

Twilight Years Limited

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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

Twilight Years Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in the Furness and South Lakeland areas of Cumbria. The service is provided to adults with a range of physical and mental health care needs.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection of this service between June and August 2015 we assessed the overall rating to be good. However we assessed the key question of safe to be requires improvement. At this inspection in February and April 2018 the rating for the key question of safe had improved to good. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

At our comprehensive inspection of this service in 2015 we found a breach of legal requirements. Although people had been protected against the risk of harm, the records around medicines did not identify the medicines that people had taken. This meant it was not possible to check that people had been supported to take their medicines as their doctor had prescribed.

After that inspection the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breach. At our inspection in February and April 2018 we looked at the actions the registered provider had taken and found that legal requirements had been met.

People were safe receiving care from the service. Hazards to people's safety had been identified and managed. The staff understood how to protect people from abuse and harm.

New staff were recruited safely. All new staff were checked to ensure they were suitable to work in people's homes.

There were enough staff to provide people's care. The staff were trained to ensure they had the skills and knowledge to provide people's care.

The registered manager and care staff worked with local health and social care services to ensure people received the support they required. People received their medicines safely and were supported, as they needed, to access local health services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People could refuse any part of their planned care and the decisions they made were respected.

The staff treated people in a kind and caring way. Care staff told us their visits were planned so they had time to spend with people and understood this was important in supporting people's wellbeing. However, some people felt the staff were rushed and required more time to provide their care. This was discussed with the registered manager.

Care was planned and delivered to meet people's needs. People who used the service were included in planning and reviewing their care.

The registered manager was supported by an office manager and team of care coordinators. People who used the service knew how they could contact a member of the management team if they needed.

The registered provider had a website which gave information about the services provided, how people could contact the agency and how people could raise a complaint. People had access to important information about the service.

The agency worked with appropriate services to support people who were reaching the end of their lives.

The registered manager had systems to monitor the quality of the service. People were asked for their views in formal and informal ways. Some people were not aware if any action had been taken in response to their feedback. We have made a recommendation about improving how information is shared with people about the actions taken in response to their comments.

Further information is in the detailed findings below.

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 has improved to Good.

Improvements had been made to the safety of the service.

People were protected from abuse.

Risks to people's safety had been identified and managed.

There were enough staff to provide people's care.

Improvements had been made to how medicines were recorded.

Is the service effective?

Good ●

The service remains 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.

Twilight Years Limited

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 comprehensive inspection took place between 21 February and 6 April 2018 and was announced. We called the service on 19 February 2018 to arrange our visit on 21 February 2018 because we wanted to be sure the registered manager would be available to speak with us.

The inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who has used this type of service. The expert-by-experience had experience of caring for older people.

We visited the agency offices on 21 February and 6 April 2018 and looked at care records for four people who used the service and at the recruitment and training records for four staff. We also looked at records relating to how concerns were managed and how the registered manager checked the quality of the service.

During our inspection we spoke with the service's registered manager and office manager. We spoke with eight people who used the service and two people's relatives by telephone. We also contacted four staff members by telephone to gather their views.

Before our inspection we reviewed the information we held about the agency and contacted the local authority commissioning and social work teams for their views of the service.

Is the service safe?

Our findings

Everyone we spoke with told us they were confident people were safe receiving care from the service. One person told us, "I am certainly safe." Another person said, "There are no issues about safety."

At our last inspection of the service in June and August 2015 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment because the records of the support provided to people did not identify the medicines that people had taken.

At our inspection in February and April 2018 we found the recording of medicines had improved and medicines were handled safely. The registered provider was now compliant with regulation 12.

People received the support they needed to take their medicines. One relative we spoke with told us, "Medication is given to my relative on time; I have no issues with this." Another person said their relative always received the assistance they needed to take their medicines.

All of the staff we spoke with said they had received training in how to handle people's medicines safely. This was confirmed by the training records we looked at. The staff told us they assisted individuals to take their medicines and recorded this on the medication administration records held in people's homes.

The staff told us they had received training in how to identify and report abuse. They said they would be confident reporting any concerns to a member of the service management team. The staff told us they knew the people they supported well and would be able to identify if they felt unsafe. They said that if a person disclosed to them that another staff member had abused them they would be confident reporting this to a member of the management team. One staff member told us, "I'm on the side of the client. I have reported other staff to the office."

Registered providers of health and social care services have to notify us of any allegations of abuse related to the care they provide. The registered manager had notified us of allegations as required. The information we received showed the registered manager took appropriate action in response to any allegations received.

Most people told us there were enough staff to provide their care. They said they were supported by a small team of care staff who they knew well. People told us their care visits were arranged to suit them and said the staff usually arrived at the times agreed. One person told us, "Yes they [care staff] are on time, never missed a call, [the service is] good with timing." Another person said the care staff were "always on time" and said, "They [care staff] have never missed a call."

Two people told us the staff who visited their homes required more time and said they felt the staff were "rushed." One of the individuals also said there had been times care staff did not arrive as arranged to provide their support.

We discussed the concerns raised with the registered manager of the service. She told us staff rotas were arranged to ensure care staff had the agreed amount of time to spend with each person and said staff should not need to rush when supporting people. The registered manager also said all staff had been advised of the actions to take if they were not able to attend a planned call, including informing the office so another care worker could be allocated to the visit.

All of the care staff we spoke with said their rotas were well organised and gave them enough time to spend with people. They knew the actions to take if they were not able to attend a planned call or, where a visit required two staff to attend, the second care worker did not arrive. During our visits to the agency offices we saw that systems were in place to ensure all planned calls were carried out. Where a staff member was not able to attend a planned call they contacted the service management team and the care coordinators arranged for another staff member to carry out the visit. Where staffing changes had to be made at short notice the care coordinators contacted people, where possible, to advise them of the change.

Hazards to people's safety had been identified and managed. The care staff we spoke with said they knew how to provide people's care safely because identified risks, and how to manage these, were recorded in people's care records. The staff said they would inform the office staff if they identified any new hazards so the risk assessments could be updated. This helped to protect people from harm.

Checks were carried out before new staff were employed. All new staff had to provide evidence of their good character and were checked against the records held by the Disclosure and Barring Service. This helped to check they had not been barred from working in a care service and were suitable to work in people's homes.

The management team in the service had systems to monitor the safety of the care provided. These included identifying issues and sharing learning from any incidents to ensure improvements were made and lessons learnt.

The staff we spoke with said they had completed training in infection control and handling food safely. The staff were issued with disposable protective equipment to use when providing care. This helped to protect people from the risk of infection.

Is the service effective?

Our findings

Everyone we spoke with told us the staff employed by the service were trained and competent to provide people's care. People told us the staff were "professional" and "skilled". One person told us, "My care workers are very skilled." Another person told us they had been supported by the same staff for a number of years and said they were "absolutely wonderful".

We looked at four people's care records. We saw that where people had complex care needs appropriate specialist services, such as an occupational therapist, had been included in assessing and planning their care. This helped to ensure people received appropriate care to meet their needs.

Records we looked at showed all new staff completed a range of training before working in people's homes. The staff we spoke with said they had received the training and support they needed to ensure they were skilled and competent to deliver people's care. They told us they had also completed training to meet people's specialist needs. The registered manager had systems to identify when training needed to be repeated to ensure staff maintained up to date skills and knowledge.

Most people we spoke with did not require any support from the staff to prepare or enjoy their meals and drinks. People who did require the staff to make their meals told us the care staff asked what they wanted them to prepare and this was provided. One person said, "They [care staff] make my dinner and tea. I tell them what I want and they make this for me." Another person said, "They [care staff] prepare all my meals, they are very good. I have my choice, no issues at all."

The management team in the service worked with other health and social care agencies to ensure people received the support they required promptly. One staff member told us they had identified that a person's needs had changed such that they needed an assessment by a specialist health professional. The staff member told us they had contacted the staff in the agency office for them to arrange for a referral to the specialist service to be made. People who used the service also told us that the staff had contacted health services for them, if they needed this, when they were unwell. One person told us, "Once I was not well. They [care staff] called the GP."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People told us they had agreed to the support they received. They said the staff who supported them always

asked for their consent before providing their planned care. People told us they could refuse any aspect of their support if they wished and said the staff respected the decisions they made. One person told us, "They [care staff] always get my consent." Another person said, "Everything they [care staff] do is in consultation with me."

All of the care staff told us they asked for people's consent before providing their care. They said people could refuse any part of their planned care if they wished. The staff understood when it would be necessary to report a person's refusal to receive support to a member of the service management team, such as if a person regularly refused medicines. This meant the managers in the agency would be able to review the person's care and take further advice if required to support their health and wellbeing.

Is the service caring?

Our findings

Everyone we spoke with told us the care staff employed by the service were kind, respectful and caring to people. One person told us, "They [care staff] are kind, respectful and always caring towards me." Another person told us, "They [care staff] are extremely kind, they are good with me, we have a good relationship."

People told us the staff who visited their homes asked for their views and included them in all decisions about their care. One person said, "[The care staff] are always asking me if I am okay" and said, "They consult me when they are doing things." Another person said, "They [care staff] always ask me for my opinion."

People told us they trusted and felt comfortable with the staff who provided their care. One person told us they had been anxious about one aspect of their planned care. They said the support provided by the staff had increased their confidence and they now felt comfortable having their care provided. They said they had greatly appreciated the support the care staff had provided with this aspect of their care.

All of the staff we spoke with were respectful and discreet when talking about the individuals they supported. They told us they cared about the people they visited. One staff member said, "I love my clients." Another staff member said, "I treat my clients like I would my family member."

The staff understood the importance of being able to spend time with people and said their visits were planned to allow this. One staff member said, "I have time to sit and chat" and another care worker said, "It's part of your job to be company for people." The care staff showed they understood how spending time with people was important to support individuals' wellbeing.

Everyone we spoke with said they were confident the staff respected their privacy and dignity. One person told us, "They [care staff] give me the utmost dignity." Another person said, "They do give me respect and dignity."

The staff we spoke with told us visits were planned to meet people's preferences about the gender of the staff who supported them. They said, where people wished, any intimate care they required was provided by staff of the same gender as the individual to help them to feel comfortable.

People told us they valued the support they received and said this helped them to remain as independent as possible in their homes. One person told us, "The staff let me do what I want" and another person said, "[The care staff] are always trying to make me independent."

People we spoke with said they did not need support from the care staff to make decisions about their care or lives. The registered manager knew how to contact independent advocacy services if a person needed support to express their views. Advocates are people who are independent of the service who can support people to make important decisions and to share their views and wishes.

Is the service responsive?

Our findings

People we spoke with told us the service provided was responsive to their needs and wishes. They told us any changes they asked for in their planned care were agreed. One person told us, "They [agency staff] are all very flexible, they work around me." Another person said, "I have requested changes, they [agency staff] have always been accommodating."

Each person who received care from the agency had a care plan to guide staff on the support they required and how they wanted this to be provided. People told us they had been included in agreeing to the support they required and this was recorded in their care plans. They said their care plans were reviewed regularly to ensure the support provided continued to meet their needs. One person told us, "The manager came out and discussed what I needed. I am exceptionally happy with the outcome." Another person said, "Every year they come. They review the plan and discuss my needs."

We asked people if the staff who provided their support knew the care they required and the things that were important to them in their lives. People told us the staff did know because these were included in their care plans. One person told us, "Yes they do. One it's in the care plan, secondly we always discuss matters." Another person said the staff provided care as they wished and told us, "We always discuss what I want and need."

We looked at four people's care plans. We saw the care plans had been reviewed regularly and if the support people required changed. The care records gave information for the staff about people's families and the things that were important to them. The staff we spoke with told us the care plans gave them the information they needed to be able to support people and to engage them in conversation about the things that were important to them.

The registered provider had a procedure for responding to complaints about the service. People we spoke with told us they knew how they could raise a concern. People who had raised a concern with the service told us action had been taken in response to the issue raised. One person told us, "One [staff member] was not up to scratch, we reported her and this was changed immediately."

The staff we spoke with told us they would be confident raising a concern on behalf of the people they visited. They told us they would speak to a member of the service management team on behalf of individuals they supported and were confident action would be taken.

The service supported people who were reaching the end of their life. The staff told us they had completed training in how to care for people who needed support with end of life care. The service worked with local health and specialist services to ensure people reaching the end of life received the care and support they needed.

Is the service well-led?

Our findings

Most people we spoke with told us this was a good service and said they would recommend it. One person told us, "They [the service] are brilliant; I can recommend this service to anyone." Another person said, "They [the service] are excellent. I cannot praise the company enough."

One person said they had previously experienced some issues with the support provided but said these had been resolved to their satisfaction. They told us, "The last few years the service has got better. Honestly I am really comfortable and happy with the service." One person said they had experienced issues regarding the timing of their visits. They told us, "The service varies, sometimes it's good, sometimes inconsistent."

The care staff we spoke with told us they felt the agency provided a good quality service to people and said they had recommended it to people they knew. One staff member said, "I recommend it [the service] all the time." Another staff member told us, "I have recommended it [the service]."

There was a registered manager employed. 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 registered manager was supported by a care manager and local care coordinators who were responsible for overseeing the different areas where care was provided. Everyone we spoke with told us they knew how they could contact the service management team. One person told us, "I can contact the office." Another person said, "I speak to the office."

The staff we spoke with told us they felt well supported by the management team in the service. One staff member said, "The office support is really good. [Named care coordinator] does a fantastic job."

The registered provider had a website that gave people important information about the service. This included the types of support provided, how people could contact the service and how people could raise a concern. The website also displayed the required information about the service's inspection background and the rating given at our inspection in 2015.

The registered manager had a system to ensure people who used the service, their relatives and the care staff were able to contact a member of the management team when the agency offices were closed. The staff we spoke with confirmed they could contact a senior person at any time if they required guidance or advice. The contact details for the agency office and the on call service were displayed on the service website.

The registered manager had systems to monitor the quality of the service provided. People told us they had been asked for their views of the service during meetings where their care was reviewed. One person told us, "[Named care coordinator] comes to see me and checks with me if I am okay."

People had also been asked to complete a quality survey to share their views with the registered manager. The results of the survey carried out in November 2017 were displayed on the service website. One person told us they were aware action had been taken in response to their feedback about the service. However, two people said they were not aware if any action had been taken in response to their comments.

We recommend the registered provider considers appropriate ways of ensuring people are aware of actions taken in response to their feedback.

The management team in the agency had developed relationships with local commissioning and health service teams to ensure people received the support they needed. Where people's needs changed, such that they required additional support, the agency management team contacted appropriate services to request a review of the individual's care.

Registered providers of health and social care services have to inform us of significant events that happen in their services such as serious injuries to people or allegations of abuse. The registered manager was knowledgeable about the type of events that needed to be notified to us and we were informed of significant incidents promptly. This meant we could check appropriate action had been taken.