

Home Age Care Solutions Limited

Tapestry

Inspection report

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Date of inspection visit:
19 March 2019

Date of publication:
15 April 2019

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

About the service:

Tapestry provides care and support to people who live in their own homes. At the time of our visit, they were providing personal care to 23 people.

People's experience of using this service:

- People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
- Staff had attended appropriate training. Regular supervision including spot checks and annual appraisals were completed to ensure that staff were supported to deliver safe care to people using the service.
- There were sufficient numbers of staff to meet people's needs and safe recruitment practices were in place.
- There were systems in place to make sure people received their medicines safely. People were supported with their nutritional and hydration needs.
- People received care and support which was personalised to their wishes and responsive to their needs. Before a person started to use the service, an assessment of their abilities and needs was undertaken. Risk assessments were in place to ensure people's safety. Regular reviews of people's care took place.
- 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's preferences, likes, dislikes and diverse needs had been recorded and care and support had been provided in accordance with their wishes. Staff encouraged people's independence when providing care and support to them. People were supported with a wide variety of their preferred social activities and interests.
- People and relatives felt the service was run well. Staff also felt supported by the manager. They had a good understanding of the ethos of the service and demonstrated a clear understanding of what was expected of them.
- There was a range of effective audit and quality assurance procedures in place. These were used as a means of identifying areas for improvement and where good practice had been established. The provider took account of complaints and comments to improve the service.

Rating at last inspection:

Good (report published 22 September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Tapestry

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

There was one inspector.

Service and service type:

Tapestry is a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, we were informed that they were in the process of leaving the service. A new manager was in post and was applying with us to be the new registered manager.

Notice of inspection:

The manager was given 24 hours' notice because we needed to be sure that members of the management team were available to assist us with the inspection.

What we did:

- Prior to the inspection, we reviewed the information we had about the service as well as the provider. We looked at previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.
- Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections. The provider had completed a Provider Information Return. We also contacted the local authority to seek their feedback about the provider.
- During our inspection we spoke with the manager. We looked at three records relating to the care of

individuals, three staff recruitment files, medicines administration records, training records and records relating to the running of the service.

- After the inspection we spoke five people who used the service and three relatives to obtain their views of the service. We also contacted three members of staff to ask them questions about their roles and to confirm information we had received about them during our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us that they felt safe and well cared for. Staff knew how to protect people from abuse. We saw that they had been trained in safeguarding. One person told us, "Yes, I do feel safe when they[staff] are here. I don't know what I would have done without their help." Staff understood what their role and responsibilities were regarding the reporting of safeguarding issues. For example, it was evident from their comments that they knew which external agencies they needed if they witness, be informed, or suspect that people who used the service were being harmed or placed at risk of harm.

Assessing risk, safety monitoring and management

- Each person had individual risk assessments in place. The level of risk was identified along with what action staff should take to minimise the risk, for example when people had reduced mobility. This meant that people were protected against risk of harm. Detailed risk assessments were also carried out on people's home and living environment, identifying potential risks for staff to be aware of. There was an emergency plan in place to protect people from the risks associated with foreseeable adverse events. One person told us, "The carers are good at making sure I am safe before they leave."

Staffing and recruitment

- People and their relatives felt there were enough staff working for the service to care and support them with their needs. One person said, "I have the same two ladies [staff] that have been coming to see me. They are both lovely people." Relatives also commented that by having regular staff visiting their loved ones, this helped with consistency of care and support that they received. The provider had introduced an electronic rostering system which helped with better planning of how people received their visits. The staff only carried visits for one hour or more and this helped to ensure they were not rushed in providing care and support to people.
- People were protected by appropriate recruitment processes. Before newly recruited staff started employment, the provider undertook all necessary employment checks. It was positively noted that the provider carried out criminal record checks on staff on a regular basis. We saw that staff had been interviewed, application forms completed, and appropriate forms of identity checked - such as passports and that two written references had been received.

Using medicines safely

- The service had suitable arrangements in place to protect the people using the service against the risks associated with the unsafe management of medicines. People told us that if they needed assistance to take their medicine that care staff helped them. One person told us, "The carers always remind me to take my medicines, I can take them by myself." We saw people who needed assistance with medicine had a record in place. Staff signed to say they had prompted the person to take their medicines.

Preventing and controlling infection

- Staff were provided with PPE (personal protective equipment) such as gloves and aprons as part of infection control and prevention measures. People commented that staff had a good understanding in this area and that they regularly washed their hands after every task they had carried out.

Learning lessons when things go wrong

- There was a system in place for the reporting and recording of any accident or incident so any patterns or trends could be identified, and action taken to reduce the risk of reoccurrence. This helped to ensure people were supported safely. Staff were encouraged to report any concerns to their line managers.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before a person started using the service, the management team carried out an assessment to identify what their needs were. People and their representatives had been involved in the assessment process and in planning how their support would be provided. From the assessment a care plan was devised. One relative told us, "They [manager] came to assess my [family member] and we all contributed to it. My [relative] was also present." Where people had culturally diverse needs identified, those needs were taken into consideration.

Staff support: induction, training, skills and experience

- Staff received appropriate professional development and training to help meet the needs of people who used the service. People told us that staff were responsive to their needs. One person said, "The staff are very good and very experienced." A relative told us, "I am really impressed with [staff], they have a good knowledge of what they are doing." We saw that staff had received a range of training which they described as very useful in their roles. Staff were encouraged to take further training in specific areas if they wanted to do.
- The service had an induction programme for all new staff. The induction covered a number of areas which included staff roles and responsibilities and key policies and procedures. People told us they were introduced to their staff before they started to provide them with care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people had requested, they were supported to be able to eat and drink sufficient amounts to meet their needs. The staff were familiar with people's dietary needs, including any specific diets. One person told us, "The carers come and help me with my breakfast and lunch."

Staff working with other agencies to provide consistent, effective, timely care

- We saw people's needs were kept under review and advice was sought from external care professionals, when appropriate. For example, one relative told us how one member of staff felt their loved one was not feeling well, and they contacted their GP who prescribed antibiotics as they had a urine infection. This showed that people's health and wellbeing needs were being monitored and action taken as appropriate. Staff assisted people to attend their healthcare appointments.

Adapting service, design, decoration to meet people's needs

- The management team ensured that staff had the right equipment or aids to meet people's needs. When the needs of people changed, relevant health professionals were contacted so any new or alternative equipment would be supplied. For example, if a person needed a new bed to ease with transfers.

Ensuring consent to care and treatment in line with law and guidance

- 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. We checked whether the service was working within the principles of the MCA and found them to be compliant.

- Staff had a good understanding of the importance of gaining the consent of people before offering care and support to them and what to do if a person lacked capacity to make certain decisions. One person told us, "The ladies[staff] always let me know what they are going to do and ask me if I am ok with it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People knew the staff who supported them well and they told us they were treated well by them. One person told us, "I am very happy with my carers." One relative said, "The staff are very caring." Staff were aware of people's beliefs and cultural needs and ensured these were met. If people requested it, the management team would match staff with their cultural backgrounds and needs. People were not discriminated against their gender, disability, sexual orientation, religion, belief, race and age. One member of staff told us, "We treat everyone equally." The provider operated on a zero tolerance to discrimination.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making choices and decisions about their care. Staff told us they gave people choices, for example, in what they wanted to eat or whether they would like a wash or bath. Staff knew people well. They were aware of their wishes and preferences. This helped them to ensure people's individual needs were met. One member of staff told us, "[Person] prefers to drink coffee."

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and personal space respected by staff. One person told us, "Yes, the carers make sure they respect my privacy when they come in or also when they are helping me."
- Staff encouraged people to maintain their independence as much as possible, in all aspects of their life. People's independence levels were recorded in their care plans. One person told us, "I can do a lot for myself, I sometimes open the door to the carers although they are able to do so themselves as they have the key."
- Staff were aware of confidentiality around supporting people in their home and in the community. They knew that information provided to them in confidence should not be used or disclosed except to another authorised person and they had to seek the person's consent first. People and their relatives did not raise any concerns with us in this area.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The feedback we received from people about their care was positive. One person said, "I have been using the agency for nearly ten years. They are very good. The staff are very experienced, and the care is very good." A relative told us, "The carers do a lot for my [family member] and they do a good job."
- People received personalised care that was responsive to their needs. We saw that the care plans provided staff with detailed guidance about how people's needs should be met. One person told us, "I do know about my care plan." Care plans were kept under review to ensure staff continued to meet people's changing needs. There was a daily log in people's homes which helped staff to be kept up to date with people's needs. One relative told us, "We have a communication book and this helps to know what is happening with [family member]." People confirmed they received support in their preferred way.
- People's social and emotional needs were considered. This was because people were asked about their social activities and hobbies. People were supported by staff to remain active and do things they enjoyed. The provider had their own well-being centres specifically for people with dementia. The centres had specialist equipment and a gymnasium. People were encouraged to use those facilities.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place which provided a clear process to record and investigate any complaints received. People knew how to complain and told us they would feel comfortable doing so. One person said, "I would call the office if I am not happy." The procedure also mentioned what action a person could take if they were not satisfied with how the service had handled their complaint.

End of life care and support

- Staff had received end of life training. There was limited information about people's last wishes in their records. The manager said that they would discuss this subject further with relatives to ensure these were known and recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and their representatives felt that the management team was supportive and the service was led well. They told us the manager was approachable and doing a good job at ensuring people needs were fully met. One person told us, "I am more than happy with them [the service]." The management team had always kept us up to date with what was happening at the service. They had notified us about certain events, so that we could see what actions they had taken or if we needed to follow up on any information they had sent us.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a number of policies and procedures in place to guide the staff in their roles. These were reviewed on a yearly basis and as required. Staff told us they were happy working for the service and some of them had done so for a long time. They were aware of their roles and responsibilities and felt supported by the management team. One member of staff told us, "The manager is very good and supportive." Staff meetings took place on a regular basis and this helped to ensure staff were kept suitably informed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider worked closely with a number of different health and social care professionals. The manager kept themselves up to date with best practice and legislation by attending various meetings and through networking events. The provider was a member of UKHCA (UK Home Care Association) and this helped them to be kept up to date with the latest regulations and practices.

Continuous learning and improving care

- There were quality monitoring programmes in place, which included people and their representatives giving feedback about the care and support being provided by the service. The management team also carried out regular audits of people's records, medicines and health and safety. The management team carried out spot checks on staff to monitor their competencies. Where any issues were identified, these were addressed. This meant people could be confident the quality of the service was being assessed and monitored. One person told us, "Someone from the office comes and visits me to see how I am getting on. They check if the lady[staff] is doing things correctly."