

Tavy Care Services Limited

Tavy Care Services

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

The inspection took place on 15 and 17 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure somebody would be available at the agency office.

Tavy Care is a domiciliary agency, which opened in November 2014. The agency provides care to people in their own homes in Tavistock and surrounding rural areas. This was the first inspection of the service. There were 26 people using the service at the time of the inspection.

There was a registered manager who is also the registered provider. 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 using the service, their family members, staff and health care professionals were very happy with the care and praised the service provided.

There was a prompt and professional response to any concerns about people's health, safety and welfare. Staff provided a safe service to people, some with very complex physical, mental and emotional needs.

People received a service from staff that were recruited, trained and supported to provide a safe and effective service. People were informed if a care worker might be late.

People received their medicines as needed and the service promptly sought any health care advice from community professionals.

People's legal rights were upheld. They were involved in all decisions about their care, which was regularly reviewed.

The agency provided a service which was caring, respectful and promoted people's privacy and dignity.

People had confidence that any issue or complaint would be handled in their best interest.

The registered manager was experienced and led by example. People's views were regularly sought, checks made on the standards of care provided and the importance of aiming for continual improvement understood and followed through.

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.

Risks were assessed and managed in a skilled way to promote people's welfare.

People were protected from abuse and harm because staff had a good understanding of how to respond to concerns.

Sufficient staff were available to ensure people were cared for in a safe way.

There were recruitment arrangements in place to check if staff were safe to work with vulnerable people.

Medicines were managed effectively so as to promote people's health.

Is the service effective?

Good ●

The service was effective.

People's consent was sought and their legal rights were upheld.

People received effective care and support which promoted their health and well-being because staff were trained and supervised in their work.

People's dietary needs were promoted because staff understood the importance of adequate food and drinks and helped people to achieve this.

Is the service caring?

Good ●

The service was caring.

People who used the service were supported by staff who had built trusting relationships with them.

People were treated with respect and their dignity was promoted.

All care delivered was based on personalised care planning. People, or their representatives, were involved in decisions about their care. Their care needs were fully understood and taken into account.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their care needs. These plans were tailored to the individual and reviewed as people's needs changed.

People's views were sought and responded to.

People were fully aware of how to raise any issues or make a complaint and were confident any complaint would be responded to appropriately.

Is the service well-led?

Good ●

The service was well led by the registered manager. They were in day to day control and very in touch with what was happening in the service.

There were effective systems in place to ensure an effective, safe and personal service, and a keenness for ongoing improvement.

Tavy Care Services

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.

The inspection visits took place on 15 and 17 of March 2016 and were announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure somebody would be available at the agency office.

The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information in the PIR along with information we held about the agency, such as notifications. A notification is information about important events which the service is required to tell us about by law.

We sent questionnaires to people with knowledge of the service to obtain their views about the care provided. Of 23 questionnaires sent to people using the service there were 11 responses. Of 23 questionnaires sent to people's families or friends there were three responses. Of 15 questionnaires sent to staff there were two responses. Of three questionnaires sent to community professionals there was one response. We also received information from two other health and social care professionals.

During our inspection we spoke with nine people who used the service or their family representative. Three of those people we visited in their own home. We spoke with seven staff that provided care, and the registered manager.

We looked at three staff files and policies which related to the running of the agency, such as medicine administration, health and safety and the monitoring of quality. We looked at the agency's survey results and records of staff meetings.

Is the service safe?

Our findings

Each person who completed a questionnaire toward this inspection said they felt safe from abuse and or harm from their care workers. Detailed information, about protection from harm and abuse, was provided for people in the provider's 'service user guide.'

Staff talked confidently of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew to report concerns to the registered manager and externally if required to the local authority, police and the Care Quality Commission (CQC). Records confirmed staff had received safeguarding training and a safeguarding policy was available to provide a reference for staff.

The registered manager demonstrated a clear understanding of their safeguarding role and responsibilities. They understood the importance of working closely with commissioners, the local authorities and relevant health and social care professionals on an on-going basis. They had contacted a local authority safeguarding adults' team to express concerns for the financial welfare of a client when there was the possibility of abuse occurring.

Appropriate employment checks were undertaken before staff began work with people at their home. There was a recruitment and selection process in place. Recruitment files of recently recruited staff included completed application forms and interview records, and whether they had any driving offences. In addition, pre-employment checks were completed, which included information from previous employers, health screening and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Two recently employed staff members confirmed that the checks had been completed before they were allowed to start working alone with people.

Each person who completed a questionnaire toward this inspection said they received care and support from familiar, consistent care workers, who arrived on time and stayed for the agreed length of time. People said, "Timing is fine"; "They mostly arrive on time and will ring if there is any problem" and "They always find time for a chat." Where one person had been unhappy with weekend visits this had been resolved.

Staff opinion was also that the visits were well organised. The registered manager said there had been no missed visits and people's satisfaction with the visits was closely monitored. Staff said they were satisfied with the staffing numbers and arrangements. A community professional confirmed none of their client's had been "let down" even if a care worker had notified the service of sickness at short notice.

Each person had risks to their safety assessed. These included environmental risks, moving safely, diet and security of their home. The assessments were regularly reviewed and actions taken to promote people's safety.

People's safety was promoted at all opportunities. Care workers and the registered manager were quick to

identify potential risk and acted to reduce it. One person's family said, "(The care workers) understand situations very quickly and deal with them" and "They don't take any chances." Risks relating to moving people safely, adequate dietary intake and safe medicine use were being actively addressed by the agency. A health care professional confirmed the registered manager had contacted a person's family, GP and themselves when the person was resisting the care worker's prompts to take their medicines. A care worker had also responded immediately to deal with a situation they found when they arrived at a person's home, contacting appropriate health care professionals within minutes. This protected the person when they may have been at risk of serious harm.

Staff said they were trained and supported to administer medicines safely for people. People said they were happy with the arrangements. Observation of how well staff handled medicines was a routine part of spot checks undertaken by a care worker supervisor. The agency medicines policy included detailed information for staff about the safe administration of medicines.

People were protected from infection. People who used the service and care workers confirmed that personal protective clothing (such as gloves and aprons) was available and used to reduce any risk from contamination or transfer of infection. Staff received training in infection control.

There were some arrangements in place in case of emergency and as the agency was growing this was being given increased consideration. For example, we saw that each care worker was trained in first aid and was soon to receive a torch with a safety alarm attached. Staff had knowledge of the most vulnerable people using the service. There were plans to include this information in the client identification system.

Staff had policies and procedures available to provide them with information. These included: accident and incident reporting, health and safety training policy and workplace environment policy. Staff said there was always sound advice available to them when needed.

Is the service effective?

Our findings

People were consulted about their care, asked for their consent and staff upheld the rights of people who did not have capacity to make certain decisions. Records showed staff had received training in the Mental Capacity Act 2015 (MCA). The registered manager had a good understanding of the MCA and how to protect people who might not have capacity. For example, there had been best interest meetings with health care professionals and people's family members where a person was considered as being at high risk of neglect due to their actions of refusing care and diet.

People said the care workers were skilled and knowledgeable. Comments included, "They are on the ball"; "They are good at what they are doing and are skilled at supporting (XX) with dementia." Health care professionals said the agency strived to have appropriately skilled care workers and the registered manager would ask for assistance from the appropriate (professional) team as needed.

Care workers said they received an induction. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people using the service. One care worker said that everything was explained and her induction had been tailored to what she needed and this made her more confident. Another care worker said she was very well supported, adding, "I feel very confident now although at first I didn't think I would". Care workers new to care work were undertaking the nationally recognised Care Certificate as part of their induction. All new staff started working with people by shadowing experienced care workers. These were usually the supervisor, or the registered manager.

There were records of the training staff had received but there was no system for ensuring follow up training took place. The registered manager said this was because the agency was very new and therefore the staff employed were only in their second year with the agency. Staff were trained in all aspects of health and safety promotion, such as moving people safely, and safeguarding vulnerable adults from abuse. Staff also received training in conditions affecting the people who received the service. This included catheter care, dementia care and understanding Parkinson's disease.

Staff confirmed they received regular supervision of their work, both through spot checks of their practical work and face to face meetings with their supervisor or the registered manager. Where they had experienced any difficulties in their work, steps were taken to help them with their learning; they felt well supported.

Staff supported people to have adequate meals and drinks. They understood the importance of people having enough to drink to maintain their health. We saw where risk from poor diet was identified during one person's assessment. The risk was then monitored. Their care plan described how care workers were to encourage and support the person to take an adequate diet; Care workers had recorded and monitored what they ate and drank. The person's family members, and health care professionals involved in their care, were kept informed and their advice had been followed.

Is the service caring?

Our findings

People were very complimentary about the care workers. Their comments included, "Thank you very much for all your kind attention"; "Very professional and caring"; "I find all my carers very caring and helpful, especially my regular one who is champion" and "Kind and compassionate".

People said how considerate the staff were, in that they asked if there was anything else they could do for people. Their comments included, "Very careful and very considerate" and "They will do whatever they can. They have always been helpful."

Each person who completed a CQC survey toward this inspection said they were treated with respect and dignity and the care workers were caring and kind. One said, "Always treated...with the deepest respect and dignity." People told us that when receiving personal care their privacy was upheld. One said how staff always ensured they had a towel draped around them for their privacy. Community professionals confirmed Tavy Care provided a caring and respectful service.

Staff said they thought Tavy Care was a "genuinely caring" service because the service was very much centred on the person and their family member's needs.

People said they were involved in decision-making about their care and support needs. The registered manager said each person had their care reviewed with them regularly; this was evident from each person's records.

Each person's views were routinely sought by care workers as they provided care, their supervisor during 'spot checks' and the agency survey questionnaires, of which 18 were returned. These had asked specific questions in relation to the caring attitude of the service and people could respond anonymously if this was their choice. The questions gave people the opportunity to think about, for example, end of life decisions.

People's family considered the end of life care which had been delivered to be "wonderful". They said the care workers went the "extra mile", which included reading to the person and holding their hand, in addition to providing professional care.

Is the service responsive?

Our findings

Care workers were responsive to people's individual needs, for example, people said they were always asked if there was anything else that needed doing. People and care workers said the agency was flexible with regard to which staff visited which people. The registered manager said she aimed to match the person's personality, needs and wishes to care workers most suitable to meet those needs. One person confirmed they had chosen which care workers they wanted to provide their care.

Each person had their needs assessed prior to receiving a service from the agency. That information was then transferred to a detailed and comprehensive plan of how their needs were to be met. The plans included what mattered to the person and how they and their family could be supported. Any problems were clearly identified, such as a person forgetting to take their medicines. It was agreed with their family members how to manage the situation for their safety and well-being. People's wishes and instructions were taken into account so the care was person centred and they remained in control of their lives.

People told us the service was responsive, for example, providing a sitting service at short notice. This helped people's family when they were the primary carer for a person who could not be left alone, for their safety. One care worker said, "The agency will flex around the clients and staff. (The registered manager) is not afraid to take on a challenge". Some people had moved to Tavy Care because the agency could meet needs where other agencies had been unable to. Tavy Care was meeting the needs of people who had complex conditions. A health care professional had put the agency forward for an award because they were impressed with the service.

People and relatives said the care workers completed all of the tasks they should and the support and care they received helped them remain independent. One person said, "We spent a long time discussing what I can benefit from". The agency was very active in helping people improve their lives. For example, arranging professional input with regard to continence products, where a person had been buying their own.

Staff said if they found a person unwell or in difficult circumstances they would not leave them until the problem was resolved. Staff used a computer application on their phone which enabled them to feed information back to the office straight away and informed them of people's changing needs in real time. This meant no care worker should be working with out of date information and people's needs were understood and could be met appropriately.

People had information about the service at their home which included how to make a complaint or contact the agency office with any issues. People and relatives said the staff at the care agency responded well to any complaints or concerns. People said they would make any complaint to the registered manager if they felt it was necessary. The agency had a log of complaints, suggestions and compliments. The log showed that many of the contacts were compliments; some were requests for change of visit times, which were then met where possible. Complaints were followed up appropriately.

Is the service well-led?

Our findings

People and their families, staff and health care professionals were very satisfied with the way the agency was run. People's comments included, "They're very efficient in everything they do"; "Excellent. Very, very good" and "I certainly would recommend the agency".

People and their relatives said they knew who to contact in the care agency if they needed to. People frequently named the registered manager as the person who would deal with any issues and be available to provide advice and help.

The care agency asked people what they thought about the service they provided through reviews and pop in visits. Also, a survey of opinion was undertaken and led to some changes, such as providing advocacy information for people. The registered manager was clear that, as a new service, the need for frequent reviews of policies and procedures was necessary.

Staff said the agency was well organised and well-led, comments including, "Absolutely well-led" and "So efficient". However, two of the seven said they would like more staff meetings, which had been every couple of months. The records of staff meetings showed the breadth of information shared at the meetings. For example, the agency's ethos, aims and objectives, new paperwork for staff use, medicines management and information about the company website. The provider's website had a 'Staffroom' page, including documents for staff reference. Staff felt very supported and able to contact the registered manager with any issue, at any time. Each staff member also had a staff handbook providing them with information about the agency's ethos and practical information, such as acceptable appearance when at work, and vehicle insurance.

Staff said they had all the equipment they needed, knew where they had to visit and were given good information about the people they were visiting.

There were robust arrangements for ensuring a safe and effective service. People said they had been asked their views about the service provided. The agency employed supervisors who undertook spot check visits to people. These were to check staff performance, ensure people's care plan met the person's current needs and discuss ways improvements could be made. These included amending the visit times if required, which people said they appreciated.

There were systems for auditing the service. For example, the registered manager reviewed each person's care records on a monthly basis, including how medicines had been administered and any accidents or incidents.

There were systems for protecting information, for example the computer application care workers used was password protected with ultimate control of the information based in the office to further protect people. Access to information was strictly on a need to know basis and authorisation could be revoked.

The registered manager also did some hands-on care work which they said gave them a good opportunity to look at any issues and provide a personal service, which was one of the company aims. A community professional said, "(The registered manager) is an effective leader – she leads by example, has years of experience and is always open to improving her own practice. She gets high standards from her staff".