

Tailored Care Limited

Tailored Care Ltd

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 8 September 2016 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because Tailored Care provides personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

At the time of our inspection 54 people used the service.

There was a registered manager in place at the time of our inspection. The registered manager was also the provider of the service. 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 felt safe with the staff who provided their care and felt they were protected from the risk harm. Staff recognised signs of abuse and knew how to report this. The registered manager ensured people's risks had been looked at and took actions to minimise risk without taking away people's right to make their own choices.

People told us there were enough staff to support them at the times they needed them. Staff told us they felt there were enough staff to provide safe care and support to people. The registered manager told us that advanced planning of staffing levels meant they knew people's calls were able to be met. People's medicines were checked and managed in a safe way.

We found the care and support people received was in-line with their consent and agreement. Staff we spoke with understood and recognised the importance of gaining a person's consent before carrying out any personal care for the person.

People were supported to eat a healthy balanced diet and were supported with enough fluids to keep them healthy. Staff supported people with access to healthcare professionals, and provided flexible times to ensure they made their doctor or hospital appointments.

People and where appropriate, family members, were involved in the planning around their care. People's views and decisions they had made about their care were listened to and acted upon. People told us staff treated them kindly, with dignity and their privacy was respected.

People knew how to make a complaint and felt comfortable to do this should they feel they needed to. People were provided with the information they needed should they wish to raise a complaint. People told us they felt that if they had raised any concerns they would be dealt with. The provider had received 24 complaints over the last 12 months all of which had been responded to with satisfactory outcomes for the complainants.

We found that the checks the registered manager completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practices. Staff felt supported by the registered manager to carry out their roles and responsibilities effectively.

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 were cared for by staff who had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this. People were supported to attend external healthcare appointments.

Is the service caring?

Good ●

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and the management listened to their opinions. Clear and visible leadership meant people received quality care to a good standard.

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.

This inspection took place on 8 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with five people who used the service and one relative. We also spoke with three staff, the branch manager and registered manager and the quality and performance manager. We looked at six people's care records. We also looked at complaints, satisfaction surveys, three staff recruitment records and the care record audits and medication audits.

Is the service safe?

Our findings

All the people we spoke with said they felt safe because the staff who supported them knew their needs well. They told us this gave them confidence their care and support would be provided in a safe way. One person said, "I feel very safe, [staff] are very trustworthy". Another person told us, "I feel quite safe". While a relative told us they knew their family member received safe care as two staff always attended to meet their family member's needs.

Staff told us how they supported people to feel safe. For example, one staff member told us when they left the person in the evening they made sure their doors and windows were locked. All staff we spoke with told us they were kept up-to date with people's care needs and if there were any changes so they were prepared to support the person in the right way. Staff told us they all worked as a team to ensure they would be able to keep to the times scheduled for people. People we spoke with told us staff occasionally ran late, however they were informed by staff who worked in the office the care staff would be delayed.

Staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. Staff told us about safeguarding training they had received and how it had made them more aware about the different types of abuse. Staff told us they had access to safeguarding information should they need this and went onto say that they would contact people in the office or the registered manager without hesitation to report possible or actual abuse. We found that where there had been a potential safeguarding incident this was reported to the local authority which showed the registered manager had followed the correct procedures to ensure people were kept safe.

People's individual risks had been assessed in a way that protected them and promoted their independence. For example, a review meeting was held for a person to discuss how the care package was working for them. The person and staff had highlighted that a 45 minute call was not enough to meet all of their needs in a safe way. We saw from the care records and from speaking with the person and staff that their time was then increased.

All people we spoke with raised no concerns about staffing levels. People told us they were aware of who was coming to support them when they were sent their weekly schedule. People told us the same staff would visit them. One person said, "They are usually punctual and stay as long as necessary, they don't rush off". We spoke with people who required two staff members to attend to their needs. They told us that there was always two staff present at all times. All people we spoke with told us staff always arrived and that they had never had a missed call.

Staff told us that when they collected their rota for the week they had the opportunity to raise any concerns about travel time, or length of time at a call. They told us that the branch manager listened to them should changes to the rota be required. Staff we spoke with confirmed that they had suitable travel time between their calls and they did not feel rushed. One staff member said, "I feel we have enough time with people, I don't feel rushed when I'm supporting them".

The registered manager told us how they were recruiting new staff to cover unplanned absences. Where there were unplanned absences these shifts were picked up by the existing staff team and the senior managers. The registered manager told us about how they worked with the local authority when accepting new people. The provider had arrangements in place to monitor and review their staffing levels to ensure people received safe care.

We saw records of checks completed by the registered manager to ensure staff were suitable to deliver care and support before they started to work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The registered manager had made reference checks with staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable staff were employed, so people using the service were not placed at risk through recruitment practices.

People we spoke with did not have any concerns about how their medication was managed. One person told us, "They always give me my tablets". We spoke with staff who administered medication. They had a good understanding about the medication they gave people and the possible side effects. People's choices and preferences for their medicines had been recorded within care plans.

Is the service effective?

Our findings

All the people we spoke with felt that staff who cared for them knew how to look after them well and in the right way. One person said, "[Staff] know what they are doing, I couldn't manage without them". Another person said, "I'm quite happy with what [staff] do". A relative told us, "There is always an experienced [member of staff] who knows what [the person's name] care needs are".

Staff told us they had received training that was appropriate to the people they cared for, such as safeguarding and medication. Staff gave examples of how learning and sharing experiences helped them to understand why and how to provide the right care for people and used team meetings as an opportunity to do this. Staff told us they felt they had enough training and told us that if they felt they needed more training the registered manager would accommodate this.

We spoke with a staff member who had recently begun working for the provider. They explained to us how they were supported in their role and how their knowledge was developed. They told us the training they received and shadowing an experienced staff member prepared them for their role. They told us they would only work alone when they, their mentor and the registered manager felt confident to do so. We spoke with a staff member who provided support to new staff and were able to give examples of how they recognised when new staff may need extra support. They told us the registered manager put extra support in areas that were specific to their learning needs, for example with medication.

Staff told us how communication was key to ensuring people received the right care. For example, they would spend time talking with people to get to know them. They also ensured they received detailed information about people's care needs from the managers and colleagues. They told us they had regular one to one conversations with the staff senior to them which was a good opportunity for them to discuss their learning and development. A staff member told us they were well supported by the management and their peers and felt confident to ask questions.

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 we spoke with told us that staff sought their agreement before carrying out any personal care and staff respected their wishes. One person told us, "They don't make me do anything I wouldn't want to do". Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured people consented to their care. One staff member told us, "We always give people a choice; it's not about us telling them what to do". They went onto say that if the person declined they would offer them an alternative option and respect their wishes. The registered manager had a good understanding of this process and how the mental capacity assessments were to be completed so people's rights were upheld.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

The registered manager had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

People we spoke with had different levels of need for support with meal preparation and cooking. People said they were supported according to their individual needs. One person said, "They always make sure I've had something to eat and drink". One member of staff said, "Even if the person doesn't require us to prepare their food and drink, I never leave them without ensuring they have a drink to hand". Staff told us they always offered a choice of meals where possible. One staff member told us of a person who was attended a weight loss programme, they explained they recognised and encouraged the person's healthy eating plans they had in place.

People we spoke with felt confident that staff would support them with their health care when they needed it. People told us that staff ensured they provided them with their personal care needs so they were ready in time for their appointments. We saw examples where staff had worked with district nurses to provide continuity of care to people. Staff told us that where people required further support from other health care services these were made. For example, a staff member told us that when they found a person's skin was becoming sore they contacted the person's relative. This action was in-line with the person's consent, so they could seek further medical assistance.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, "Everyone is lovely". Another person said, "They are respectful and nice towards me." A relative told us, "They definitely treat [the person's name] well".

Staff we spoke with knew people as individuals and told us about how people's independence was promoted. For example, staff told us they encouraged people to do as much independently as possible. Staff told us that caring for the same people on a regular basis meant that they got to know people well and were aware of their individual capabilities.

One staff member we spoke with told us that they always received feedback from the registered manager if a person had been complimentary about the care they had provided. The staff member told us, "It is nice to know that people are happy with what we are doing for them". Staff told us that they were not only there to provide personal care, but to also provide a social aspect for people, to help maintain a positive well-being. They told us that they wanted to make their time with people meaningful and would spend any extra time talking with them.

People told us that staff supported them to make their own decisions about their care and support and they felt involved and listened to. All the people we spoke with told us that they knew the branch manager and registered manager well and were able to have conversations about their care needs and support. They told us that they felt listened to, and any changes they had discussed were always followed through and acted upon.

All people we spoke with told us that staff respected their privacy and dignity. One person told us, "They are extremely good, co-operative and helpful". Another person said, "I look forward to seeing [staff members name] and having a nice catch up". All people we spoke with told us that staff never rushed or hurried them and always took their time. People told us they were always given a choice and staff respected their decision. They told us that staff maintained their dignity and ensured the doors and curtains were closed when providing them with personal care. Staff spoke respectfully at all times about people when they were talking to us or when talking with other staff members.

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care. All the people we spoke with told us how they could talk to staff at any time, or ring staff in the office if they needed too. People told us they had a detailed initial assessment before they began using the service and then checks were made to see if they were happy or wanted to change their care plan. One person told us they had a review when their care needs had changed. People told us they felt staff understood their needs and provided appropriate support in response to them.

People we spoke with told us that staff always respected their decisions about their care and their individual needs were met. We found people's needs were assessed and reviewed where required. Staff we spoke with knew about the needs of the people they cared for. Staff told us that they would always speak with the person to ensure they were providing care to them the way in which they preferred. People confirmed their likes and dislikes were recorded and staff followed these. Where a person's more complex needs were identified, staff were aware of how to support the person.

Staff were aware of people's changing needs and ensured other staff were informed of any changes. For example, a staff member told us that one person's assistance took longer than originally planned. The staff had reported this and a further care review had taken place and the time was increased. We spoke with the person's relative who confirmed this had happened and they and the person had been involved in the process and were happy with the outcome.

We found that the branch manager and registered manager was aware of people's changing needs and ensured that staff were informed of any changes. The senior managers told us how they provided care to people also, and used this as a way to gauge if people's care needs were being met the way in which the person wanted.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had given information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies who would support them if were they not satisfied with the outcome.

People who used the service and staff felt confident that something would be done about their concerns if they raised a complaint. One person we spoke with said, "I would ring the office if I had any concerns, I would imagine they would sort the problem out, but I have no complaints". A relative we spoke with told us that they had raised a complaint to the staff who worked in the office. They explained that the quality and improvement manager visited them and listened to their concerns. The relative told us the complaint was handled professionally and promptly and that the service had, "Improved greatly". All people, relatives and staff we spoke with believed the registered manager would resolve a complaint should they have to raise one.

We looked at the provider's complaints over the last twelve months and saw that 24 complaints had been received through either written, verbal or through satisfaction surveys. We found all of these had been responded to with satisfactory outcomes for the person who had raised the complaint. It was noted there was a trend to the complaints over a period of two months in July and August 2016 regarding late calls. The registered manager explained that this was due to unplanned staff absence. The registered manager told us more staff had been recruited and better plans were in place to ensure there were a reserve of staff who were able to step in at short notice to provide care. People and staff we spoke with told us the situation had improved.

Is the service well-led?

Our findings

People who we spoke with told us they found the registered manager and the branch manager were approachable and responsive to their requests where it was required. People confirmed that they had met staff who worked in a management role. All people we spoke with felt confident that any questions they may have would be answered by staff who worked in the office or the registered manager.

We spoke with staff about the provider they worked for. One staff member said, "Everything is going fairly smoothly". Another staff member said, "I love working for them, I don't have any concerns. They are really lovely to work for". A further staff member said, "We always get people's compliments passed onto us, it's good to know that we are doing it right for people". Staff told us that they had regular contact with the registered manager and branch manager who worked in the office and were kept updated this way.

Staff we spoke with told us the registered manager knew people's needs well and were able to listen and help should staff have any questions. One staff member said, "Management are really good. They are responsive and work with us and help you out. They go out to support people and that's great". The management team also provided care to people. They told us that this meant they understood what care and support people needed. This included how much time people needed so the management team were able to ensure staff were receiving the right amount of time with people.

Staff told us they had regular team meetings which were useful. They also had regular contact with the registered manager and branch manager who worked in the office and were kept updated this way. One staff member told us the team meetings were another useful way of keeping updated. The registered manager told us how they ran an 'Employee of the month' scheme, where positive feedback from people and /or their relatives reflected where staff had gone above and beyond was acknowledged with a bonus. We saw that staff had received bonuses here positive feedback had been received. The registered manager told us they felt it was important to recognise the work staff do.

We spoke with the registered manager about the checks they made to ensure the staff delivered high quality care. They told us they visited people and sent questionnaires to check the care and support services were meeting their needs. Through these visits actions were sometimes needed, these were responded to and with the involvement of the person changes had been made where necessary.

The registered manager told us regular audits took place of people's daily records and medicine records. The registered manager checked these for language used to ensure comments were written in a respectful way. The registered manager also completed checks on staff to ensure they were meeting the provider's standards in terms of care delivery and approaches to people. The registered manager explained that should they identify a staff member required further training following their check this was arranged for them and further checks were made to check competency, so care remained of high quality.