people who used the service were protected from harm. Safeguarding policies and procedures were in place that was aligned with the local authority's guidance about this and staff who we spoke with were clear about their roles and responsibilities. Staff were familiar with different forms of abuse and understood their duty to 'blow the whistle' about concerns or incidents of poor practice. They told us they would raise potential concerns with the registered manager and were confident appropriate action would be taken to follow issues up. There was evidence the service worked closely and cooperated with the local authority safeguarding team to ensure potential issues were investigated and resolved together with use of disciplinary procedures instigated when this was required. The registered manager told us, "All concerns, incidents and accidents are taken seriously are reported and recorded with any necessary actions taken to ensure the future safety of the individuals involved.

There was evidence that people who used the service were encouraged to take responsibility for managing their own medicines and staff assistance was provided to support some people with this when required. We saw training in medicines management was provided to staff and their skills were assessed to ensure they were competent to support people safely. Where people were assisted to take their medicines by staff, we found that daily records and medication administration records (MARs) were completed to ensure people received their medicines as prescribed.

We found quality assurance visits were carried out to people in their own homes to enable the quality of the service delivered to be assessed. We saw these included unannounced observations of staff, audits of people's individual diary records, personal care files and MAR sheets. People who used the service told us they were provided with emergency contact details to enable them to contact the service for support out of normal working office hours. We found that staff were provided with mobile phones to enable them to maintain communication with the office and a business continuity plan was in place for use in emergency situations, such as bad weather and other untoward events.

Is the service effective?

Our findings

People were mostly positive about the effectiveness of the service and all were very appreciative of their care staff. One person with complex needs described their care staff as, "Brilliant." Another told us, "The quality of the staff is superb, my regular carers go over and above what is required of them." One person however told us, "I previously had a regular quintet of staff who worked well together as a team." They went on to say, "Continuity of staff is not always there anymore, as soon as the staff have the skills, they seem to leave."

We found a range of training was provided to ensure staff had the right skills to meet the needs of people who used the service. The registered provider had signed up to the Social Care Commitment, which is the adult social care sector's promise to ensure people who require care and support receive high quality services. We saw evidence newly recruited staff undertook an induction to the service linked to the Care Certificate (The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.) The registered manager told us as far as was practicable, people were matched with staff personality, experience and expertise and that new staff undertook a period of shadowing experienced colleagues to enable them to familiarise themselves with the people's individual needs, routines and preferences.

Staff training records contained evidence of completed courses on a variety of topics, including, safe handling and administration of medicines, moving and handling, emergency first aid, health and safety, infection control, communication skills and specific training on the specialist needs of people who used the service. Staff confirmed they received regular supervision and yearly appraisals of their skills to ensure they were aware of their professional roles and responsibilities and to enable their career development. Care staff told us about one to one meetings that were held and used as an opportunity to discuss support they provided for people, together with any training requirements. We found staff were encouraged to enrol for nationally recognised accredited qualifications to ensure they had the knowledge and skills needed to enable people's health and wellbeing to be promoted. Care staff told us competency assessments of their skills were undertaken during unannounced 'spot check' visits carried out as part of the quality monitoring for the service.

People who used the service confirmed staff consulted and involved them in decisions concerning their support to ensure they were in agreement with how this was delivered. We observed care staff communicated sensitively with people to ensure their needs were effectively met. Where people had difficulties with verbally expressing their wishes, we saw care staff took time and patience to ensure people were understood.

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. For people in the community who need help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that people's liberty was not being restricted and that the registered manager understood their responsibilities and in the process of liaising with the local authority to ensure their legal rights were properly maintained and protected. The registered manager told us, "We have mental capacity and best Interests policies and assessments in place. These follow the principles of legislation, codes of practice and the best interests of individuals. Advocacy services are utilised as necessary and health professionals consulted when required." We were told the service was in the process of consulting with a medical professional following a request that had been made to ensure a person's legal rights and best interests were upheld.

Training on nutrition and food safety was provided to staff to ensure they were aware of safe food handling techniques. Care staff told us they encouraged people and provided support to help them maintain a healthy diet to enable their nutritional needs to be met. The local authority had identified in an audit carried out in December 2015 that further work was required to develop some people's care files, to ensure accurate records were maintained about support that was required in relation to their dietary needs. We found the registered provider had taken appropriate action and saw evidence in people's care plans of protocols and risk assessments in relation to specialist medical conditions such as the management of diabetes.

People's care files contained evidence a range of support plans that had been developed to address their medical conditions. We saw evidence of liaison and involvement with health care professionals when this was required and were told that people were supported to attend appointments, for example GP's, opticians and consultants when needed. People who used the service told us they were happy with this aspect of support they received and said that the service worked in partnership with them.

Is the service caring?

Our findings

People who used the service were very positive about the quality of their staff. They told us care staff were courteous and polite. People told us their care staff worked well as a team and treated them with respect. One person told us, "They really, really listen and are well coordinated." Another told us, "They are really kind, I couldn't fault them and they are spot on with their time keeping." Speaking about one of their regular carers one person told us, "I couldn't commend her enough, she is absolutely brilliant."

People told us care staff involved them in decisions about how their support was delivered to ensure their wishes and feelings were met. One person told us how their carer had helped them make a complaint to the landlord of where they lived and helped them get to the optician and attend GP appointments.

People told us staff helped them to be as independent as possible. We observed care staff had established positive and friendly relationships with people who used the service and knew them well. They told us care staff respected their wishes for privacy and treated them with consideration, whilst ensuring their personal dignity was maintained. People told us care staff did not rush and assisted them sensitively with personal care tasks and that they were able to arrange additional time for their care tasks if this was required.

The registered manager told us, "We have implemented minimum call times of 30 minutes allowing workers time to provide care which is not rushed and schedule time between calls to ensure calls aren't cut short. People's care plans are tailored to their individual needs and support the company ethos of promoting independence, choice, control and positive risk taking."

Care staff told us they enjoyed their work and having quality time with people. Care staff told us they generally provided support to the same group of people to enable continuity of support to be provided. We observed care staff were familiar with people's preferences for how support should be delivered. Care staff told us about training they had undertaken that focussed on the importance of maintaining people's dignity and respect, individual communication needs and equality and diversity. Care staff told us about the importance of maintaining people's confidentiality. One member of care staff told us, "People deserve the respect they are entitled to; I ensure this as if it was for my mother."

People who used the service told us they were involved in reviews of their support and information about the service was provided to them to help them to know what to expect and who to contact if this was needed. Details about obtaining independent sources of assistance were included in this information and we were told about the involvement of Independent Mental Capacity Advocates (IMCA) where this was required.

Is the service responsive?

Our findings

People told us they knew how to raise a complaint and were overall confident the registered provider would resolve these when it was required. A relative told us they had previously been, "Over the moon" with the quality of the service delivered to ensure their member of family who had complex needs were met, but following one of their regular staff deciding to leave, the service had not been able to find cover for all of their needs.

We were told the registered provider had met with this person to listen to their concerns and make alternative arrangements, but these had subsequently failed. We found the registered provider had taken action and was in the process of recruiting additional staff to cover this shortfall and a decision had been made not to take on additional work until this situation was resolved.

We found a complaints policy was in place to enable people to raise a concern and have these investigated and where possible, resolved. The registered manager told us, "All concerns, incidents and accidents are taken seriously and reported and recorded with any necessary actions taken to ensure the future safety of the individuals involved." We saw evidence the registered provider had responded appropriately to the two formal complaints received during the past year and provided a written response with an outcome of their investigation. We were told by the registered manager complaints and concerns were monitored by the service to enable potential themes to be highlighted and learning strategies to be implemented to help the service learn. The registered manager said the service had an open door policy and welcomed complaints to enable it to develop. There was evidence the service involved people who used the service with the service development and used quality assurance questionnaires and 'spot check' visits to enable people to provide feedback to help the service to learn and develop.

People and their relatives told us they were consulted and participated in the development of their support. They told us that staff listened and involved them in decisions to ensure their support was person centred and met their needs in a way they were happy and satisfied with.

We saw assessments of people's individual support had been carried out when they first began using the service together with risk management plans to ensure it was able to safely meet their needs. We saw plans of support that covered a range of people's needs were recorded in their personal care files, together with details about their personal strengths and interests, to enable staff to maximise their wishes for independence and self-control. The registered manager told us, "We complete a person centred care assessment, with participation from people who use the service and their families. All information gathered including health conditions and any medical diagnosis, are compiled into personalised care plans and daily living routines. These identify people's personal preferences, strengths, assistance required and how they want their care delivered on a daily basis to maintain or improve their independence."

Staff told us they encouraged people to follow their interests and participate in social activities of their choice and maintain relationships with friends and families to minimise potential risks of social isolation.

Is the service well-led?

Our findings

Whilst comments from people who used the service were positive overall about the management of the service, three of the eight people we spoke with indicated communication about the provision of alternative cover arrangements could be improved in respect of current staff shortages. One person told us, "I get text calls from the office if there are going to be changes to my rota and sometimes get someone unexpected."

The registered manager told us they were aware of this matter and were in the process of addressing this issue. They told us, "We aim to create a more robust communication process for service users in regards to changes in rota's, which will enhance safeguarding and the customer experience."

There was a registered manager for the service who had recently, successfully had their skills and competencies formally assessed for this post by the Care Quality Commission (CQC). The registered manager told us they were closely supervised by the responsible individual and took their role very seriously. We found the registered manager was currently undertaking an NVQ 5 in leadership and management. The registered manager was clear about their responsibilities under the Health and Social Care Act 2008 to notify the CQC of issues affecting the health and welfare of people who used the service.

Governance systems and administrative support were in place to enable the quality of the service to be monitored. The service had a mission statement together with a company ethos of 'quality not quantity', which we were told was annually reviewed. Quality assurance and competency assessments of staff took place during spot check visits to people's homes, that focussed on elements of dignity and respect, communication, privacy, choice, safe handling of medication, health and safety, moving and handling and infection control and risk assessment. We found a range of audits of different aspects of the service were carried out such as incidents and accidents, staff training, complaints, medicines management, people's care records, and health and safety issues. This enabled trends and patterns to be analysed and helped improvements in the service to be implemented.

We saw evidence in staff files of individual meetings with senior staff to enable their attitudes and behaviours to be monitored and skills to be appraised. This ensured staff understood what was expected of them and that they were accountable for their actions. Care staff told us they received feedback about their work in a constructive way and that the registered manager listened to their ideas to help the service develop and improve. Staff told us they had confidence in the registered manager and could talk to them about any concerns they might have.

The registered manager told us, "We have a no-blame culture. All supervisions, appraisals and team meetings are focused on support not criticism, where historical concerns or bad practice is recorded this will be discussed in a positive manner guiding the worker towards good practice. The disciplinary process will be implemented if bad practice continues. The whistle blowing policy encourages staff to highlight bad practice, developing positive communication between workers and management, helping to shape the service provided. "They went on to say, "Honesty and transparency in line with our duty of candour is central to company ethos and any notifiable incidents will be recorded and submitted to the CQC and other

relevant organisations in line with our registration and legal obligations."

We observed the registered manager maintained an open door policy and had a 'hands on' approach and understood the need to involve people and their families in service development by asking their opinions, via quality assurance questionnaires and service reviews to enable the service to learn and develop.

There was evidence the registered manager kept their skills up to date and attended local area multi-disciplinary partnership meetings and were members of the local Skills for Care network, to enable the service to share best practice issues and keep up to date with legislative changes and developments.