

Tabitha Home Care Limited

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Inspection report

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Date of inspection visit: 21 April 2015
Date of publication: 04/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This was an announced inspection, which took place on 21 April 2015. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to be sure that staff would be available.

Tabatha HomeCare is a privately owned service, which provides a personal care service to people living in their own homes. The service operates across, Birmingham, Sandwell and Walsall areas.

There was a registered manager in post at the time of our inspection. 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.

Summary of findings

The provider had procedures in place to help to keep people safe from harm, but not all staff were aware of the procedures and were not given adequate training to help them to use the procedures.

There were procedures in place to assess risks to people's care, but not all identified risks were included in some people's risk assessments. There were some instances where one staff was providing care to people that needed support from two staff to ensure their care was delivered safely.

Although most people and staff felt there were sufficient staff to provide care and support. Some people experienced missed visits, which meant that they had not always received the care and support they needed.

Staff recruitment and training was not sufficiently robust to ensure that staff were suitably recruited and trained to support people and ensured their rights were fully protected.

People received care from staff that were caring and respected their wishes, privacy, dignity and independence.

People were involved in assessing and planning their care and staff knew the people they supported and people felt their needs were being met. People were able to raise their concerns or complaints and these were investigated and acted upon.

Systems were in place to monitor the quality of the service; however, some improvement was indicated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Not all staff were aware of how to keep people safe from harm. Care was not always provided in a way that ensured people's safety at all times.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Staff did not have the knowledge to ensure people's rights were always protected and staff training was not up to date.

Requires Improvement



Is the service caring?

The service was caring.

People received care in line with their wishes and had positive relationships with the staff that supported them.

Good



Is the service responsive?

The service was responsive.

People were involved in how their care was assessed, planned and reviewed. People were able to raise concerns about their care if they were not happy and people's concerns were investigated and actioned.

Good



Is the service well-led?

The service was not consistently well led.

Processes were in place to monitor and consult with people about the quality of the service, but these were not consistently applied. A longstanding registered manager was in place and all conditions of registration were met.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 April 2015 and was announced. The provider 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 undertaken by one inspector.

During our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also reviewed regular reports sent to us by the local authority that purchased the care on behalf of people, to see what information they held about the service.

During our inspection we spoke with four people that used the service, five relatives, three care staff, the provider and the registered manager. We looked at safeguarding and complaints records, compliment cards and sampled four people's care records; this included their medication administration records and daily reports. We also looked at the recruitment records of four care staff, minutes of staff meetings, and quality assurance records.

Is the service safe?

Our findings

All the people that used the service and relatives spoken with told us that people received a safe service. One person told us, "Yes I feel absolutely safe. They are absolutely wonderful." Another person said, "Oh yes I feel safe with them."

There were procedures in place to help staff to keep people safe from abuse and harm. We were notified of one incident pertaining to people's safety by the provider, and records looked at showed that the provider took action in line with their procedures to keep people safe.

The local authority told us about two incidents that they were investigating as safeguarding concerns; one of which they had sent to the provider to investigate. The provider had not notified us about these incidents. We spoke with the registered manager and the provider who said there had been no safeguarding concerns reported to them. The provider did however, say they were aware of one issue where concerns had been raised and a meeting had been held. This indicated that the provider may not be recognising where incidents reported to them has been defined as incidents that needed to be dealt with in line with their safeguarding procedures.

Not all staff spoken with knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. However, all staff said they would report any concerns they had to the registered manager. Staff spoken with said keeping people safe had been covered in their two day induction training, but that since then they had not received updated training on this topic. Training records confirmed that most staff had not had this training provided since their induction.

People spoken with said they were confident in the staff's ability to support any identified risks to their care. One person told us, "I don't feel there are any risks with them." Another person said, "They always make sure I am safe before they leave, and the doors are locked." The care plans we saw instructed staff to check and ensure that people were safe before they left people's homes.

People told us that someone came out to discuss and assess their care, which included undertaking risk assessments but we saw that not all risks were identified. Staff spoken with said they reported to the registered manager when people's needs changed and care plans and

risk assessments would be reviewed and updated. However, a relative told us that their relation's needs had changed and the risk assessment had not been reviewed to reflect this. Two people's records showed that they needed support with catheter care. The risks associated with providing this support were not included in people's risk assessments.

People told us that someone was available outside of office hours for them to contact, should they have any concerns. Staff told us a senior member of the staff team was on call at all times, so that staff had access to guidance and support in an emergency situation.

Before we undertook the inspection we received concerns that where people needed equipment to support their care, this was not being identified by the provider and therefore people were at risk of receiving unsafe care. We spoke with relatives and staff; all confirmed that staff had reported their concerns to the registered manager, who had requested an assessment for the equipment that was needed. A relative told us, "The hoist took a little while, but they (the provider) supported us to get the hoist."

Most people said they thought there were usually enough staff to provide care but there were occasional missed calls and sometimes only one carer provided care when two were required. Seven of the nine people spoken with said the service was reliable and that they had never had missed visits. One person said, "No missed visit. They always come." Two people said they experienced missed visits. One person said, "Problems on the weekend the main part of the week is good. Sometimes visits are missed on the weekends."

Concerns we received before the inspection also indicated that where two people were required to provide care safely there were times when the provider had allocated only one member of staff to provide care. Three people spoken with said sometimes they only received one care worker. One person told us, "I am supposed to have two, but sometimes only one comes." Another person said, "I am supposed to have two at night, but last night I only had one." This indicated that there were occasions when there were not enough staff to provide people's care safely and as required.

Staff said they felt there were enough staff and if they were unable to work, there was always someone to cover their

Is the service safe?

calls. A member of staff told us, “Enough staff every time I have needed cover they have found somebody.” Another member of staff said, “I think there is enough staff, cover available for emergency straight away. Not short of staff.”

The provider had not ensured that all the required recruitment checks were in place before staff started their employment. Before our inspection we received a concern that staff were commencing work before the provider had undertaken all the required recruitment checks. One member of staff spoken with told us they had started work before the Disclosure and Barring Services check (DBS) had been done, and had been allowed to work with people

unsupervised. Records looked at showed that where staff had previously worked with children or vulnerable adults, verification had not been sought as to why the person’s employment had ended.

People told us that where required staff supported them with their medication. One person told us, “They always check to make sure I have my medicines.” Another person, “Mom has to be prompted with some medicines and they do prompt mom.” Medication administration records looked at confirmed this. All staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedures.

Is the service effective?

Our findings

Everyone that used the service and relatives that we spoke with said they thought the staff were well trained and knowledgeable. One person said, "I think they are trained oh yes I am sure they are."

All staff spoken with said they had an induction into the role and that it prepared them for the job. A member of staff told us, "During my induction I shadowed a member of staff for four days. I was quite confident when I had to go out on my own. The shadowing really helped." However, training records looked at showed gaps in staff training such as, moving and handling, safeguarding and Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The registered manager told us that twenty one staff were due to do moving and handling training the day after our inspection visit.

Staff said they received supervision and appraisal and attended team meetings to support them to do their job. Records looked at showed that the provider adopted a planned approach to staff supervision and appraisal.

Everyone that used the service, spoken with said staff sought their consent before providing care. One person told us, "They always ask and get my consent."

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who

may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires domiciliary care providers to submit applications to the Court of Protection if a person lacking capacity requires their liberty to be restricted. The registered manager said that no one using the service lacked the capacity to make decisions about their care, and records sampled confirmed this. However, care staff spoken with had not received training in this area, and were not aware of how the legislation affected their practice. The registered manager was not aware of the Supreme Court ruling relating to protecting people's rights in line with the legislation.

We spoke with some people who received support with managing their meals. All said that the staff offered the support they needed and had no concerns about how they were supported in this area. One person said, "They do all my meals for me. I am very happy with this actually." All staff spoken with were aware of how to support people who may be at risk of not eating or drinking enough to keep them well.

People spoken with said they were independent and could call the doctor themselves if needed.

However, all said they were confident that staff would contact the doctor if they were not able to. One person said, "I can call the doctor if I need, but think staff would call if I wasn't well." A member of staff said, "If someone is unwell I normally phone the office and seek guidance."

Is the service caring?

Our findings

All the people spoken with said they thought the staff were caring towards them. One person told us, "It's a good service caring and friendly staff." A relative said, "They are absolutely brilliant, I love them to bits" Another relative said, "I have no concerns about the staff, they are caring." We saw compliment cards that had been sent to staff from relatives describing the care that was shown by staff. One card read, "Thank you all for all the care you gave to mom." Another card read, "Just to say thank you. Would definitely recommend your service."

People spoken with said they had relevant information about the service. People said that staff listened to their wishes and did as they asked, so that care was delivered in line with their expectations and wishes. One person said, "They definitely provide the care that I want. They are caring." Another person said, "Everything that needs doing in care plan has been done."

All the people we spoke with said their privacy, dignity and independence were respected by staff. Staff spoken with gave good examples of how they supported people's privacy and dignity. This included, ensuring doors and windows were kept closed and people kept covered up when providing personal care. Staff said they always respected people's wishes when supporting them and gave people the time and space to do as much as possible for themselves. One member of staff said, "I only do as much as what the person wants with their personal care." Another staff member said, "I always ask people how they want me to do things, and never do anything that they don't want me to do." Care plans we saw guided staff to respect and promote people's privacy and dignity.

We saw that information was on display at the service on maintaining confidentiality and respect. Staff spoken with said they ensured they kept people's information private and confidential.

Is the service responsive?

Our findings

People said they and their relatives were involved in planning and agreeing their care. One person said, "Someone came out to assess and plan what I wanted." A relative said, "They know mom's needs and work flexibly to support mom's needs." Someone else said, "They are absolutely wonderful I can't complain."

Most people spoken with said they had regular care workers, so the service they received was consistent. One relative said their mother had Alzheimer's and that the service worked well because of regular staff that knew their mother well. One compliment card that we saw read, "Thank god for this wonderful service, very reliable." Another compliment card read, "To everyone at Tabatha, thank you very much for all your help."

People told us their needs were assessed, planned and reviewed with their involvement. Staff said the needs assessments contained detailed information about people's past history and lifestyle and they were required to read the care plans, so they understood each person's needs. Care records looked at confirmed this.

All the people we spoke with knew how to complain about the service and were confident their concerns would be listened to, acted upon and resolved to their satisfaction. One person told us, "No complaints, if any queries I would phone the office they are receptive." Another person said, "If I have any issues I just phone them up and they take care of it." A third person told us, "I did complain over the phone once and they addressed it." Records of complaints sampled showed that they were investigated and responded to in line with the provider's policy.

Is the service well-led?

Our findings

All the people spoken with said they thought the service was managed well and that they received a good standard of service. During conversation with people they referred to the provider and the registered manager by name.

Everyone said they could speak to either the manager or provider if they had any concerns. One person told us, “Well run every time we have asked for someone to come they have come.” Another person said, “I do think the service is well managed, I do.”

A relative said, “My mom seems to be happy, had quite a few care companies before, but she is happy with this one.”

Two people told us they had experienced missed visits on occasions, but they still thought the service was of good quality. One person told us, “I think the service is quite good except on the weekends.” This person said they had complained about the missed visit and the registered manager had sorted it out.

Some people spoken with said they had received a questionnaire asking them if they were happy with the service. One person told us, “I think I had a survey a long time ago and somebody from the office rang to ask if I am happy.” Another person said, “So far they haven’t asked if I am happy with the service. Using the service since last September. No one has visited so far from the office.”

Other people said they were asked if they were happy during their care review and records seen confirmed that people’s care was reviewed and they were given the opportunity to comment on the standard of care received. We saw that one person had commented during their care review that they were, “Happy with all the carers, they are polite and professional.”

The provider sent us a copy of the analysis of surveys they had sent to people using the service during 2014. This showed a high level of satisfaction based on the questions asked. However, where people indicated that there may be shortfalls in the service, there was no action plan to indicate how the provider would improve. For example, of the 53 people taking part in the survey, six people said they were not given a service user guide. This is information about the service, which would enable people to make informed choices about whether or not they wanted to use

the service. Two people said they were not kept informed of changes to their care arrangements and one person said they were not treated promptly and with courtesy when they contacted the provider’s office.

Staff spoken with said they were able to make suggestions for improvement to the service during staff meetings and individual supervision sessions. Staff said the managers were open and accessible to them. A member of staff told us, “[Registered manager’s name] is a good manager, she listens and is open and will address any concerns and is reliable.” Another staff member said, “We can make suggestions for improvement at team meeting and we can raise any issues.” Another staff told us they felt free to go to the provider or registered manager and they would both act on any concerns they had.

There was a registered manager in post with no changes of managers so the management of the service was stable. All conditions of registration were met. However, the provider did not always recognise when safeguarding incidents have been reported to them and so did not always keep us informed of these events.

There were systems in place to monitor the quality of the service, to check that people received the service as planned. This included, time sheets collected and checked on a weekly basis, random call monitoring on a daily basis to check that staff had arrived at their calls. Frequent spot checks on staff to ensure they were operating to the provider’s standard. A member of staff told us, “I know the office staff phone the calls that I have been to check on the quality of my work.” We saw that care records were also collected and checked by the registered manager for any deviation from the service, this included monitoring people’s medication administration records.

One person’s relative said that up to date records of their relation’s care was not available in the home. They were concerned that following the provider changing the name of the company all the care plans and documents they had referred to the previous company. The person told us that although the care had been reviewed and they were involved in the review they have not received the new care plans.

The provider did not keep clear records to demonstrate that staff recruitment procedures were robust. For example a recent photograph was not available on the staff records looked at. Staff records contained DBS reference number,

Is the service well-led?

indicating that these check had been completed. However, the provider did not keep documents which indicated if the checks were clear or if staff had been checked against the appropriate DBS list, or verification that the checks had been done before staff started working.