

Tailor Care Southampton Limited

Southampton

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

About the service

Tailor Care (Southampton) is a home care service providing personal care to people in their own home. The service provides support to people with a range of personal care needs. At the time of our inspection there were five people using the service who received personal care services.

People's experience of using this service and what we found

The provider had been careful in growing the size of the business, concentrating on supporting a small amount of people in the local area. The provider had chosen to keep the size of the service small to help promote safety and quality. The registered manager and managing director were heavily involved in the day to day running of the service, including carrying out a significant percentage of care calls commissioned. There were effective systems to oversee the quality of care and the provider was committed to seeking ways to improve the service through the introduction of technology.

People told us they were happy with the care they received. They told us they received a consistent, good quality service, which was in line with their needs. They told us staff were caring and friendly and management were visible and accessible. Care plans clearly set out what people's abilities were and gave instructions to staff about how to promote people's independence, treat them with dignity and ensure they felt respected.

The provider was flexible in responding to people's changing needs, involving them in the planning and reviewing of their care. Care plans detailed people's needs in relation to personal care, medicines administration and healthcare, which helped to make it clear what support was needed in each of these areas. There were appropriate systems in place to gain feedback about people's care and to manage any concerns or complaints received.

People received care and support that was effective. At the time of inspection, the provider had very few active care staff. However, there were arrangements in place to ensure staff had appropriate training and support in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had systems in place to protect people from the risk of suffering abuse or coming to avoidable harm. The registered manager had a good understanding of how to appropriately respond to risks or concerns about people's welfare. There were systems in place to ensure any learning from incidents was shared with staff to promote improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 21 November 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Southampton

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection so people could consent to take part in the inspection by giving us feedback by phone.

Inspection activity started on 19 July 2022 and ended on 3 September 2022. We visited the location's office on 31 August 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information

providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with two people and two relatives who used the service and family members. We spoke with the registered manager and the managing director. We reviewed records relating to people's care and the running of the service. These included care records for three people and one staff recruitment file. We reviewed the provider's policies and procedures, quality assurance records and incident records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe when receiving care from staff. Comments included, "We have no complaints at all", and, "I feel comfortable with all the staff."
- The provider had a safeguarding policy in place which outlined the actions they would take to help keep people safe from suffering abuse or coming to avoidable harm.
- Staff had appropriate training and knew how to respond to safeguarding concerns. The registered manager understood their responsibilities in reporting concerns about people's safety and welfare to appropriate safeguarding authorities.

Assessing risk, safety monitoring and management

- There were processes in place to manage risks to people's safety and wellbeing. Risk assessments were completed in relation to falls, eating and drinking and people's home environment. This helped to minimise the risk of harm to people and staff.
- The provider had a business continuity plan in place. This detailed how the service would run safely in the event of exceptional circumstances, such as, extreme weather or acute staff shortages. People's care needs were risk assessed to ensure the most vulnerable were prioritised in the event of such circumstances.
- There was a 'non-entry' policy in place. This set out the steps to follow if staff were unable to establish contact with people at planned care call times. This helped to ensure the provider could establish people's safety and whereabouts.
- The provider had an 'out of hours on call service'. This was a telephone-based system operated by the managing director and registered manager outside of office hours. This helped ensure people and staff could contact management in the event of an emergency. The registered manager and managing director were also available to deliver care at short notice to cover staff sickness or absence. This helped as a contingency to ensure people received their care as planned.

Staffing and recruitment

- People told us they were cared for by regular staff and their care was provided at consistent times. Comments included, "I get the same person mostly, she's very nice and always on time."
- At the time of inspection, the provider only had one active member of care staff. The registered manager and managing director regularly carried out a significant number of care calls. This did not have an impact on the running of the service due to the low numbers of people cared for. The managing director told us they were in the process of recruiting new staff.
- The provider carefully planned how the size of the service would grow to ensure they could take on new packages of care safely. This included analysing staffing numbers, skills and the location of new referrals.

- There were appropriate recruitment checks carried out to help determine newly recruited staffs' character, experience and conduct in previous employment. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers ensure suitable staff are employed.

Using medicines safely

- People were happy with the support they received from staff around their medicine's management. One relative said, "They ensure [my relative] has taken her tablets [medicines] safely."
- People's care plans detailed how independent they wished to remain around their medicine's management. This helped to ensure staff had a clear understanding of the care tasks required. One person said, "I do my own tablets, staff just check it."
- The provider had a medicines policy in place. This detailed the procedures staff were required to follow to help ensure they administered people's medicines in line with best practice guidelines.

Preventing and controlling infection

- Staff received regular training updates in infection prevention and control. This helped to ensure they were followed best practice in preventing the risk of infections spreading.
- We were assured the provider used personal protective equipment (PPE) according to the guidelines in force at the time.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were processes and procedures in place to learn from accidents and incidents. There had been very few significant incidents which had taken place, but the registered manager was able to demonstrate how they would investigate incidents to look for causes, trends and put strategies in place to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to care commencing. This included assessments of people's physical, mental health and social needs. Assessments reflected needs arising from people's protected characteristics and were completed with people's input. A relative told us, "We met the manager and his deputy initially and discussed care needs. They agreed a suitable time for visits and this has been adhered to."
- People had good outcomes from the care they received. One person was supported to regain their mobility with support from staff. This decreased their need for care and promoted their independence.
- The provider had developed policies and procedures in line with national guidance and best practice. There were systems in place to incorporate updates of best practice guidance into their policies and communicate any changes to staff.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff were competent and well trained. Comments included, "Staff are very good with [caring for people living with] dementia", "The staff seem well trained", and, " They [staff] are very effective, We have no complaints at all, we have a very good relationship with them."
- Staff induction training was based on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. Staff completed additional training around specific aspects of their role to help ensure they could meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives told us they were satisfied with the support they received around eating and drinking. One person said, "I ask staff to peel the potatoes. They do anything I want really."
- People needs around their nutrition and hydration were documented in their care plans. People required limited support in this area and care plans were clear where assistance was not required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other health and social care professionals to promote consistent care. This included scheduling care to enable people to attend healthcare appointments or providing support in meetings with professionals, such as social workers if people requested.
- The provider worked with incoming health and social care providers when people transitioned to other services. This included sharing care plans and working with families and incoming providers to coordinate the transfer of care. One relative told us, "[The managing director] has been fantastic and supported us in

finding a place for [my relative]. He's also said to ring anytime if I have concerns."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider had appropriate systems in place to gain consent from people to provide care.
- Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were friendly and caring. Comments included, "I have found them [staff] all to be very kind and attentive", and, "Of course they are kind! I wouldn't let them in if they weren't."
- The provider ensured people had small, consistent teams of staff, which promoted the development of positive relationships with people. People told us they always knew the staff that supported them, and they appreciated their companionship and company. One person said, "She [staff member sits and has a chat with me and asks me if there is anything I want doing."
- There were policies in place to help ensure staff consider people's protected characteristics under the Equality Act 2010, when planning and delivering care.

Supporting people to express their views and be involved in making decisions about their care

- People told us they knew which staff were coming and they were informed if there were changes to scheduled care. This reflected a consistent service where the provider understood the importance of keeping people informed about their care arrangements.
- People were involved in making decisions about the staff who supported them. The provider worked with people to help ensure their preferences around staff were met where possible. For example, one person expressed a wish to be supported only by female staff. The registered manager arranged to carry out the care themselves as they were the only female staff member available.
- People were able to express their views and participate in reviewing their care. The registered manager and managing director scheduled regular visits and phone calls to people to review and gain feedback about the quality of care. This helped to ensure care was suitable for people's needs and in line with their preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were not rushed when carrying out their care and that they treated them with respect. One person said, "They [staff] are never in a rush and are so polite."
- People's care plans identified how and with whom the provider could share care related information with. This helped to ensure that private information was only shared in line with people's instruction and wishes.
- People's care plans and care records demonstrated how staff promoted people's privacy and supported them to maintain a level of personal appearance they were comfortable with.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were happy with the quality of the care they received. Comments included, "[The care] is how I want it."
- People's care plans were reflective of the care people required and their preferred routines around support with personal care. Care plans detailed where people could be independent as well as where they needed support. This helped to ensure time during care calls was used effectively to meet people's needs.
- The provider was responsive to people's changing needs, organising care flexibly and proactively to keep people safe and promote positive outcomes. In one example, the managing director organised continuous care over a weekend at late notice, when one person's needs changed drastically, and they were at risk of a failed hospital discharge. This helped ensure the person was safe until their needs could be reassessed by healthcare professionals.
- People's needs were regularly reviewed, to help ensure appropriate care was in place. Senior staff organised formal review meetings with people and relatives to gain feedback about the quality of care. These meetings had been effective in making changes to call times or care tasks, when required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider's assessment process identified people's individual communication needs. These needs were detailed in people's care plans.
- The provider had arrangements in place to ensure information was available in alternative formats, such as care call rotas in adapted forms.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt the provider was responsive when helping them to resolve concerns or complaints. One relative said, "There was a [member of staff] who wasn't very good. I told [the managing director], he was immediately on it and we haven't had that [member of staff] again."
- The provider had a complaints policy in place which detailed how complaints and concerns would be responded to. The provider had received very few complaints since their registration with CQC. The registered manager and managing director took a proactive response to any minor complaints received. They ensured people's concerns were listened to and responded to appropriately.

End of life care and support

- Nobody using the service was receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the service was well managed and expressed confidence in the provider's leadership team. Comments included, "Every time I speak to them [the leadership team], they are on it straight away", and, "I feel confident with this care agency and particularly with [the managing director] and [registered manager]."
- The provider had a clear vision about the standards required to maintain a high-quality service. The managing director and registered manager had a very good understanding of people's needs and focussed on being a visible and approachable presence for people, relatives and staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and managing director understood their responsibilities under the duty of candour. There were open communications with people using the service, their families and representatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and managing director carried out regular audits of key aspects of people's care. This included audits of medicines records, care records and financial records. This helped them identify good practice or highlight concerns.
- The provider had an overall quality audit, which was periodically updated and reviewed. This audit assessed key aspects of quality and safety of the service, identifying where actions were needed to promote improvement.
- The managing director and registered manager had a positive working relationship, they understood and supported each other in their respective roles. This helped to ensure they could step into each other's roles if either of them were absent from the service or had to cover care calls. The managing director said, "The registered manager and I have embarked on journey [since opening the service] and have worked together for a number of years."
- Providers are required to notify CQC about significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider involved people and their families to gain feedback about their care. There were regular care plan reviews in which people and their relatives participated. The managing director also sent quality assurance questionnaires and made telephone calls to gain people's feedback.
- The provider engaged staff via supervisions and team meetings. They had adapted the format of meetings in light of the Covid-19 pandemic, to help ensure staff could meet virtually. This helped to ensure staff could share updates and offer each other support. Staff were also asked to complete an annual questionnaire, which enabled them to give feedback about their role and make suggestions for improvements.

Continuous learning and improving care

- The registered manager and managing director recognised the need to develop systems to help ensure they could retain their level of insight into the day to day running of the service as the service grew in size. This included monitoring tools around staff training and care plan reviews.
- The provider had identified where technology solutions had the potential to improve people's experience of care. These included the implementation of an electronic care planning system. This system enabled the provider to monitor care calls, review care notes and update staff rotas via an electronic app.

Working in partnership with others

- The provider worked in partnership with other stakeholders to promote good outcomes for people. The provider kept professionals informed about people's health and medical needs where required. This helped to ensure their ongoing input could help adapt care to people's changing needs.