Home Age Care Solutions Limited

Tapestry

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 carried out on 22 September 2016. The manager was given 48 hours' notice because the service provides a domiciliary care service and we needed to be sure that someone would be in. The service was previously inspected on 4 February 2014, when no breaches of legal requirements were identified.

Tapestry provides care and support to people who live in their own homes. At the time of our inspection there were 27 people receiving personal care from the service.
The service had no 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. The manager was in the process of registering with the Care Quality Commission.

People told us they felt safe using the service. There were systems in place to protect people from the risk of harm. Staff knew how to identify abuse and where they should report their concerns to.

We saw accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced. Risk assessments were centred on the needs of people and included guidance to staff on how to reduce identified risks.

There was a recruitment system in place that helped the provider make safer recruitment decisions when employing new staff. Staff received a structured induction at the beginning of their employment. They felt well supported by the management of the service and received regular supervision and annual appraisal. They also received on-going training.

The service employed enough staff to meet the needs of people. Staff knew people well and understood how to meet their support needs. People's needs had been assessed before they started using the service. People or their representatives had been involved in writing their care plans.

The requirements of the Mental Capacity Act 2005 (MCA) were in place to protect people who may not have the capacity to make decisions for themselves.

Staff were trained in the safe administration of medicines and kept relevant records that were accurate. Medicines were administered safely.

The provider had a complaints procedure and we saw correct procedure had been used to investigate and resolve issues when concerns had been raised.

The manager worked closely with other health professionals to ensure the needs of people were fully met. People were referred to health care professionals when needed.

People were treated with kindness and respect. Staff promoted people's independence and their privacy was respected.

People were supported to prepare meals that met their needs and choices. Staff knew people's dietary preferences.

The manager was clear about their responsibilities and accountabilities. There was an open culture that put people at the centre of their care and support. People, relatives and staff spoke positively about the service and the way it was run.

People's views and opinions were sought and listened to. Feedback from people receiving support was used to drive 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. People felt safe using the service. Staff understood how to identify potential abuse and were aware of their responsibilities to report any concerns to the manager or to the local authority.

Staffing levels were sufficient to ensure people received appropriate support to meet their needs.

The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff.

Systems were in place to make sure people received their medicines safely, which included staff received training.

Is the service effective?

Good

The service was effective. Staff had the knowledge, skills and support to enable them to provide effective care. They received regular supervision to monitor their performance and development needs.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and protected people's rights to make their own decisions. Records demonstrated people's capacity to make decisions had been considered and staff acted in their best interest.

People had access to appropriate health professionals when required to ensure their needs were met.

Where people required assistance preparing food staff assisted with this in an appropriate way.

Is the service caring?

Good

The service was caring. People were happy with the support they received from staff who were familiar with their care and support needs.

People were able to make choices about how they wanted to be supported. Staff understood the level of support people needed and helped them accordingly.

Staff respected people's privacy and dignity and promoted their independence.

Is the service responsive?

Good

The service was responsive. People had been encouraged to be involved in planning their care. We found care plans were individualised and reflected each person's needs and preferences. Care plans were reviewed and updated when people's needs changed.

People knew how to make a complaint and their views were listened to and acted upon. Where concerns had been raised, the manager had taken appropriate action to resolve the issues.

Is the service well-led?

Good

The service was well led. People and their relatives spoke positively about the way the service was managed. The manager had a positive culture and was committed to delivering effective care for people.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

There was a system in place to check if people were satisfied with the service provided. The manager welcomed their suggestions for improvement.

Tapestry

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 checked 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 22 September 2016 and was announced. The manager was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by two inspectors.

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law.

During the inspection, we reviewed three people's care plans and risk assessments, three staff recruitment files, staff training and supervision records and people's medicine administration record (MAR) sheets. We also looked at records relating to how complaints were managed. We spoke with the manager and a senior carer.

After the inspection we spoke with five people using the service, three relatives and five members of staff to obtain their views of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who visited them. One person said, "I feel more than safe with them. If anything goes wrong they would deal with it and I would tell them if I had a problem." Another person told us, "I do feel very safe with them." One relative said, "If (staff) didn't think (person) was safe they would step in."

The service had policies and procedures in place to inform staff how to deal with any allegations of abuse. The manager was aware of the local authority's safeguarding procedures which ensured any allegations were reported and investigated appropriately.

Staff were trained in recognising the signs of abuse. They demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as reporting any concerns they might have. One staff member said, "If I saw another carer doing something wrong I would show them the right way to do it but if I saw them being unkind or if they went against the care plan I would report to the seniors or the manager."

The service also had a whistleblowing policy in place. Staff told us they were aware of the provider's whistleblowing policy and knew which other agencies to contact outside the service to report any concerns.

There were arrangements in place to help protect people from financial abuse. We saw there were processes in place to record when staff spent money on behalf of people using the service. However, we noted that some improvement was needed as the records for one person were unclear for audit purposes. Staff were recording what they were spending as well as what the person was spending by themselves. This was discussed with the manager and following our inspection, we saw the format of the records was changed to make it easier for staff to follow.

Care and support was planned and delivered in a way that ensured people's safety and welfare. We saw risk assessments had been undertaken which informed staff how to keep people safe. Care plans contained individual risks assessments and the actions necessary to reduce the identified risks and included areas such as nutrition, moving and handling and medicines management. For example, one person had a risk assessment in place to ensure they took their medicines regularly as they needed reminding due to their health condition. Staff understood that the choices some people made could put them at risk and told us how they would deal with this. An example was one person who left their oven on and how staff reported this to the office and to the person's next of kin to plan the best way to minimise the risk. Risk assessments were reviewed and updated to reflect any changes in people's needs.

The environment where people lived, was also assessed prior to the service starting. The manager carried checks in people's homes to ensure it was safe for themselves as well as for staff. Staff were encouraged to report any health and safety concerns to the office staff so that measures could be put in place to keep everyone safe.

We saw records of accidents and incidents were kept at the service. When there was an incident, staff completed a form which was then passed on to the manager. They regularly analysed them and took action to reduce the likelihood of incidents or accidents reoccurring. Where needed, staff had also completed a personal statement to explain incidents in more details. We noted one example where staff had called the ambulance service as the person was not well. All the actions they took, were recorded using the appropriate forms. Staff also recorded injuries they had suffered themselves during their work.

We looked at staff files and saw checks had been undertaken before new staff started working for the service. We saw evidence of identity checks, references being taken and checks had been carried out with the disclosure barring service (DBS) for each staff member. The Disclosure and Barring Service carry out a criminal record and barring check on staff who intend to work in the health and social care field. This helps employers make safer recruitment decisions. The provider carried out a new check with the DBS for staff every three years. They also carried out checks to ensure that staff could work lawfully in the country.

There were enough staff employed to meet the needs of the people using the service. The manager made sure that each person had the same staff member who were familiar with their care and support needs, to look after them. People and their relatives confirmed they had the same group of care staff providing care and this helped with consistency. One staff member told us, "It is about looking after people and their wellbeing, continuity of care helps a lot and it is better for the clients and the staff."

The service had an electronic system in place which meant staff would log in and out of each visit using their mobile phones which scanned a bar code held in the person's care file. The system sent an alert to the office staff if a staff was late for their visit, the office staff would immediately follow up with the staff to find the reason for the delay. The system also had a staff availability programme which enabled the service to understand capacity.

In the case of unplanned staff absence or an unexpected increase in people's needs, the three seniors were deployed to provide front line care. Other staff were also asked if they could cover by taking on extra work but only with people they knew and who knew them. If staff were covering an unplanned absence, a verbal handover and update was given to them by the office staff before they made the visit. People told us that staff cover was arranged in advance for when their regular staff took leave and the new staff were introduced to them.

People told us they felt staff administered their medicines when they needed them. One relative told us, "[Staff] reminds [my family member] to take their pill." The service had a medicine policy which outlined the safe handling of medicines. Where people needed assistance to take their medicines we saw the assessment records outlined the medicines the person was taking and the staff's role in supporting them to take them safely. Some people needed minimal support whilst others had to be reminded to take their medicines. Staff were trained in medicine administration and had their competency assessed by the manager during spot checks. These were checks carried out by the office staff or manager to ensure staff cared and supported people to an appropriate standard.

We looked at a sample of medicine administration records (MAR) and saw they had been completed accurately. We found people had their medicines administered in line with how their GPs had prescribed them.

The manager checked the MAR sheets on a weekly basis when they were returned to the office. This was to ensure people had received their medicines correctly and to take action if they identified any shortfalls, for example, where there were missing signatures.

Good

Is the service effective?

Our findings

People and their representatives felt staff were capable and carried out their duties to a good standard. They felt their needs were met and were happy with the way staff cared for them. One relative told us, "They [staff] are very professional." One person said, "I find them [staff] really good, I have got a really fantastic carer and I always get the same carer to cover."

The provider had a training programme in place for all staff. We saw staff had been given training in food hygiene, mental capacity act and deprivation of Liberty safeguards, moving and handling, dementia awareness, managing aggressive and challenging behaviour, person centred care and safeguarding. Staff had also been given training by other professionals in order to better support people. For example, staff working with people who required catheter care or help with their stoma, received training from the local district nursing team.

There was a robust induction programme in place which involved practical, hands on training at a partner day service. This included practical training in using moving and handling equipment such as hoists and wheelchairs. Staff who were new to the caring profession were working on the nationally recognised Care Certificate and this was also used for existing staff to update or refresh their knowledge in certain areas. Staff felt the training they received was good and helped them in their roles.

Once new staff had completed their induction training they accompanied more experienced staff to shadow during visits. The amount of shadowing visits they made was dependent on their level of confidence. Their competence was observed by a senior member of staff who reported back to the manager. The competence check looked at person centred approaches, communication skills, equality and diversity, fluid and nutrition, safeguarding, duty of care and how well the person understood their role.

New staff were introduced to people by senior care workers. They would go through the person's care plan together and consent was reached that the new staff member understood what was required of them to carry out the care plan. Feedback was sought from people about their new staff member after their first two weeks to see how they were getting on.

Staff were given regular supervision by the manager. Supervision was used to look at a number of key areas including performance, workload, ideas for service improvement, training and any action needed as a result of the meeting. Staff also had annual appraisals and these were used to review achievements and identify goals for the coming year.

The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. We saw policies and procedures were in place and staff had completed training in the Mental Capacity Act 2005. The manager had considered people's capacity to make particular decisions for example, with regards to administration of medicines. They knew what they needed to do to ensure decisions were taken in people's best interests. There were signed consent forms in people's care records.

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.

As part of the spot check system staff were assessed on how well they gained consent and involved people with decision making. People told us staff always involved them in making decisions and choices and asked them what they wanted help with each time. One person told us, "She [staff] gives me choices, encourages me to be involved and asks me questions."

Staff understood how to support people and how to act in their best interests. One staff explained, "We always assume people have got capacity and support them to make best interest decisions if you think they lack capacity." An example given, was of one person who refused a shower for a few days. The staff explained that they would offer to help them have a wash instead or to encourage them by getting some clean clothes and suggesting the person may feel better after a shower or wash. Staff knew people well and could anticipate their moods and would find ways to work with someone if they were refusing help. An example was given of going to make the person a cup of tea and then returning to offer support a bit later.

People were supported to eat and drink enough to help keep them healthy. Some people required support with their meal preparation and staff assisted them accordingly. People were able to make choices and were encouraged to participate in the preparation of their meals where they were able to do so. Relatives felt that their loved ones received the support they needed to eat well and have sufficient amounts to drink. Staff always ensure they leave drinks and snacks for people if they could not make their own.

Where people was assessed as being at risk of poor nutrition staff recorded what the person was eating on a daily basis. We saw food charts had been completed. The manager checked the food charts on a weekly basis, and took action if there was any concerns, for example contacting the person's GP as well as discussing it with their relatives. Staff would raise concerns with the office staff if they noted any changes in how much a person was eating.

Staff understood people's food preferences and acted in accordance with people's wishes. One staff told us, "I worked with someone who would eat lots of biscuits or just cornflakes so when I took them out shopping I would try and point out things like bananas and ask if they wanted to try them. I tried to suggest healthier options to encourage them." Another staff told us they supported someone who wasn't eating so they would spend time to sit with them to encourage them. They said sometimes they would bring out their own packed lunch to try and encourage the person, acknowledging that sometimes eating with another person can help stimulate appetite.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People were supported to attend health appointments where needed or as requested. There was evidence of people attending appointments and the outcome of these. Staff were aware of what actions they needed to take if a person was not well.

Information about advocacy services was available to people who used the service. An advocate helps people to express their views and wishes, and makes sure their voice is heard. The manager ensured people were aware of their rights to access advocacy services to make independent decisions about their care and support needs.

Good

Is the service caring?

Our findings

People and relatives commented positively about the care and support they received from staff. They told us the quality of care provided was good, and staff were very kind and caring. They said staff were friendly, helpful and kind and they offered them choice. One person said, "The carers are very sociable, very kind, they don't mind what they do, normally I have [staff] but they always give me the same person to cover."

People told us that because they had regular staff they had got to know them well. One person told us, "After all this time [staff] has got to know me well." Staff said they had enough time to get to know people and were not rushing about to just complete tasks. Time was built into the care plan to communicate and engage with people and build positive relationships. People told us they valued this about the service and staff said they felt they could do a much better job because of this. One person told us, "My carer knows me well without getting too personal." Staff had a good knowledge of the people they supported. They were aware of their needs and their wishes and what was important to them.

In March 2016 the manager completed Health Matters training as they felt that the service had not fully embraced the prevention agenda. All care staff were invited to attend Health Matters training sessions to help them understand their role in a wider perspective of a person's health and wellbeing. The manager had been keen to move the service on from being task centred to incorporate prevention, care and support. The manager used an external company to help them develop a brief history assessment as part of the care planning process – this enabled staff to have a better understanding of each person's interest, experience and life story in the context of how to best support them.

Staff promoted people's independence and encouraged them to do as much as possible for themselves. Care plans clearly recorded people's independence levels. One staff member told us, "When I change the bedding they help me so we can do it together."

Staff ensured people's privacy and dignity were protected. For example, one staff member said, "I make sure doors, curtains and blinds were closed before providing assistance with personal care." One person explained, "They [staff] do treat me with dignity, they get a chair ready for me and give me a good wash." Staff told us they chatted with people whilst completing the tasks to make things more pleasant. One staff member said, "I get everything ready before I help them shower, get the towel in my hands ready for when they get out. I involve them in washing the parts they can reach and help them with the other parts and try to be discreet when disposing of incontinent pads."

Good

Is the service responsive?

Our findings

People and their relatives were very complimentary of the way staff supported people. People felt staff were aware of people's needs and met their wishes.

Before people started to use the service, the manager carried out a full assessment of their needs to ensure they could meet them. People and/or their representatives were involved in the assessment process. From the information gathered, a care plan was drawn. We saw care plans were detailed and included personal preferences relating to care and support. Care plans showed the person and relatives had full involvement and had signed to indicate they agreed with the contents. This showed people were consulted and involved with the planning of their care and support. Each person had a care file in their home.

People were able to express their views and were involved in making decisions about their care and support. Information about people's needs and preferences was included in their care plans and this helped staff to support them accordingly. Staff gave us examples of ways they involved people in making decisions about what clothes to wear, what to eat and what tasks they wanted done that day. People had their choices respected by staff. One staff member said, "Sometimes I take a couple of things for people to choose from for example clothes or food. If it is cold I would suggest a cardigan if they hadn't thought of that." Peoples' care plans had different sections and covered a number of areas such as personal history, preferences, choices, likes and dislikes. They contained person centred information about areas the person needed support with and how they wanted their care delivered. Care plans were reviewed on a yearly basis or more often, when the needs of people changed, for example, following a hospital admission. We saw people or their relatives had been involved in this process.

Staff felt the care plans provided them with enough information to enable them to meet people's needs and preferences. We saw staff had completed a record detailing the care they had provided at each visit and any changes in the person's condition.

Staff told us they were always introduced to people who were new to the service. One staff member told us, "We have an introduction to each new client and go through the care plan with them and the senior, it is brilliant that the office does this." Another said, "We get introduced to each new client so we don't go in without knowing about the person. We don't have to rush or just focus on the tasks as we have time. With people with dementia we don't contradict them but understand their reality and don't ever assume we know what they want."

People were supported to pursue their interests and maintain links with the community. Staff supported them to carry out any hobbies and interests they had which helped to avoid social isolation for example, going to the local shops or to the library.

The service had a complaints procedure which was included in the service user's guide. People were given a copy when they started using the service. The complaints procedure contained information about how complaints would be dealt with and the timescales for a response. However, the manager was reminded

that the Care Quality Commission do not investigate individual complaints because we don't have powers to do so. We also noted that the manager needed to include the details of the Local Government Ombudsman in the complaints procedure. People and their relatives felt able to raise any concerns with staff or the manager.

People were satisfied with how their complaints had been dealt with. One person told us, "The complaint got resolved very quickly. They phone me to make spot checks and send me a questionnaire." One relative told us, "We had a few issues at first but all were sorted out immediately and none put my relative at risk. I do email the manager and they get back to me straight away." Staff said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves.

There was also a compliments file which detailed how happy people and their relatives were with the service. Where positive feedback had been given about a specific member of staff, we saw a letter had been sent to them to acknowledge their performance. One relative wrote, "[My family member] receives the best possible care from [staff], who is always professional, kind, thoughtful and caring. As a family we feel very lucky to have [staff] caring for [my family member]."

Good

Is the service well-led?

Our findings

People and their relatives were happy with the way the service was run. One person told us, "The new manager is lovely." At the time of our inspection the manager in post, was in the process of registering with the Care Quality Commission to become the registered manager for the service. People and their relatives spoke positively about the service and said they would recommend it to other people. One relative told us, "I have recommended the service to others, Tapestry have a good name. Generally, apart from the early problems which got resolved I couldn't rate them any better."

The manager operated an open door policy and staff felt they could talk to them about any issues they might have. Staff were asked at each supervision and in staff meetings if they had any suggestions that could improve the service. We saw the manager had responded to suggestions and one example was from a staff member who had suggested group training about the medicines competence requirements and this had been implemented. The staff member told us, "They asked me for feedback about the induction and training. I suggested they have more training about different types of dosette boxes and different MAR sheets and the office followed it up and it works." This had enabled team learning and working together to improve the service.

Staff felt supported when they needed help. One staff member told us, "I had a couple of problems and I went to the office and the manager saw me straight away, they were very calming and sorted it out on the spot." Other staff members told us they could always get hold of someone in the office, even during out of hours. One staff member said, "I can contact the office at any time, they listen to me. The manager seems to understand." Another staff member told us, "Our new seniors are brilliant, we can call them any time. If we are running over and haven't logged out from a visit they contact us to make sure we are OK."

Staff felt proud working for the service. One staff member told us, "I am proud that we work locally, supporting people in our community. I am proud to work for Tapestry they have got a good name and I like their ethos. When I speak with the seniors and the manager they really seem to care." Another staff member told us, "I do feel supported by my manager, as a Muslim during Ramadan they let me work shorter days and take time off for the Eid holiday." Staff attended regular team meetings to discuss people's support needs, policy and training issues.

There were quality assurance systems in place to monitor and drive service quality improvements. The provider used surveys, phone calls, spot checks and care review meetings to gain people's views about the care and support they received. At the time of our inspection the provider had just sent satisfaction surveys to people and was waiting for their returns.

From records of phone calls surveys and home visits, we saw people indicated they were happy with the service provided. The manager and office staff carried out regular audits to make sure people were receiving care and support to expected standards. These included areas such as care records, complaints, staff files and medicines charts. Where areas for improvement had been highlighted we saw this had been addressed. For example, the manager had found one person medicines administration records [MAR] was not signed

and the staff member was contacted and was reminded about signing once people took their medicines. This system helped ensure that people received their medicines safely and this was accurately recorded. Spot checks were also carried out to monitor staff practice and performance.

The manager told us, "We haven't grown into a huge agency so we can maintain quality and I can grow the staff and staff know what I expect of them. If we get it right now there will be scope in the future to grow. If the staff see how much I care about the service they care more about it too."

A volunteer worked at the service once a week to make spot check phone calls to people. People were asked to rate their experience of the service and any rating that was not good or excellent was referred to the manager to follow up. Any positive feedback or comments made about the staff were passed onto them.

The manager had good links with a number of social care professionals and this helped to ensure people's needs were fully met. They were also a member of the Havering Safeguarding authority board community engagement group.