

Tamworth Home Care Limited

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Inspection report

Suite 2, Seaton House
Wilnecote Lane
Tamworth
Staffordshire
B77 2LE

Tel: 01827262345

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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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 4 and 8 February 2016. This was an announced inspection and we telephoned the week prior to our inspection, in order to arrange home visits with people. This was the first inspection of this service.

The service provides care and domiciliary support for older people and people with a learning disability who live in their own home in and around Tamworth.

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

The provider had systems in place to assess and monitor the quality of care. People were encouraged to give their feedback and this was used to drive improvements. Quality audits within the registered office had not been carried out to ensure the premises were safe.

Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. People's risks were assessed and support plans included measures to reduce or prevent potential harm.

People received care and support from staff who were well trained and knew how people liked things done. People's care records included information about how they wanted to be supported and this was reviewed to ensure it reflected any changes.

People received an agreed level of staff support at a time they wanted it and were happy with how the staff supported them. People had a regular team of staff who had the skills to meet their needs. People knew who was providing their support in advance and the provider was flexible and responsive to changes. People received their medicine and were supported to apply any cream they needed to keep well.

People consented to any care. Where concerns were identified about whether people had capacity to make decisions, action was taken to ensure decisions were being made in people's best interests.

People were treated with care and kindness and staff were friendly and respectful. People benefitted from having support from staff who had a good understanding of their individual needs. People were positive about the way staff treated them. Staff listened to people's views and they knew how to make a complaint or raise concerns.

People benefitted from receiving a service from staff who worked in an open and friendly culture and were happy in their work. Checks were carried out prior to staff starting work to ensure their suitability to work with people.

People felt the service was well managed and they were asked to express their views and be involved in decisions related to the planning of their care. People chose how support was provided and they were involved in the review of their care.

The provider had systems in place to assess and monitor the quality of care and encouraged people and their relatives to give their feedback and used this 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 when they received care and there was an on call system for people to ring in the event of an emergency out of office hours. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. There were sufficient staff available and recruitment procedures were in place to ensure people were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent when providing support and people were able to make decisions about their care. Where people may be unable to make decisions, actions had been taken to ensure decisions were being made in their best interests. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the way staff provided care and support. The staff were kind and compassionate and provided support in a respectful and dignified way.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the review of their care and decided how they wanted to be supported. People felt able to raise any concerns and staff responded to this to improve the support people received.

Is the service well-led?

The service was not always well-led.

Systems were in place to assess and monitor the quality of care to bring about improvements but the provider had not carried out audits within the office environment as required. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. Systems were in place to assess and monitor the quality of care to bring about improvements.

Requires Improvement 

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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 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 visit took place on 4 and 8 February 2016 and was announced. One inspector carried out this inspection. The provider was given five days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

We used a range of different methods to help us understand people's experience. We visited six people in their homes and spoke with eleven staff, the registered manager and provider and received feedback from one health care professional. We used this information to make a judgement about the service.

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. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at six people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

Support was planned and delivered in a way that promoted people's safety and welfare. People told us they were confident that the staff supported them in a way to keep them safe. For example, one person needed support with mobilising. They told us, "I had some new equipment and the staff came here for the training and I've been very happy with how they use it." A member of staff told us, "We have a range of different equipment in the office including hoists to train with. If anyone has any new equipment, we don't use it until the occupational therapist says it's safe to use and we've had the training to use it. We have to make sure we know what we are doing and it's safe." Care records included risk assessments and staff understood these and how to minimise risks to protect people from potential harm.

People's homes were assessed to ensure staff had guidance to follow to protect people from identified risk. The assessment included how to keep safe including whether there was adequate parking, street lighting and access to people's home. The staff told us this meant they had a better understanding of reducing potential harm and keeping the person and themselves safe. One member of staff told us, "We visit at different times throughout the day, so we need to know how to keep safe and what to look out for."

People told us they felt safe when they received care and were satisfied with the security arrangements for their home. Some people had an entry code so staff could enter their home. One person told us, "The staff always shout hello when they open the door so I know it's them. It's good as I couldn't get up to answer the door so they can still come and visit me whenever they need to." A member of staff told us, "We keep the key code information safe and if it needs to be written down for us, it's just a number and a first name. There's no other information recorded like an address so the information is safe."

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. The staff understood the procedure to follow to report concerns and the staff were confident these would be dealt with appropriately by the manager. Staff told us they would have no hesitation in reporting any concerns and were aware of whistleblowing procedures and how to use them. One member of staff told us, "Any concerns at all, we let the manager know. What matters are people getting the right care."

When new staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. The staff's suitability for the role was checked by obtaining suitable references, having a police check and confirming the validity of their qualifications, previous experience and training. One member of staff told us, "I had to have everything back and for the checks to be alright before I could start to work here." This meant recruitment procedures made sure, as far as possible, that staff were safe to work with people who used the service.

People were supported or prompted to take their medicines. One person told us, "I have all my tablets delivered and the staff help me to get them out the packet. I know what I have to have; I just need help to get them out." Some people needed support to take their medicines and staff told us they had received training to know how to safely support people. One member of staff told us, "We had the training to make sure we

knew what we were doing. The care records have information about what people take so we know what it's for. The seniors check we are doing things right when they come out and visit too." We saw staff completed a medication administration record after medicines had been given and they recorded any concerns in the daily notes. We saw information about the support people needed with medicines was recorded in people's care records and matched what staff had told us.

There was sufficient staff to provide people with the agreed level of support. One person told us, "I have a rota and it tells me which staff are going to come here. Most of the time, the rota is right. If someone else comes and visits, it's someone I know." One other person told us, "It's not very often they are late and it's usually for a good reason. If they are going to be late, they do call me." Systems were in place which identified whether people received their support at the agreed time. Staff were required to call when they arrived and left people's homes and senior managers received an alert if they failed to arrive. The provider told us, "We never want people to be overlooked and have a missed call. If staff are running late or there is an emergency we have staff available that can go and support people." People told us there was an out of hours on call system where they could contact staff in the event of any emergency. One person told us, "I had to call it once and they answered and sorted it out. It's nice to know you have that back up."

Is the service effective?

Our findings

People had an individual support plan which included information about how they wanted to be supported. People told us the support plan had been agreed when they started using the service. One person told us, "I know and trust the staff do everything I want them to do." The staff were knowledgeable about people's care and knew what was required to support them in a safe, enabling and consistent way. We looked at care records with three people and they told us they received the care they had agreed to. One relative told us, "The staff were very good at explaining their service. They were open and professional and I have not been disappointed."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us that some people who used the service did not have capacity to make decisions about their care. We saw that the provider had taken action to ensure that capacity was assessed and family, friends and professionals who were important to the person were involved in reviewing what decisions should be made in their best interests. The staff had a good understanding of the MCA and capacity. One member of staff told us, "Some people can lose capacity if they have certain medication or an infection can affect their capacity. If we have any concerns, we let the manager know and they come straight out to give us support and guide us on what we should do." Another member of staff told us, "We make sure we involve people. We know it is the person's choice and family can be involved, but they can't take over."

New staff received an induction into the service and this included training for the skills people would need. New staff were working towards completing the Care Certificate. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. We spoke with three new members of staff who told us, "It's been really useful going through this. There's quite a few of us doing it so we can talk about what we've learnt too and if we have any questions the manager is always around." New staff were introduced to people and supervised prior to working alone. One person told us, "Anybody new is always shadowed before they start helping me." One member of staff told us, "It's important we know people and they know us, so we work together and now we work in these smaller team means we can support each other more."

Staff were observed carrying out care and support in people's home as part of the supervision and appraisal system. One member of staff told us, "The senior staff do competency checks and talk to people to check

they are happy with the way we work. If there's anything we do well or need to improve on, we talk about it in supervision. We can also talk about if we want any more training or are having any difficulties. The manager and senior staff are really supportive."

People retained responsibility for managing their own health care and where people needed support this was provided. One person told us, "The staff help me to go to the hospital as I can't go alone. The staff know and understand me and know where I am with my health care. If they are worried about anything they report it to the office so I can get the support I need." Another person told us, "Because I have the same staff come and support me, they notice any changes. Sometimes it's hard for me to ring the doctor, so they will do it for me and will ask the doctor to come and visit." The care records included details of health care and contact people for staff to call if they were concerned.

Some people needed support to prepare their meals. One person told us, "The staff visit here four times a day and get everything ready for me. I like my food hot and they make sure it's ready at the end of their visit. When they come next time they clear everything away for me. I couldn't manage without them." Where concerns were identified with people's weight, this was recorded and reported to senior staff. One member of staff told us, "If we see people aren't eating their food or we think they may have an infection because they aren't drinking, we get advice and a senior carer will go and visit the person so we can check they are okay."

Is the service caring?

Our findings

People were happy with how staff supported them and had developed good relationships with staff. One person told us, "The staff are like part of the family. We have a laugh together and it's good to talk with them." A relative wrote to us and told us, 'All the staff have been pleasant and very good at putting [person who used the service] at ease and with great thought and understanding. We have been to the company offices on a couple of occasions and been made very welcome there. They listen and appreciate our family's needs and future concerns. In essence they make us feel that we are not alone and we also have support from them. They are a credit to the caring profession.'

People spoke positively about the way staff provided support and told us they were kind and compassionate and provided care that promoted their dignity. People told us the staff treated them as individuals and staff understood their individual needs and preferences. One person told us, "They always put me first and they make me feel special and do everything the way I like things to be done; not how they think it should be done." The staff told us they had received training in equality and diversity and knew the importance of treating people with respect and dignity, regardless of their diverse backgrounds. One member of staff told us, "We respect people's individual beliefs. This is not just about religion but about doing what people want in an individual way." Another member of staff told us, "If people have differing cultural needs, it's all recorded and we have to follow. We respect people and their differences and it's not for us to judge people and impose our beliefs."

People using the service told us the staff treated them in a respectful way. We observed the people were relaxed in the company of the staff who were supporting them. One person said, "The staff take their time with me. They don't get the recognition they deserve. I'd be lost without them and they do everything without making a fuss about it." A relative told us, "The carers that have been visiting my parents have been excellent. They notice the smallest of details which matters. The carers have provided a level of care well beyond what I had expected."

People were supported to be as independent as possible. Staff were aware of people's abilities and care plans highlighted what people were able to do for themselves and where they needed help. One person told us, "I've reduced the amount of support I have because as I get better I can do more for myself. The staff check what I can do and look out for me to make sure I am safe." Staff were knowledgeable about the people they cared for, their needs and what they liked to do.

People's right to confidentiality was protected. All personal records were kept securely in the office and were not left in public areas of the service. Each person had a copy of their records which they maintained responsibility for. Care records were available for people to read. We saw staff sat with people when daily records were written. One person told us, "They always keep a record of what they do here. Sometimes I go through it and I'm happy with what they have written." Relatives confirmed staff respected the privacy and dignity of their family members.

Is the service responsive?

Our findings

People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home. People told us the support had been agreed with them when they started using the service and were confident the staff knew how to provide the care and support they wanted. The registered manager was reviewing how staff supported people. Most people now received care from a small group of staff who worked with specific people who lived near to each other. One person told us, "I don't like strangers, so I always have staff I know and have a set team of girls." A relative told us, "The staff are very efficient and don't rush them, I have every confidence in them." The staff told us this had improved how people were supported and one member of staff told us, "This is so much better as we get to know people better and they get to know us. It also means we keep in touch better so if anything changes, we can share this information easily." Another member of staff told us, "We have a group of five staff I work with to ensure consistency and we cover days off and annual leave. If any of us are unavailable we always try and cover with the same people."

We looked at people's care records and saw these were clear and informative. We saw people's needs had been assessed and each person had an agreed support plan. The staff explained how they gained an understanding of people's care needs, to ensure they had the most up to date information. One member of staff told us, "We work closely with people and the office staff to make sure we have up to date information. The manager always lets us know if anything changes." Another member of staff told us, "When things change, we call each other. This way it means there are no surprises when we visit people and we all know what to do and are doing the same thing." We saw where changes were made the care records were reviewed to reflect this.

People told us they always knew who was providing the support and they were informed in advance of any changes. The registered manager told us they had arrangements to cover emergencies and where possible they only used staff who people knew would provide the support. One member of staff told us, "We prefer it if people get care from people they know but sometimes that isn't possible. What's good is the care records tell us what we need to know and we always ask people so we make sure we are doing the right thing."

People were able to raise concerns or make a complaint if something was not right and were confident their concerns would be taken seriously. People told us they would speak to one of the senior staff or the registered manager and those who had raised concerns told us they were happy with the way they were dealt with. Where concerns had been raised, we saw the provider had considered the information and responded to them, identifying any outcome or improvement to be made.

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out, for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Is the service well-led?

Our findings

The provider carried out quality checks on how the service was managed. However, quality audits had not been carried out to ensure the registered office was safe, electrical equipment and fire checks had not been completed and the provider had not identified this. The registered manager acknowledged this and made arrangements for these to be completed to ensure the premises were safe to use.

The provider and registered manager communicated openly with staff and people who used the service. They gave clear guidance about how any service was to be provided and the values of the service. Staff told us they felt well supported and the provider recognised where difficulties could arise and was committed to providing a quality service. One member of staff told us, "They are always there at any time. I don't think we could get more support. We all want to do the best we can and keep getting better." Another member of staff told us, "If you ever have a problem, you can always speak to the manager or the provider. They never make you feel uncomfortable." One health professional told us, "The service is very good and they deliver what they say they will. Communication is very good. They don't keep you waiting and respond quickly when you need information."

People were consulted about the quality of their care and were visited by senior staff. People were visited twice a year and consulted about the quality of the service. One person told us, "When they visit they ask if I'm happy and if they can do anything better, if I wanted a change then I would." A member of staff told us, "I look at the care plan and if there's anything we don't agree with, we discuss this and get this changed. If we need more time, we speak with the local authority and see if we can arrange more support." The provider carried out quality checks on how the service was managed and this included how staff were providing any support. A senior member of staff told us, "We want to make sure the quality is there. This is an all round quality check on the support given and the conduct of the staff. We also check how staff are dressed and make sure they have a smart appearance. This is a reflection on the company and shows how professional we are."

A system was in place to record whether people received their support on time and ensured that people received the agreed support time. The system identified if people did not receive their visit and alerted senior staff to ensure people were not left at risk of harm. A copy of the quality report was sent to the local authority that commissioned and monitored the quality of the service. The monitoring tool identified people received their service on time and when this had been agreed.

Staff knew how to raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they wouldn't hesitate to report any concerns they had about care practices. They told us they would ensure people using the service were protected from potential harm or abuse and would be supported by the management team. "People shouldn't be in this job if they are not doing it right and care. I don't have any problem saying something." This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.

People reported positively on the quality of the service and comments from relatives included; 'From day one you have been well organised and good at what you do. You were able to provide a small group of carers who called on a regular basis that enabled a relationship to build quickly, which in turn creates confidence.' and 'You were all so kind and considerate towards [person who used the service] and I know they felt safe.'