Care TaylorMade Ltd

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Inspection report

11 Pentland Grove
Darlington
County Durham
DL3 8BA

Date of inspection visit:
12 November 2018

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23 November 2018

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 was carried on 12 November 2018 and was unannounced. This meant the service did not know we were visiting.

Care TaylorMade provides care and support to people living in one 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

There were two people using the service at the time of this inspection. Both people were living with a learning, physical or sensory disability.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was 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.'

This was the first inspection of this service as Care TaylorMade Ltd was first registered with the Care Quality Commission in February 2018.

Staff had been trained in safeguarding vulnerable adults and knew how to report any concerns.

The provider checked new staff before they started work to make sure they were suitable. Staff had relevant training and received regular supervisions and appraisals.

Risk assessments were in place to support people's independence. Any accidents and incidents were appropriately recorded and checked by the provider. People were assisted with their medicines in a safe way.

People's needs were assessed before they started using the service to make sure the service could provide their support. If necessary, people were assisted with shopping and preparing meals to make sure they had good nutritional health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to be included in their local community and lived ordinary, fulfilled lives as local citizens.

There were friendly relationships between people and staff and people's wishes and preferences were upheld by the staff team. People were empowered to make their own choices and decisions.

Staff were respectful of people's individuality. Care TaylorMade provided information for people in the way that met their communication styles.

The service had detailed records about each person. These included information about how they communicated, how they made decisions, what their preference were and what they could do themselves. Staff used this guidance to provide personalised support.

People and relatives knew how to make a complaint and were confident about contacting the management team at any time.

There was a strong management team with clear lines of responsibility. The provider had clear quality assurance systems to check the service. People were supported to make their views about the service known and the staff team told us they were well supported.

The service was working to link with community partners and to develop activities for people within the local area.

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.

Staffing was provided at consistent levels.

The environment was well maintained and checks were in place to ensure it was safe.

Medicines were appropriately stored and administered.

Is the service effective?

Good

The service was effective.

People were supported to access appropriate healthcare services.

There was a robust assessment and transition plan prior to anyone moving to the service to ensure people's needs could be met.

Staff received training and supervision and told us they were well supported.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and their privacy upheld.

Staff members knew people well and could tell us about people's likes and preferences.

People were supported to be as independent as possible, with the service operating a considered risk averse approach to promote people trying new skills and opportunities.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and reflected how people wanted their support to be provided.

People were listened to and had access to a complaints procedure.

People were supported to access activities of their choice both within the home and local community.

Is the service well-led?

Good

The service was well-led.

There were systems in place to check the quality of the service.

Staff told us they were well supported by the management of the service.

The service was working to develop links with the local community.

Care TaylorMade 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 12 November and was unannounced. This meant the provider and staff did not know we would be visiting. The inspection team consisted of one adult social care inspector.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. Before the inspection, we also contacted the local authority commissioners for the service and the local authority safeguarding team to gain their views of the service provided. This was the first inspection for the service following its registration with the Care Quality Commission in February 2018.

We looked at care records for two people who used the service. We examined documents relating to recruitment, supervision and training records and various records about how the service was managed.

We spoke with both people who used the service, the registered manager, senior support worker, and a support worker. Following the inspection visit we spoke with two external healthcare professionals via telephone to seek their views.

Good

Is the service safe?

Our findings

The provider's safeguarding vulnerable adults' policy described what abuse is, definitions of adults at risk, the responsibilities of staff and action to take. Staff told us as they were lone workers that they had routines in place to ensure the service was secure and safe, such as a locking up routine on a night time. One staff member told us, "We have a duty of care to ensure people are safe. All the staff are aware of whistleblowing procedures."

There was always one staff member present at the service for the two people who lived there. If activities were scheduled another staff member would come in to support one person in the community if needed, and the registered manager visited the service on a regular basis. We were told that any annual leave or sickness was covered by a consistent staff team. There was an on-call system in place for staff to contact either the registered manager or senior support worker in case of any issues.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. The service had just recruited two new staff members and we met with one support worker who had worked at the service for the last two months. They told us they felt well supported and trained.

Communal areas, bathrooms, toilets and bedrooms were clean. Appropriate personal protective equipment (PPE) was available and in use. The provider had an infection control management policy in place that described the responsibilities of staff, the procedures to follow to prevent and control infection and who to report any concerns to. The was a monthly audit with a robust report by the registered manager to ensure actions such as replacing the laundry room flooring were raised to the responsible landlord. We saw that people were encouraged to partake in the cleaning of their home and one person told us, "I have been sorting out my room, it's been hard work as I had so much stuff and we spent about three hours on it this weekend, it's a lot better."

Accidents and incidents were appropriately recorded and analysed on a monthly basis to identify any trends. Risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date by the landlord responsible for the property. Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm and fire equipment service checks were up to date, fire drills took place regularly and people who used the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We found appropriate arrangements were in place for the safe administration and storage of medicines. The provider had a detailed medicines policy in place and medicines audits were carried out by the registered manager and senior support worker.

Each person had an individual medicines administration record (MAR) that included a photograph of the person, GP contact details, details of any allergies, and information on how the person preferred to take their medicines. There were protocols in place to ensure that as and when required medicines called 'PRN' were administered as prescribed by the relevant GP or consultant.

Good

Is the service effective?

Our findings

One person told us, "I will talk to the staff and ask them for support if I need it."

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests' decisions which involved people's family and staff at the service when a person lacked capacity to make certain decisions. The registered manager and staff we spoke had all been trained in the Mental Capacity Act and we saw staff supported people to ensure they had access to advocacy services.

We saw a multi-disciplinary best interest's decision had been undertaken before one person had surgery and this had been appropriately recorded.

Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely and included moving and handling, health and safety, food hygiene, first aid, safeguarding, mental capacity, medication, fire safety, infection control and confidentiality. We saw that staff had just completed oral health training and forthcoming training for epilepsy awareness was also planned. One staff member told us, "We do face to face training and it's much better than online as we learn from each other too."

We saw that a programme of staff supervisions were in place. Supervision is a process, usually a meeting, by which managers provide guidance and support to staff. Staff informed us that they felt supported by the registered manager. One staff member said, "Yes we have them every other month. We need them and [Name] the registered manger always checks on our welfare first and foremost." Supervision and appraisals were used to review staff performance and identify any training or support requirements.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's care plans. One person told us, "I did a wildcard on Saturday." They explained that this was a random decision by either one of the people using the service to choose a meal that was different from the menu they had chosen. They said, "I cooked it and [Name] enjoyed it but I wasn't too keen as I had used different ingredients than I had before."

Records and discussions confirmed that staff supported people to access healthcare services. We read that people saw their GP, consultants, dentists, opticians, podiatrists and other therapists. One person had recently been assessed at the home by an occupational therapist to ensure they were safe to access stairs independently and also with regards to their general mobility. We spoke with a specialist health nurse who told us, "The service took on board our suggestions and worked well with us, it was a nice service."

Good

Is the service caring?

Our findings

One person told us, "Yes the staff are all nice to me."

We saw positive interactions between staff and people throughout our inspection. We witnessed staff supporting people in a positive manner. Staff showed an in depth knowledge of people's needs, likes and dislikes and we saw them anticipate people's needs and actions.

People's independence was promoted. People were encouraged to carry out housekeeping skills and to make choices in relation to activities. The registered manager told us how they discussed people taking considered and assessed risks to learn new skills and access new places. We saw people were shopping and cooking for themselves with staff support.

Staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We observed staff asking one person if it was okay for the inspector to review their care records.

We found the care planning process centred on individuals and their views and preferences. Care plans contained information about people's life histories which had been developed with people and their relatives. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

People and relatives were involved in the care planning process which helped maintain the quality and continuity of care. Meetings and reviews were carried out to involve people and their relatives in all aspects of people's care. The registered manager explained that house meetings had only just begun as the second person had only moved into the service within the last two months. People were supported to maintain family contact and the service worked to ensure both people using the service could talk about people they wanted to invite to the home at house meetings. This showed the service supported people to maintain key relationships.

At the time of our inspection one person accessed the services of an advocate, but we saw more informal means of advocacy through regular contact with families. The service was supporting one person to access legal advice. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The staff team were aware of how to contact advocates if they were required to support people.

Good

Is the service responsive?

Our findings

One person told us that staff were responsive to their needs. They told us, "Yes, the staff come out with me and are there if I need them."

A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. This procedure meant that staff were kept up-to-date with people's changing needs. We were also told about a 'silent' handover that staff undertook with one person using photographs of the staff team so they could process which staff were supporting them and which staff were going home. The senior support worker told us, "This helps [Name] understand who is coming and going as they like a regular change of staff."

We saw care plans were confidentially stored and well maintained and staff recorded any changes in people's condition, and information about professional visits and social activities on a daily basis. We saw people's needs were fully assessed prior to them moving to Pentland Grove and one person who had recently moved in had a month-long transition.

We looked at care plans for the two people who used the service. We found care planning and provision to be person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. People's individual interests, preferences, as well as their anxieties were taken account of. For example, one plan said, 'Using my whiteboard pictures of staff helps me understand staff changes.' Staff told us how they used the whiteboard to help this person understand the staff change over which they found difficult.

Care plans were comprehensive and contained up to date, accurate information. Plans contained a recent photograph of people and stated who their keyworker was. We found this system to be working well, with the relevant staff showing a good knowledge of people's needs. We saw care plans were reviewed regularly.

We found the provider protected people from social isolation. We saw both people had recently discussed activities and holidays in a house meeting and were making plans for Christmas activities. Staff supported people to use public transport and one person was able to travel without support in the community.

One person attended a local support centre four days a week and they told us how they really enjoyed this and had friends there. The registered manager spoke to us about how they wanted to support people to develop opportunities for full independence where possible via employment and learning opportunities.

There was a complaints procedure in place. No-one with whom we spoke said they had any current complaints or concerns. There were opportunities for people and staff to raise any concerns through regular meetings.

Good

Is the service well-led?

Our findings

At the time of our inspection visit the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager was a dual registered learning disability nurse and social worker. The registered manager had made links with support services such as the local registered manager network run by Skills for Care which they attended regularly.

We saw that records were kept securely and could be located when needed. On the day of our visit we were informed that in the cabinet storing records in the hallway of the home, the key had snapped in the lock the previous night. The staff on duty therefore moved all the confidential records to the locked staff sleep in room as an interim measure. This meant only staff from the service had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at them.

Staff members we spoke with told us they were happy in their role and felt supported by the management team. We spoke with two staff members who said they felt well supported. One stated, "They [the board of directors] have made me feel very valued."

Staff members were regularly consulted and kept up to date with information about the service and the provider. Staff meetings took place regularly. The senior support worker told us how they were having a 'Christmas Chat' session with the members of the board of directors so staff could raise any issues with them directly.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. People had monthly house meetings and we saw issues such as menus, activities and issues within the home were discussed. People also asked if they were happy and needed any support. At a recent meeting one person raised about feeding the fish and everyone agreed who would feed and care for the fish on a rota system. This showed the service listened to people's views and helped them learn to take turns and co-habit successfully with others.

We found the registered manager and senior support worker had carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of medicines, infection control, care records and health and safety around the building.

We saw the registered manager responded to accidents and incidents by reviewing them and ensuring any actions or lessons learnt were addressed. We saw recently an incident had taken place and the service carried out an action plan, devised a new risk assessment and held an emergency review with a community nurse and occupational therapist. This was to ensure the person was as safe as possible.

The service had good links with the local community. People who used the service accessed local shops and leisure facilities. The service was exploring ways of working with others in the local area to develop a weekend craft group that was available for people with a learning disability to access.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. The provider also displayed its CQC rating at the service and on its website as required.