

Tamarisk Care Agency Hayle

Tamarisk Care Agency

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

We carried out this announced inspection on the 8 and 9 January 2019. At the last inspection in June 2016, the service was rated Good in all areas. At this inspection we again found the service was Good.

Tamarisk Care Agency is a domiciliary care agency. It provides personal care to predominantly older people living in their own homes in Hayle, West of Cornwall. At the time of our inspection the service was providing support to approximately 35 people. The service generally provides short visits at key times of the day to support people with specific tasks to enable people to continue to live in their own homes. Most people who used the service had privately commissioned this support.

People and their relatives were complementary of the service which they were happy to recommend. Their comments included, "The girls I have are absolutely lovely", "Everybody is really cheerful, they make my day", "I cannot recommend them enough" and "They are the best care agency in Hayle."

We found people were supported by carers who they knew well and got on with. Rotas included appropriate amounts of travel time for staff between consecutive care visits. Daily care records showed the service was reliable with staff normally arriving on time and providing visits of the full duration. People told us, "They are so reliable, you just know they are going to be there", "They are very punctual, always on time" and "The patience the staff have is brilliant, they never rush my relative." While staff commented, "The rota is worked out really well, it works really smoothly" and "The visits are long enough, if you are over running regularly you mention it to the office and they will extend the visit [on the rota]."

People told us they felt safe while receiving support. Staff had completed safeguarding training and understood their role in ensuring people were protected from abuse and avoidable harm. Risks had been assessed as part of the care planning process and staff understood how to protect people from identified risks. Any accidents that occurred were fully investigated by the registered manager to identify any learning and how similar incidents could be prevented.

Staff were sufficiently skilled to meet people's needs and there were systems in place to update training. All staff initially completed training in a variety of topics considered mandatory by the service and shadowed the deputy manager and senior carers until they felt confident to provide support independently. Staff new to the care sector had been supported to complete the care certificate. This was a nationally recognised induction training designed to ensure new staff have an understanding of current good practice. Staff told us, "The induction was really good. I went out with a mentor until I felt confident to go out on my own", "The training is pretty good" and "All my training is up to date."

The service's recruitment practices were safe. All necessary pre-employment checks had been completed to ensure new staff were suitable for employment in the care sector.

Assessments of people's needs were completed by the deputy manager before the initial care visit to ensure

the service was able to meet people needs. Care plans were developed from information provided by people and their relatives during the assessments process. These documents were sufficiently detailed and provided staff with the guidance they needed to know to meet people's needs. Staff told us, "The care plans are set out really well and we know what to do" and "The care plans are very good, very informative. Every little detail is in them."

The registered manager had a good understanding of Mental Capacity Act 2005(MCA). There were systems in place to support people to make decisions independently and where this was not possible the service had consistently acted in people's best interests.

The service was led by a registered manager who was based in the service full time. The manager was supported by a deputy manager and an administrator whose roles and responsibilities were well defined. There was an effective on call system in place which enabled people and staff to access management support and guidance outside of office hours. People told us, "The people in the office are very good."

Staff were well motivated and team meetings had been held regularly. Records showed all staff had received regular supervision and spot checks had been completed by managers to monitor individual staff practices.

The service had appropriate quality assurance systems in place to drive improvements in performance. All daily records and care plans were audited when returned to the office to ensure managers were aware of any incidents and changes in people's needs that had been identified.

People were regularly asked to provide feedback on the service performance and recently received comments included, "It's very hard to find fault" and "I really like and trust your workers." The service's complaints procedures were well understood and people told us, "I've got no complaints about anything" and "All the carers we have are so approachable about any concerns." Records showed the service provided additional care visits when people were feeling unwell and responded positively to people's requests to vary the timings of their care visits.

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 remains good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Tamarisk Care Agency

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 8 and 9 January 2019 and was announced as the service is a home care agency and we wanted to be sure staff would be available in the office on the day of our inspection. The inspection team consisted of one adult social care inspector and an expert by experience who had knowledge and experience of this type of service.

The service was previously inspected in June 2016 when it was found to be fully compliant with the regulations. Since that inspection the service has moved addresses and changed its name from Hayle to Tamarisk Care Agency. Prior to this inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection spoke with six people who used the service, six relatives, five members of care staff and the registered manager. We also inspected a range of records. These included four care plans, three staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe while receiving support from Tamarisk Care Agency. People's comments included, "I feel safe seeing their friendly faces" and relatives told us, "It's their soft skills, like asking how my relative is, that makes him feel safe."

Staff had received safeguarding training and understood their roles and responsibilities to ensure people were protected from all forms of abuse. Information about local safeguarding procedures was included in each person's care plan and displayed in the service's office. Staff told us they would immediately report any safety concerns to the registered manager who they were confident would take appropriate action. Records showed the service had raised issues with the local authority where this was appropriate.

Risks assessment had been completed as part of the process of developing people's care plans. For each risk identified, staff were given guidance on the action they must take to protect the person and themselves from each identified risk. This included environmental risks within the home and risks in relation to the person's specific needs. The service did not normally provide support to individuals who needed equipment to help them stand up or move around their home. Where any equipment was required staff were provided with specific training in the use of this equipment by the deputy manager who was qualified to provide this training.

Any incidents, accidents or dangerous occurrences were recorded and reported to the managers. There were procedures in place to ensure incidents were fully investigated to enable the service to learn and reduce the likelihood of similar events reoccurring.

The service employed sufficient staff to meet people's needs and provide all planned care visits. We reviewed the service's rotas and found all visits had been allocated to individual members of staff. Staff said, "I get the rota on Tuesday or Wednesday for the next week, it does not change a lot". The registered manager told us, "Carers do fixed days and normally see the same people."

None of the people we spoke with reported having experienced a missed care visit. People told us, "They are so reliable, you just know they are going to be there" and staff said, "Very, very seldom are visits missed." Records showed a planned visit had been missed on Christmas Eve. This had not impacted on the individual concerned and had been fully investigated by the registered manager to prevent a similar issue reoccurring.

The service had appropriate systems in place to ensure people's safety during periods of travel disruption. When snow was expected care visits were prioritised based on the person's needs and available support networks. These systems had previously worked successfully and staff were able to walk to the majority of people's homes to provide support when necessary.

People told us, "They are very punctual, always on time" and our analysis of visit schedules and daily care records showed care visits were normally provided on time. Appropriate amounts of travel time were provided between consecutive care visits and staff told us, "There is enough travel time on the rota but

traffic can be an issue in the summer", "The rota is worked out really well it works really smoothly" and "There is enough time to travel between visits."

People told us staff never rushed during their care visits and took time to sit and talk at the end of each care visit. One person's relative said, "The patience the staff have is brilliant, they never rush my relative." While staff commented, "I think they work out the visit lengths very well as the deputy manager does the first visits so knows what is needed" and "The visits are long enough, if you are over running regularly you mention it to the office and they will extend the visit [on the rota]."

The service's recruitment procedures were safe and robust. References and disclosure and barring service checks were completed for all staff prior to their appointment. This ensured all new staff were suitable for employment in the care sector.

People told us the service helped them to safely manage their medicines and staff recorded details of when people had taken their medicines in the daily care records. Staff had received medicines training and where people required additional support with their medicines this was provided and fully documented. Before they provided any medicines, staff told us they, "Always check the blister pack against the information in the care plan." Where people required assistance with pain relief patches their care plans gave staff detailed instructions on how, when and where these patches should be applied.

Peoples' care plans included guidance on infection control and personal protective equipment was readily available from the service offices. People told us their care staff used this equipment routinely and their comments included, "They always make sure they wear gloves and aprons before doing anything." One person reported that staff were "very precise on vacuuming my home due to my [health care needs]."

The service had system and procedures in place to support people with shopping if required. Receipts were maintained for all purchases made by staff and financial records were regularly audited to ensure their accuracy.

Is the service effective?

Our findings

Peoples' needs and preferences were assessed by the deputy manager before they started to use the service. This helped ensure the service could meet people's needs, wishes and expectations. People and their relatives felt they had been involved in the development of the care plans and told us their suggestions had been accepted and adopted.

There were induction procedures in place to ensure all new staff had sufficient skills to meet peoples' needs. All new staff initially completed training considered mandatory by the service in topics including, safeguarding adults, food hygiene, medication and first aid. Once this training was complete new staff initially shadowed the deputy manager to learn how to put this training into practice and gain an understanding of the service's system and procedures. In addition, all staff new to the care sector were supported to complete the care certificate. This nationally recognised training programme was designed to provide staff, new to the care sector, with an understanding of current good practice. Recently appointed staff told us, "The induction was really good. I went out with a mentor until I felt confident to go out on my own", "You do little bits of shadowing [working with a more experienced care worker] and all the training in the first week" and "I had the option of shadowing for as long as I felt I needed before I went out on my own." Experienced and established staff commented, "New staff do quite a lot of shadowing."

People and their relatives told us staff had the skills necessary to meet their needs. Records showed there were systems in place to update staff training and the deputy manager was able to provide staff with training on the use of specific items of manual handling equipment when required. Staff told us, "There was a lot of training", "The training is pretty good", "All my training is up to date" and "With any new equipment [the deputy manager] takes you and shows you how to use it." We noted that some experienced and long service staff had not recently completed some training updates. We discussed this with the registered and deputy managers who were aware of this issue and in the process of introducing additional systems to encourage these staff to complete this training.

Staff were well supported by their managers and records showed all staff had received regular supervision and annual performance appraisals. Supervision had consisted of a mixture of unannounced observations of care provision and face to face meetings with managers. In addition, team meetings were held regularly in the service to provide an opportunity for staff to share information about peoples' specific needs and for managers to update staff on any changes planned within the service.

The service worked collaboratively with community based health professionals including district nurses, occupational therapist and GPs to ensure peoples' needs were met. Care records showed the service had made prompt and appropriate referrals to professionals where staff had identified changes in a person's condition. The registered manager told us, "We work closely with GPs and professionals and have managed to keep two people out of hospital in the last couple of months. Professionals listen to us and have acted on the information we provide." A staff member commented, "[The managers] are quite good at dealing with things, one person had hot legs, they arranged for the GP to visit and they found there was an infection in the [person's] legs. It is about noticing what is normal for the person and what has changed."

Care plans included details of peoples' dietary needs and preferences. This included guidance on how people preferred their drinks to be served and information on how their medical condition could impact on the nutritional needs. People said they were happy with the support they received with meals and told us, "[Staff] make me something to eat every day" and "They always make sure I've had something to eat and drink."

People said staff always asked for their permission before providing support. Staff told us, "People make their own choices. We can't make people do things, we just try to encourage them". People said, "They give me the encouragement to be as independent as I can." Daily care records showed people were able to decline aspects of their planned care and that staff respected these decisions. One person told us, "They do everything I ask."

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. Managers had a good understanding of this legislation and there were systems in place to ensure any decision made by the service were in peoples' best interests. Where people had appointed powers of attorney the service had viewed these documents to ensure they had a clear understanding of the types of decision the attorneys had been appointed to make.

Is the service caring?

Our findings

People and their relatives consistently reported that Tamarisk Home Care Agency provided compassionate and caring support. People said their staff were "always kind" and their comments included, "They do everything I ask", "The girls I have are absolutely lovely", "They are very caring and considerate" and "Everybody is really cheerful, they make my day." Relatives told us, "The attitude of the carers is excellent" and "My relative has really warmed to them, she loves them to bits."

Visit schedules and daily care records showed people were normally supported by staff who they knew well and who visited regularly. Relatives told us new carers were always introduced to them and their relatives by a senior staff member. Staff said it was "nice" for people as they got a lot of continuity as most staff did the same runs [visit routes] on the same days every week [and supported the same people]. One staff member commented, "I think you can be more helpful when you know your way around the house." People told us they valued this continuity and looked forward to seeing their care staff. Their comments included, "They are very efficient and very chatty", "They are absolutely spot on, I'm very happy indeed" and "They are brilliant and really supportive to me."

Care plans included some information about people's background, life history and current interests. At the beginning of new care packages this information helped staff develop a rapport with people, identify topics of conversation they may enjoy and recognise how the person's life experiences may impact on their current needs.

People's care plans included guidance for staff on how to communicate and share information with people. Where appropriate this included guidance on how to present information and choices to support people to make decisions during care visits. People told us staff always asked permission and explained what they intended to do before providing support. Staff said, "I give people lots of choices and let people choose for themselves" and "The choice is theirs to make, they have their own independence and can make choices." Daily care records showed people were able to decline aspects of their planned care and that staff respected these decisions. Where people had difficulty processing written information due to their health conditions staff routinely helped people to read and understand any post they received if required.

People and their relatives told us staff always respected people's privacy and dignity. People said, "They show me a lot of privacy and dignity" and relatives reported that doors and curtains were always closed while staff provided personal care. This ensured people's dignity was protected at all times.

The service recognised the importance to people's wellbeing of supporting them to remain as independent as possible. Records showed staff had worked with professionals to identify novel solutions to reduce the level of support required to help one person to get out of bed safely, for example.

Care records and all confidential personal information was stored securely and appropriately when not in use in accordance with data protection guidelines.

Is the service responsive?

Our findings

Peoples' needs were assessed by the deputy manager before the first care visit. This was done to ensure the person's needs were fully understood and to ensure the service could meet those needs. During the assessment information was gathered from the person, their relatives and any care commissioners and used to form the initial care plan. The deputy manager normally provided all care visits for the first week of a new care package. Additional information about people's individual wishes and preferences identified by the deputy manager was then added to the person's care plan. Staff told us, "When we get a new client we go into the office and they make sure you understand what is needed". This meant staff had a good understanding of peoples' needs before they arrived to provide support.

As part of the care plan development process people had been encouraged to identify specific goals they wished to achieve with staff support. This information combined with details and observations on the person's personality was included in the care plan to help staff to understand how to meet their needs. For example, one person's care plan stated, "[Person's name] is fiercely independent... The aim is to maintain her own independence where physically possible, for as long as possible."

People's care plans were detailed and informative and provided staff with sufficient information and guidance to enable them to meet people's needs. Records showed these documents had been regularly updated and staff told us they accurately reflected people's current needs. Staff comments included, "There is a care plan in every house", "The care plans are set out really well and we know what to do" and "The care plans are very good, very informative. Every little detail is in them."

Where staff identified changes in people's needs these were reported to managers and care plans updated. People told us they were involved in the process of reviewing their care plans and relatives said the service was good at identifying and responding to people's changing needs. One relative told us, "Changes needed to be made after [my relative had an operation] and they were really supportive". Another relative described how the service had changed how they offered support during visits in response to changes in their relative's behaviour.

In addition, records showed the service responded to people's requests to alter or vary the timing of care visits to enable them to attend events and appointments. Staff told us, "People are able to request changes to scheduled visits and these requests are respected" and "We do extra lunch visits when people are feeling unwell and are unable to attend their day centre." Relatives said the service provided additional visits following any fall to ensure their relative's safety and wellbeing.

At the end of each care visit staff completed daily records detailing the care and support they had provided. This included details of staff arrival and departure times, the care provided and any observations in relation to the person's mood or changes in their support needs. These records were regularly returned to the service office and audited. This enabled managers to ensure all planned visit had been provided and to identify any accidents, incidents or changes to the person's support needs.

People's care plans included information about their communication needs including details on their use of hearing aids or other devices to aid communication. Staff and managers were able to describe to us the individualised approaches they used to present information to people to support their decision making. In addition, care records showed staff had previously been requested to attend healthcare appointments with people to support their communication needs. The registered manager had some knowledge of the Accessible Information Standard which sets out guidance on approaches that should be used to share information and support the needs of people who have difficulty communicating.

The service had appropriate systems in place to ensure any complaints received were investigated and resolved. People told us they had not needed to make any complaints as staff responded promptly to and addressed any minor issues they raised. People's comments included, "I've got no complaints about anything" and "All the carers we have are so approachable about any concerns" and "I always feel that they are listening to me." Records showed the service was regularly complimented by people and their relatives on the quality of care they provided. One recently received card read, "Thank you to [Registered manager's name] and all the carers who have helped my mum while she was poorly... Without your care, support and attention she would have been admitted to hospital and may not have come out."

People's care plans included some information on their individual preferences in relation to support which should be provided at the end of their lives. Where people had made decisions to decline specific treatments this information was recorded in the person's care plan and the location of the original documentation highlighted for staff and professionals.

Is the service well-led?

Our findings

People told us "They are well worth the money" and said they would recommend the service which provided care with kindness and patience. Relatives told us, "I feel very comfortable about them looking after my relative", "I cannot recommend them enough" and "They are the best care agency in Hayle."

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. This service requires a registered manager and there was a registered manager in post at the time of this inspection.

The registered manager was based full time in the service's offices and had a detailed understanding of the needs of each person the service supported. The registered manager was supported by a deputy manager and an administrator whose roles and responsibilities were clearly defined and well understood. Outside of office hours there were appropriate arrangements in place to support people and staff told us, "On call is very good. They answer straight away and are full of good advice."

People told us they felt the service was well led. People and their relatives told us office staff and the registered manager responded promptly to resolve any issues they experienced. Their comments included, "You can talk to anybody about anything", "We had a few teething problems initially, but they were soon sorted out" and "The people in the office are very good."

Staff were well-motivated and enthusiastic. They told us they were well supported by the registered manager who acted to resolve any issues they identified. Staff comments in relation to the service leadership included, "The managers are really good", "They are approachable" and "It's lovely, a really nice little family firm."

Team meetings were held regularly and were well attended. They provided opportunities for staff to share information about changes in people's needs and for the manager to update and include staff in decision making. In addition, following the formal aspect of these meetings staff had an opportunity to talk informally together. During the most recent team meeting it had been agreed the service would gather a collection of children's toys to enable off duty staff with caring responsibilities to attend if they wished.

The service had equality and diversity policies in place and appropriate systems to ensure people and staff were protected from all forms discrimination. Records showed the service had responded positively to staff requests for changes in the working patterns and that reasonable adjustments had been made when requested. Staff told us this had enabled them to continue their employment when caring responsibilities had impacted on their availability for work.

There was a positive can-do attitude amongst the staff team. Managers and staff regularly worked together and collaborated to overcome challenges and ensure people's needs were met. For example, staff told us,

"It worked well over Christmas, they asked for volunteers and all required visits were provided."

The registered manager was well informed and participated in a variety of local peer support groups and completed regular training to ensure they remained up to date. The service was fully focused on supporting people to remain living as independently as possible within their own homes and the registered manager told us, "I don't want [the service] to get huge, I prefer to have a quality service than quantity."

We found there were appropriate quality assurance systems in place. Managers regular worked alongside care staff and records of audits were routinely completed to ensure peoples' needs had been met. The registered manager was happy with the service's current performance and told us, "It is feeling like it is running the way I want it to run."

The service completed an annual survey to gather feedback on its performance directly from people and their relatives. People told us they were asked for feedback regularly and had completed questionnaires within the last three months. The feedback provided had been consistently positive in all areas with comments including, "It's very hard to find fault", "I have been with you for a long time and I trust you" and "I really like and trust your workers."

People's care records and other personal information was stored securely and confidentially, in line with legal requirements. All necessary notifications of significant incident and events had been submitted to the CQC as required.