

Tailored Care Limited

Tailored Care Ltd

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 which took place on 27 January 2016. Tailored Care Ltd is a domiciliary care service which provides personal care and support to people living in their own homes.

There were 28 people using the service at the time of the inspection.

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 told us they felt very safe using the service. Staff had been trained and knew how to protect people in their care from harm and abuse. There were enough staff who had been safely recruited to provide appropriate care to people. Risks associated with people's care had been identified and measures put in place to keep them safe.

Staff were supported by management to offer the best care they could to people. Care staff mostly arrived on time and stayed their allocated time. There were very few missed calls but people had reported a lack of communication when care staff were running late. The management were taking steps to address this through training and staff policies. People were treated with respect and dignity and their views were listened to.

People were offered good care by consistent staff who knew them well. People who used the service considered they were listened to by staff and were involved in their care. Staff told us that the management team were open and responsive and they were confident to express their views. The service monitored the quality of care and made any necessary improvements.

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.

Staff knew how to protect people from abuse or harm. People and their relatives felt they were safe when using the service.

Any health and safety or individual risks were identified and action was taken to keep people as safe as possible. Risk management plans were individualised and staff knew how to care for people safely.

Is the service effective?

Good ●

The service was effective.

Staff mostly arrived on time and stayed for the right amount of time. The length of time given to staff to get from one call to another was calculated to ensure care staff arrived on time.

Staff understood consent and decision making and did not undertake any care without people's permission.

Staff were supported, supervised and trained to ensure they were able to provide appropriate care.

Is the service caring?

Good ●

The service was caring.

People's needs were met by care staff who knew them well.

People had continuity of care because it was usually provided by the same staff member.

Staff showed people respect and maintained their privacy when providing personal care.

Is the service responsive?

Good ●

The service was responsive.

Staff in the office were available to answer people's calls. People

considered the communication when staff were running late could improve.

People had their needs assessed and were involved in planning their care.

People were offered individual care which suited the needs of their relatives, carers and themselves.

People knew how to make a complaint to the provider and were comfortable to discuss any concerns with all staff from the service

Is the service well-led?

Good ●

The service was well-led.

There was an open management style in the service.

People and staff found the management team approachable.

People were asked for their views on the quality of care they received.

Improvements to systems had been made and there were further plans in place to continue to enhance the service.

Tailored Care Ltd

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 27 January 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 five people who used the service, one relative and three staff.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

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

Is the service safe?

Our findings

People told us they felt very safe using the service. One person said, "I get on well with all of them, I feel safe with what they're doing with me". Staff we spoke with knew how to protect people in their care. They were able to describe signs and symptoms of abuse and tell us what actions they would take if they suspected abuse. Staff said they would not hesitate to involve other agencies, if necessary. Training records showed that staff had completed safeguarding training which was regularly up-dated. The local authority's commissioning and safeguarding teams expressed no concerns about the quality of care offered.

The service had a medicines policy and procedure in place. Staff stated they had been trained in medicines administration and were aware of the procedures to follow. Staff spoke of how they handled medicines and supported people to remain in good health. People said they were satisfied with the way staff assisted them with taking their medicines.

People were supported by staff that had been recruited safely. There was a thorough recruitment procedure in place. This included the taking up of references and checks to confirm that potential employees did not have a criminal conviction that prevented them from working with people.

People's care plans included the identification of individual and generic risks. Individual risks to people were identified and plans put in place to minimise them and keep people safe. For example, we saw assessments to direct staff how to move and handle people safely. Assessments were done for the person's home to ensure the safety of people and the staff caring for them.

Staff told us they understood what to do in a health emergency and gave examples of how this had happened during their visits to people. It was clear that staff provided a service to the whole of the family taking relatives and carer's views into account.

People told us they felt safe while staff assisted them to move about. One person said, "I'm quite satisfied. They're really good at handling me". The provider had a system to monitor accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred.

People told us that care staff mostly arrived on time and stayed the correct amount of time. They said that staff had let them know if there were any hold ups but occasionally this had not happened. One person said, "They can be a bit late but they always turn up eventually", another said, "The time varies and mornings are usually ok but odd times they run late. I don't get any calls to tell me though". One person said, "They're very good on timing and usually let me know if they're running behind". Some people considered the provider could do better at this aspect of the service so that they felt safer. The provider was aware of this and had systems in place to improve this and deal with staff inaction through their employment policies.

Is the service effective?

Our findings

One person said, "They are well trained and I am happy with the way they move me about". People had their needs met by staff who had the knowledge and skills required. The registered manager told us new staff would complete the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period. Staff we spoke to confirmed the induction process they had carried out.

Staff members told us that they had been given the opportunity to 'shadow' experienced colleagues until they felt confident to work alone. People were asked permission for a 'shadowing' staff member to visit them. Staff told us they had good opportunities for training and their mandatory courses were completed at the scheduled times.

The provider had a training record which alerted managers and individual staff to when people needed to up-date mandatory training. Many staff were working towards a recognised qualification in care. Staff had regular one to one meetings with senior staff and annual appraisals. Staff told us they felt well supported by the management team and were therefore able to offer a high standard of care.

People told us care staff always respected their wishes and choices and did as they were asked. One person said, "I told them I didn't want any male carers so they only send me the girls". They said that care staff always described what they were going to do and never did anything without their agreement. People and their carers signed initial assessments and subsequent care plans to say they had been involved in completing them and agreed with the content.

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. The application procedures for Deprivation of Liberty (DoL) in domiciliary care are through the Court of Protection. There was no court order in place for any of the people who used the service at this inspection.

Staff training had been upgraded to refer to specific information about DoL. 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.

Staff told us that they would call the ambulance, doctor or other health professional if people were unwell or needed urgent medical help. Staff described various scenarios for when this had happened in practice. It was clear they understood their responsibilities to act on anything untoward. Staff told us they would always call the doctor if asked but would report back to the office if someone appeared unwell but would

not allow health support to be called for them.

People were assisted with food, if required. Staff had received food hygiene training and told us they followed the plan of care but took note of people's wishes 'on the day'. Care staff noted if they had any concerns about people's food or fluid intake and appropriate recording methods were put in place, if necessary.

Is the service caring?

Our findings

Staff told us they had enough time to give proper care and support and said they would spend more than the allocated time with people, if in an emergency. They informed the office why they were 'running late' and the reason and office staff tried to organise support from other staff members.

People described the care workers as, "The staff are all very good girls. Always smart and pleasant". One person said, "They are very polite and always draw my curtains when I am with them. They are nice and gentle moving me". Another told us, "I get on well with all of them, they are always clean and tidy". Care plans noted people's emotional, cultural and spiritual needs, as appropriate and relevant to the care offered by the service. People's privacy and dignity was protected at all times. Staff described how they maintained people's privacy and dignity for those people who were provided with personal care. Staff talked about respect, listening to people and ensuring they felt comfortable when they were being supported with intimate tasks.

People's needs were met by care staff who knew them well. We spoke to care staff who had a good knowledge of people's needs as they visited them regularly. People told us they had the same care staff most of the time, except for illness and holidays.

The service provided a clear guide, which described what the service offered, what people could expect from the service and what their responsibilities were. It gave people the opportunity to understand what the service would and could offer them. A person said, "The manager came and talked to me and did some paperwork", another said, "The manager came and did the paperwork with me. Someone came a while ago to ask how it was going. Everything is fine".

People and their carers knew what was in their care plans and told us that they had been involved in the assessment process. Staff told us that they recorded any concerns about people's care and asked their permission to share their concerns with their relative or carer. Agreements were made at the beginning of the service provision with regard to who the care staff may share information with. Because of the nature of the service the care staff worked very closely with people's relative and carer to ensure the well-being of people.

Is the service responsive?

Our findings

One person told us they had complained about an issue but considered this hadn't been dealt with properly. They said, "I complained once to the office but I didn't hear anything more from them, but the person I complained about stopped coming". The registered manager agreed to review this information and follow their complaints process as they had not been aware of the complaint. Other people told us they knew how to make complaints if necessary. People said they would be comfortable to approach any of the care staff, the office or management of the service. The service had a complaints policy and procedure which they followed when they received a complaint. The policy did not include all external organisations that people could approach if they were not confident or happy with how the provider had dealt with any complaint. Complaints we looked at had been logged, fully investigated and responded. The provider had introduced a method of reviewing complaints and monitoring any trends so that they could see where service improvement was required.

People told us that care staff were flexible and responsive. Plans of care were appropriate to the type and amount of care being offered. They contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. The relative or carer and the person they cared for were re-assessed a minimum of annually and whenever their needs changed. This ensured that the service being offered was responsive to both parties. Staff told us they were kept up-to-date with any necessary information to meet the person's current needs.

The service operated an on call system which responded to issues that arose out of office hours. People were visited by the registered manager to review their care regularly and some people and staff confirmed that this had been more frequently if required. Staff told us they popped into the office, had meetings or were informed by telephone of changes to people's needs or if they had some information to communicate to the management. For example, a change in a person's wellbeing.

Is the service well-led?

Our findings

The care people were offered was assessed and monitored regularly by the provider to check on the quality of care being offered. The provider had improved aspects of quality of the service to include for example; reviewing and monitoring trends in areas such as complaints, producing formal reports of the weekly Directors meetings and feedback of survey results by collating information and letting people know the outcome.

Policies and procedures supported the service's values. These were issued to staff and discussed at staff meetings. People's comments indicated that staff displayed their commitment to person centred care, dignity, respect, equality and diversity and the other values of the service, when working with individuals.

People felt their views of the service were listened to. Annual surveys were sent to people and their representatives or families to ask their views on the service. People's opinions were listened to through regular telephone surveys by office staff. This enabled them to obtain people's current views rather than just from the annual survey. The provider had collated the information from surveys and written back to all people who used the service, not just those who had participated.

Staff told us the management style was open and responsive to their comments and views. They felt the management team were approachable and took action if they had any concerns. One staff member said, "They try to sort things out as quickly as they can". Staff meetings were held regularly and informed staff about any new policies and procedures and any changes being put in place. Overall staff told us they felt valued and well supported. They said they were confident that the management team would listen and act on any ideas or views they had. They told us that a senior staff member and the office were always contactable and willing to discuss any issues with them. Staff told us they understood the service's whistleblowing policy and how they would use it, should it be necessary.

The service had a registered manager in post. An additional care manager had been appointed, based in the branch, to oversee to the day to day running of the care service. The provider considered this would improve the support and communication to people who used the service.