Taylored Care Limited

Taylored Care Limited

Inspection report

Unit 5 Sunrise Business Park, Flint Lane
Ely Road, Waterbeach
Cambridge
Cambridgeshire
CB25 9QZ

Tel: 07921810680
Website: www.tayloredcare.co.uk

Date of inspection visit:
06 April 2017
12 April 2017
25 April 2017

Date of publication:
25 May 2017

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

Taylored Care Limited is registered to provide personal care to people who live in their own homes. This announced comprehensive inspection took place in April 2017. On 6 April we visited the service's office. On 12 and 25 April we spoke over the telephone with one person who used the service, a relative of another person who used the service and a member of staff. This was the service's first inspection since re-registration following a change to the office address. There were 6 people receiving care at the time of the visit.

Taylored Care Limited had a registered manager in place. 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 provided good, firm leadership and was liked and admired by everyone we spoke with, including a healthcare professional. The person, the relative and the staff all knew that they were able to contact the registered manager or the care manager at any time. Their suggestions for improvements to the service were listened to and any concerns were addressed.

People felt safe because they were supported by staff who were well trained and very experienced. Staff demonstrated that they would recognise if people were at risk of harm and they knew how to report their concerns. Any potential risks to people were assessed and managed so that the risks were minimised.

There were enough staff employed to provide the required level of service to each person. Staff recruitment procedures were thorough and ensured that only staff who were suitable to work for this service were employed. People received their medicines safely and as they were prescribed.

Staff received a thorough, individualised induction and a wide range of training and support to ensure they were properly equipped to do their job. People were supported to maintain good health by the involvement of other healthcare professionals and people's dietary needs were met.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions. People's rights were protected from unlawful restriction and unlawful decision making processes by staff who were aware of current information and regulations regarding people's consent to care.

People received care and support from good, caring staff. People were fully involved in any decisions about their care and were encouraged to be as independent as possible. Continuity of care was provided to each person by a small team of care staff who knew the person well.

Care plans were personalised and gave staff detailed guidance about the care and support each person

wanted and the way in which they preferred their care to be delivered by the staff. People were supported to lead an active social life if they wanted to. The provider's complaints procedure was available in people's homes.

Audits of all aspects of the service were carried out to ensure that the service provided was of a high quality. Any issues were addressed. Records were maintained as required.

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.

People received safe care from staff who had been trained to recognise and report any concerns.

Potential risks to each person and to staff had been assessed and guidance put in place to minimise the risks.

People received their medicines safely and as they had been prescribed.

Is the service effective?

Good

The service was effective.

Staff received a thorough induction and a wide range of training to ensure they had the skills and knowledge to do their job properly.

Staff received a high level of supervision and support from the management team.

People's dietary and health needs were monitored and people were supported to maintain good health and well-being.

Is the service caring?

Good

The service was caring.

A very good level of care and support was provided by good, caring staff.

People were fully involved in any decisions about their care and encouraged to make choices.

Continuity of care was provided to each person by a small team of care staff.

Is the service responsive?

Good

The service was responsive.

Care plans gave fully personalised and very detailed guidance to staff about the care each person needed.

People were supported to have as active a life as they wanted by staff who accompanied them to social events and engaged in everyday activities.

People were confident that if they had any complaints the registered manager would address their concerns.

Is the service well-led?

Good

The service was well-led.

People were pleased to receive a very good quality service from staff who were well supported by the managers.

The registered manager demonstrated very good leadership skills and was liked by people, their relatives and the staff.

An audit system was in place to ensure that the service provided was of the best possible quality.

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

The visit to the service's office took place on 6 April and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

As part of the inspection we looked at all the information we held about the service, including notifications. A notification is information about events that registered persons are required, by law, to tell us about. We asked for feedback from healthcare professionals who had regular contact with the service.

During our visit to the office we spoke with the registered manager, the care manager and one member of staff. Following our visit, on 12 and 25 April 2017 we spoke over the telephone with one person who used the service, one person's relative and one member of staff. We looked at two people's care records, staff training records and other records relating to the management of the service. These included audits and meeting minutes.

Following our inspection we received feedback from two of the external health and social care professionals we had contacted.

Good

Is the service safe?

Our findings

The person we spoke with told us that staff looked after them in a way that made them feel "very safe." They explained that this was because the staff were "all very good and very experienced." This person also told us that their relative "trusts the carers [staff] to stay [overnight] and care for me." The relative (of another person) said, "[Name of person] is definitely safe. They [staff] have been no trouble and they're all very good."

Staff told us, and records confirmed that all staff had undertaken training in safeguarding people. Staff showed that they understood that safeguarding meant keeping people safe from harm and abuse. They told us they were aware of their responsibility to keep people as safe as possible from avoidable harm. They demonstrated that they would recognise different forms of abuse and they knew to whom they would report any concerns. One member of staff told us that there were telephone numbers to ring to report abuse, in the care plan folders in people's homes. We saw that this information was available in the care records in the office.

Care records showed that thorough assessments of any potential risks to people had been carried out and recorded. Guidance had been put in place for staff so that risks to the person would be minimised but without taking away the person's independence. Risks to staff whilst working in people's homes, including risks associated with the environment, were also recorded and minimised where possible. Emergencies had been planned for and included instructions on what staff should do, for example in the event of a fire, in the event of a power cut and when to call 999.

The registered manager followed safe and effective recruitment procedures to make sure that prospective new staff were suitable to work in this service. Staff personnel files confirmed that staff completed an application form and written references were followed up with a telephone call to verify the reference. A criminal record check was always carried out and the results obtained before the new staff member started work.

The registered manager explained that they employed a sufficient number of staff for the work they were commissioned to do. The staff team worked well together and covered for each other when needed. In an emergency, such as a member of staff going off sick at the last minute, the care manager or the registered manager stepped in and provided the care. The person and the relative both confirmed that the care staff always arrived when they were meant to. The relative said, "They've been excellent. They turn up when they're supposed to." On the odd occasion they would ring to say they were going to be a few minutes late, but they had never failed to turn up.

The person we spoke with told us that staff gave them their medicines. The person said, "There are no mistakes. They [staff] are always very careful." Staff undertook training and were assessed by the managers as competent before they started to give people their medicines. Staff told us that the care manager re-assessed their competence during the regular unannounced spot checks that were carried out on staff's work. Medicine administration record (MAR) charts confirmed that staff signed the charts to show that

medicines had been given. This meant that the provider had a system in place to make sure that people were given their medicines safely and as they were prescribed.

Good

Is the service effective?

Our findings

The person and the relative we spoke with both told us that staff were trained to do their job properly. The person said, "They [staff] definitely know what they're doing, very experienced and definitely had training. [Name of registered manager] trains them if someone has more complicated problems so they can confidently do the tasks." The relative told us, "They definitely know what they're doing… They get checked on now and again to make sure they're doing the job properly.

The registered manager told us that new staff underwent a thorough induction, which included training in various topics. When a new member of staff started to work for the agency, the registered manager spent time with them going through the organisation's policies and procedures and where to access them when they needed to. They told us they gave the new staff member "some homework" and then they put a training plan in place based on what the individual needed. The plan was personalised to the way that staff member learnt best. Experienced staff spent time with new staff to pass on their knowledge about the care that each person needed.

Staff confirmed that they received a wide range of training to make sure they were properly equipped to do their job. Topics included safeguarding, mental capacity, health and safety, moving and handling and management of medicines. One member of staff told us that the training and shadowing they had received meant they felt confident to be left on their own to provide care to a person who was new to the service.

The registered manager said, "I try to get people [staff] to develop: push level 2s [a nationally recognised care qualification] to get to level 3." They explained that staff worked in teams with people and the teams received any specific training needed for that person. For example, if the person had their food via a tube directly into their stomach. This training was provided by the supplier of the nutrition and by specially trained nurses at the hospital. Other training was also provided by other agencies. For example, training in tracheostomy care, suctioning and the use of oxygen was provided at the local hospital and the local authority supplied medicines and safeguarding training. The registered manager, when talking about training, said, "I keep on top of them [staff]. It's important they know what they're doing."

Staff told us they felt very well supported by the registered manager and care manager. They received supervision and the care manager carried out regular unannounced spot checks. This meant that the provider ensured that staff were trained and supported to make sure they were providing the service the person wanted at the standard required by Taylored Care Limited.

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. We found that people's rights were being protected from unlawful restriction and unlawful decision making processes. The staff told us that people who received a service had the mental capacity to make decisions about their care or they had family members who were legally entitled to make decisions on their behalf. Staff had received training relating to the MCA and they demonstrated they knew about the principles of the MCA and were working within them.

Each person or their relatives supplied their own food, which staff prepared for them at the relevant times if that was a service the person needed. The person we spoke with told us, "They [staff] get my meals. I choose what I have…..generally they're good cooks." Care records showed that when needed staff completed food and/or fluid intake charts to record what the person had eaten or drunk. This meant that people's dietary needs were being met.

Staff supported people to maintain their health. They helped the person make appointments when needed and accompanied them to the appointments. The person told us that the district nurse visited regularly to treat their pressure ulcer (which had started long before Taylored Care provided their care). Other healthcare matters were dealt with by the person's relatives.

Good

Is the service caring?

Our findings

The person and the relative we spoke with both made very positive comments about the staff and about the care people received. The person was effusive in their praise of the staff. Their comments included, "The care is excellent, of a very high standard, very good" and "They're very good. I can't speak highly enough of them. My [relative] says he doesn't know what we'd do without them." They summed their feelings up when they said, "They are very very good my carers [staff]. I'd like to keep them."

The relative told us, "I think they're very good. They've been excellent and always turn up when they're supposed to." They also added, "There's nothing wrong with them [staff]. They're the best we've had." Both the person and the relative told us that the service provided was also a help to people's relatives, as it gave the relatives a break and enabled them to do other things, such as shopping. Staff stayed overnight with one person so that their relative could go away. When one person with particularly complex needs was admitted to hospital, staff provided 24 hour care and support in the hospital to ensure that the person's needs were fully met.

Both the person and the relative confirmed that they were fully involved in any decisions about the care and support the person needed and how they preferred that care and support to be provided. They made it clear that the person's views and preferences were always at the centre of any care or support that was delivered by the staff.

Staff told us they encouraged each person to be as independent as they were able to be. The person confirmed this, saying, "They [staff] have to help me but they always encourage me to do as much as possible." Staff told us that, for people who were not able to communicate using words, there were details in the person's care plan about the ways in which they communicated. The staff member said, "They [people we support] all communicate in their own way…. We get to know the person…. We could tell what [name] wanted by noises, eyes and so on."

The person, the relative and the staff all used the word "family" when they were describing the relationship between the staff and the people they were supporting. The person said, "They are sort of part of the family and they get to know other family members who call in." One member of staff told us, "We get treated like family."

The registered manager told us they tried to make sure that people received care from as small a team of staff as possible. However, they said there had to be enough staff within the team to make sure one of them was always available to provide the care. The person told us that it was always the same staff who came to them. They said that over the years some staff had moved on, but new staff were always introduced and shadowed the staff who knew the person well. The person said, "I see the same faces." A member of staff told us, "It's the same carers [staff] coming in – we get to know the person well." The relative felt there had recently been "different faces" but they did not see this as a problem.

Good

Is the service responsive?

Our findings

Each person had a care plan that gave staff very personalised, detailed guidance on the care and support that person needed and how they preferred that care and support to be delivered. The person said that both they and their relative had had input into their care plan and the plan reflected their needs and preferences. The relative told us, "I do give my views on the care my [family member] needs."

The registered manager told us that the care records we looked at in the office were duplicates of the plans that were kept in people's homes. The plans we saw gave staff very detailed instructions on every aspect of the care each person required. For example, for one person there were photographs on the way the person had to have their pillows positioned at night so that they could sleep comfortably. There were pictures of the equipment the person required, such as oxygen and a tracheostomy, along with detailed, personalised guidance on how to use the equipment. There were also pictures of techniques that were not to be used to move the person once they were in bed.

Risk assessments were an integral part of the care plan and included detailed guidance for staff on ways to minimise risk without putting restrictions on the person. For example, a care plan and risk assessment relating to taking one person out for a walk included details about ways to protect the person in different weather conditions.

Care records showed that temporary changes to care plans were recorded in the front of the file. Care plans were reviewed and updated whenever permanent changes to the person's care and support were made. The person confirmed this and told us that the plan was changed as their condition changed. Staff told us that the care plans were very detailed and gave them all the guidance they needed to be able to support each person. They said they always read the care plan.

Staff spent many hours with the people they were providing care and support to, which meant that keeping people active and stimulated in the way each person needed was described in the person's care plan. The person we spoke with told us that staff took them to a social afternoon at the local hospice, which they enjoyed. They told us that staff "definitely" played a part in helping them to lead a full life.

The provider had a complaints procedure, which was in the care records folder in each person's home. The person we spoke with said, "I would know who to go to but I've not had to complain." They were confident that the registered manager "would sort it out" and gave an example of when they had what they described as "a clash of personalities" with one member of staff. They had spoken with the registered manager and the member of staff had not provided their care again. The relative we spoke with confirmed that they were fully aware of the telephone numbers and who to call if anything was wrong. However, they told us, "I've no complaints, none at all. I would soon let people know if there was something wrong…..we've had no problems with the carers." Staff knew how to respond if anyone wanted to raise any concerns. Staff were sure that the registered manager would address any issues.

Good

Is the service well-led?

Our findings

Everyone we spoke with praised the service provided by Taylored Care. The person we spoke with told us, "I'm really pleased to be able to say how good they [Taylored Care Limited] are." A healthcare professional wrote, "Taylored Care provide a very good service to our clients. We have had no complaints or issues raised by staff or families and no safeguarding concerns noted. We are happy to commission Taylored Care's services." Staff were also very happy to be working for this service. One member of staff said, "The agency have always treated me so well. I'm really happy. I can't complain at all."

The registered manager was also the owner of the agency and fully understood their responsibilities to the people they were providing a service to, people's relatives, the staff and the commissioners of the service. They had managed to instil their values and the ethos of the service into the staff. One member of staff said, "She's [the registered manager is] very strict about how we work."

Both staff we spoke with had worked for the registered manager for a number of years. One member of staff told us, "She's [the registered manager is] lovely, very nice, she's always there for us." The other member of staff said, "She's [the registered manager is] very good to be honest. Gives you all the support you need." This member of staff added, "She's supported me to get to where I am, with all I've learnt."

The registered manager was supported by a care manager. Staff, people and relatives confirmed that one or the other was always available, either in the office or on call. Staff knew the managers would be available to support them at any time should they need it. Staff also knew that they could put forward ideas for improvements to the service at any time.

The registered manager told us they had attempted to gather people's views about the service in formal ways in the past, such as sending out written questionnaires, but this had not been successful. They felt, and this was confirmed by the person, the relative and the staff we spoke with, that a personal approach was far more productive. Everyone knew they could talk to one of the managers whenever they wanted to and they would be listened to.

Both staff knew about the provider's whistle-blowing policy and felt they could safely raise any issues about poor practice if they needed to. Both told us they had never needed to.

The managers carried out audits of all aspects of the service and took action where improvements were required. For example, they checked medicine administration records and daily notes in people's homes when they carried out a spot check on the staff. The records were also checked each month when they were brought back to the office. Any discrepancies were dealt with, with the individual member of staff. One member of staff told us, "They check the records when they come back to the office and we get a call. If there are so many mistakes, we go back to basics."

Our inspection found that required records were maintained securely. The registered manager was aware of their responsibility to send notifications to the CQC as required by the regulations.