Tailored Care 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

This inspection took place on 12 January 2016 and was announced.

Tailored Care Limited is a care service registered to provide personal care and support for people in their own homes. At the time of our inspection they were providing care and support for approximately 30 people.

There is a registered manager in post. 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.

People were protected from the risk of harm and abuse because they were supported by staff who knew how to recognise and respond to abuse. Staff were not employed until required checks had been made about them to ensure they were suitable to support people in their homes.

People were supported to arrange their care with the staff and were involved in their reviews. The registered manager encouraged people to raise any issues. People were confident that action would be taken by the management team to resolve any problems.

People were encouraged to be as independent as possible and take charge of their care. Staff provided care which was kind, compassionate and promoted people's privacy and dignity. Staff had developed good relationships with the people they supported. People were supported to make their own choices and decisions and felt listened to and respected.

Staff received induction and comprehensive training in order to equip them with the skills to do their job. Staff were well supported by the management team and received regular feedback on their performance through structured supervision.

People knew how to make a complaint if they needed to. The provider completed regular quality checks to ensure standards of care were maintained. People had the option to comment about the quality of their service on a regular basis. Any areas for improvement that were identified were acted upon. People were aware of who the management team were and felt they were approachable and listened to them. They considered this aspect of the service had recently improved.

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 is safe.

There were sufficient staff to meet people's individual needs safely.

People were also supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good

The service is effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good

The service is caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good

The service is responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

Prompt action had been taken to respond to people's changing needs.

The provider had an effective system to handle complaints.

Is the service well-led?

Good

The service is well-led.

The provider was involved in the day to day management of the service to role model expected behaviours and values.

Staff felt valued and appropriately supported to provide a service that met people's needs.

Quality monitoring audits were completed regularly and these were used to drive continual improvements.

Tailored Care Ltd.

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.

We carried out an announced inspection on 12 January 2016. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was carried out by one 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.

As part of our planning for the inspection we asked the local authority and healthwatch to share any information they had about the care provided by the agency.

We spoke with 18 people who used the service, three relatives and five staff by phone.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

We reviewed two people's care records, three recruitment records, management quality reports and quality assurance systems.

Good

Is the service safe?

Our findings

People and their relatives commented they had gone through a period of lack of punctuality of their visits and of not being informed when changes were made to their visit list. The provider had taken steps to resolve these issues after being informed by people who used the service. People told us that communication and visit times were improving. One person said, "I've got fed up with the times but it's improved a bit now with the new manager. I think they've taken on more staff too. They are very good". Staff told us that they did not feel rushed by the visit time allowed and they were not under pressure to 'get onto the next person'.

People told us that they felt safe with the care worker in their home. They considered that key safe information was confidentially held. Most people had no concerns about the staff's ability to provide care safely. One person's relative said, "My [relative] trusts the care staff"."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Staff told us that they had attended training in keeping people safe. They said they received information about safeguarding people when they started working at the service. Information was also available in the office for them to access whenever they needed to. Staff we spoke with demonstrated an understanding of these processes and said they would take action if they were concerned about a person's safety. A member of staff said, "Yes, I understand what I should do if I think someone is being harmed in any way".

People's care was assessed and delivered so that their safety and welfare was maintained. An environmental risk assessment had been completed as part of the provider's initial assessment process to help staff identify and minimise any potential risks in the person's home. This included an assessment of possible risks from household substances that might be hazardous to health, and a gas, fire and utilities risk assessment. A record was also kept of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of these happening again.

Staff were given direction and guidance about each person if there was a need to monitor or review individual risk areas. For example, supporting people to move, prevent them from falling, prevent people developing pressure area skin damage and people not eating or drinking enough. The risk assessments had been reviewed and updated regularly or when people's needs had changed.

The provider had recruitment processes in place and they completed all the required pre-employment checks, including obtaining references from previous employers and Disclosure and Barring Service (DBS) reports for all the staff. These checks assisted the provider to make safer employment decisions and helped prevent unsuitable people from being employed.

The relatives we spoke with were complimentary about the quality of the staff that provided care and that their relatives were supported by mostly a consistent group of staff to provide continuity of care. Staff we spoke with said that there was always enough of them to support people at the times of their choosing, and

they received their rotas in advance to enable them to plan their work effectively.

Some people or their family members managed their medicines and they told us that they did not require staff support with this. However, the records indicated that for those supported by staff to take their medicines, this had been done safely and people had been given their medicines as prescribed. We also saw that staff had been trained to manage people's medicines safely.

Good

Is the service effective?

Our findings

People and their relatives told us that staff were well trained and had the right skills to support them appropriately. One relative said, "Yes I think they are well trained, in fact they are brilliant". One person told us, "They are all marvellous and most of them I know well now. There's nothing they could do better".

Staff told us that they provided the care people needed to maintain their health and wellbeing because they had completed the training they needed to develop their skills and knowledge. The provider had employed a trainer and developed a training suite separate from the offices to enhance the training and ensure the competency of staff. One member of staff said, "Training is really good, I find that I learn new things every time I redo any training".

We saw that the provider had a training programme that included an induction for all new staff and regular refresher training for all the staff. This consisted of face to face, as well as, e-learning in a number of various topics including health and safety, equality and diversity, diet and nutrition, and communication.

Staff told us that they had regular individual supervision meetings, support through staff meetings and they could speak with the registered manager whenever they needed support. We saw evidence of these meetings in the records we looked at and they were used as opportunities to evaluate each member of staff's performance and to identify any areas they needed additional support in. One member of staff said, "We meet regularly with the seniors or registered manager for supervision and they also do unannounced checks to make sure we are maintaining the high standards they expect of us".

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for Deprivation of Liberty (DoL) in domiciliary care are through the Court of Protection. There was no court order in place for any of the people who used the service at this inspection. However, the staff training plan did not refer to any specific training staff had received or planned to receive about DoL. The nominated individual was aware of the need to respond if this became necessary for an person. They had the awareness to ensure people's rights were protected until training was delivered. We saw that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. One member of staff said, "The care we provide is very much what people want. We would not do anything a person would not be happy with".

Everyone using the service was being supported by staff to meet their dietary and nutritional needs. The level of support required varied depending on the agreed care packages. For example, people with 24 hour support had all their meals cooked and served by staff so that they had a balanced diet that promoted their health and wellbeing. Staff said that they always made sure that people had enough to eat and drink, and

would always report promptly any concerns they might have about people not eating or drinking enough.

People told us they were supported to access other health and social care services, such as GPs and district nurses. Records showed that staff communicated regularly with people's relatives and their GPs or district nurses to make sure that they received the right support to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

Most people we spoke with were very appreciative of the way they had been cared for by staff. Comments from people we spoke with indicated that they found the staff to be kind and compassionate towards them. One person said, "They are mainly very kind and a caring lot. It's a nice agency. I am very happy with them". Another relative said, "They ask me my views about the care so I think that shows they care about me".

The way staff spoke about people they looked after showed they cared about the people they supported and they had developed very good professional relationships with them. One staff member said, "The person I look after trusts me and I absolutely love caring for older people, it's so rewarding".

People and their relatives told us that they had a document called a 'care plan' in their house. They talked about how the member of staff spoke with them and they saw what was written each day. They considered they were as involved as they wanted to be.

People also said that communication was improving and that things were settling down more after a period of uncertainty. People told us that staff provided care with respect and dignity. Staff also demonstrated that they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity while providing personal care. Where possible, they enabled people to maintain their independence by supporting them to do as much as they could for themselves.

Staff also told us that they maintained confidentiality by not discussing people who used the service outside of work or with agencies who were not directly involved in the persons care. We also saw that the copies of people's care records were held securely within the provider's office.

People told us that they had been given information before their care commenced. They said this had helped them to make informed choices and decisions. Staff described what information was kept in people's homes. This showed that a range of information had been included for use by people who used the service and staff.

Good

Is the service responsive?

Our findings

People who used the service had a wide range of support needs and these had been assessed prior to them being supported by the provider. We saw that personalised care plans were in place so that people received the care they required and that met their individual needs. One person said "I find the care provided very good and I am pleased with the service". Staff had taken into account people's cultural and faith needs. For example, a person's plan stated, 'Attends chapel on occasion and will not accept male care workers'.

Staff gave examples of some of the individualised care that they provided including providing a person with 24hr care. A member of staff said, "We look after all aspects of [person's] care. We get to understand the person's needs and can ensure their care is just as they want". Another member of staff said, "We support every person differently in accordance with their needs and preferences." Staff told us that the provider was looking at ways in which 'stand by' staff could be trained in event of sickness/holiday etc. so that the 24hr care remained consistent.

We saw that the registered manager visited people to review their care regularly and some people and staff confirmed that this had been more frequently if required. Staff told us they popped into the office, had meetings or were informed by telephone of changes to people's needs or if they had some information to communicate to the management.

People told us that they would feel comfortable raising any concerns they might have about the care provided. The provider had a complaints policy and procedure in place. We saw records kept in the office that showed people had been able to use this process and have their concerns sorted out for them. The provider made a record of action taken and any improvements to the service required.

Good

Is the service well-led?

Our findings

People told us that they felt involved in how services were provided and they were asked to comment on the care they received. One person said, "I have filled in a survey in the past". Another said, "The [manager] is the one who deals with any issues and they have been round to ask me what I think of things and if there is any change in my needs. I can talk to them and they listen". Staff told us the importance of recognising people as individuals. This was promoted by the registered manager and director and evidenced in people's care plans. .

The registered manager told us that questionnaires designed to gain feedback on the quality of the service were given out annually to people and their relatives. The results of these questionnaires were then reviewed to see if any changes to the provision of services for individuals were necessary. This enabled the person to have a say in the service that they received. It also helped to develop the service provided to others as the provider adapted practice where needed. We saw records of quality checks and changes made as a result. People we spoke with felt that their feedback was listened to and valued by the provider.

Staff said they were supported in their jobs by the management team and that they received regular one-on-one support sessions. Regular training was provided to enable staff to develop their skills in providing care. One staff member said, "Since starting I have been provided with all the basic training I need to do my role". Staff knew what was expected of them and they told us they were happy in their work. Staff members had a clear understanding of the provider's whistleblowing procedures and felt able to raise concerns of bad practice should they need to. Staff said they believed they would be supported by the management team if they had to raise a concern.

The provider had a registered manager, directors, quality and performance manager, trainer, care manager and co-ordinator in place. The provider had a clear understanding of their role, responsibilities and organisation values. There was provision in place for staff to seek advice and support outside of office hours. Staff told us that they felt part of a team and that managers listened to and took note of their views. The management team had appropriate systems in place to record and respond to incidents and accidents. The registered manager was aware of their responsibilities and had appropriately submitted notifications to us regarding safeguarding. The management team had a weekly communication system in place to review their service and to pass on any changes to staff ensuring consistent care provision.

The provider sought to develop initiatives to improve the service availability to people. They had employed 'drivers' to take staff that did not have a vehicle around on their calls in a given area. This provided consistency of staff and visit times to people who received a service in a given location.