

Miss Wendy Joan Taylor

Taylor Care HQ

Inspection report

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Date of inspection visit:
08 March 2016
09 March 2016

Date of publication:
19 April 2016

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

We carried out an inspection of Taylor Care HQ on 8 and 9 March 2016. This was the first inspection that had been carried out at this service.

Taylor Care HQ is a domiciliary care agency. The service provides support to people with a variety of needs including younger adults, older people, people living with dementia and people with a physical disability or a sensory impairment. The agency's office is located in a residential area in Burnley in East Lancashire. At the time of the inspection the service was providing support to 17 people.

The registered person, who was also the owner, was responsible for the day to day management of the service. There was no regulatory requirement to have a registered manager. 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.

During our inspection people told us they felt safe when staff supported them. One person told us, "I always feel safe with the staff. They know what they're doing".

We saw evidence that staff had been recruited safely. They had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

The people we spoke with told us that staff arrived on time and stayed for the right amount of time. They told us they were always supported by the correct number of staff.

We found that people's medicines were managed safely and people told us they received their medicines when they should.

People told us they were happy with the service they received from Taylor Care HQ. One person told us, "I'm completely happy with the support I get. I've no concerns or complaints".

We found that staff were well supported. They received an appropriate induction and training and received regular supervision.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives were consulted.

We found that people were supported appropriately with eating and drinking and their healthcare needs were met.

People told us the staff who supported them were caring. One person said, "The staff are very nice, they

never rush me".

People told us staff respected their privacy and dignity and encouraged them to be independent.

People were involved in planning their care. Where people lacked the capacity to make decisions about their care, their relatives were involved.

People were asked to give feedback about the service they received.

People told us they were happy with the way the service was being managed. One person told us, "The manager is very supportive. We can ring her anytime".

The service had clear aims and objectives which focused on providing high quality care and promoting people's independence and sense of fulfilment. The manager and the staff were clear about the aims of the service and their responsibilities.

We saw evidence that staff practice was observed regularly and checks were made of the care records they completed. These checks were effective in ensuring that appropriate levels of care and safety were maintained.

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.

The manager followed safe recruitment practices.

Risk assessments were in place and we saw evidence that people's risks were managed appropriately.

Medicines were managed safely and people told us they received their medicines when they should.

Is the service effective?

Good ●

The service was effective.

Staff received an appropriate induction and regular training. They and were able to meet people's needs.

Staff understood the Mental Capacity Act 2005 (MCA) and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives were consulted.

People were supported appropriately with nutrition and hydration and their healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

Staff treated people with care and compassion.

Staff respected people's privacy and dignity and encouraged them to be as independent as possible.

People were supported by staff they knew.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which reflected their needs

and preferences.

People's needs were reviewed regularly.

People felt able to raise concerns with the staff or the manager.

Is the service well-led?

Good ●

The service was well-led.

The service had clear aims and objectives which were promoted by the staff and the manager.

People were asked for feedback about the service they received and this was used to develop the service.

The manager regularly reviewed staff practice to ensure that people received safe care and support.

Taylor Care HQ

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 was 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 took place on 8 and 9 March 2016 and we gave the provider 48 hours' notice as this is a small service and we needed to be sure that the manager would be available to participate in the inspection. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we had about Taylor Care HQ, including statutory notifications received from the service. We contacted community healthcare professionals who were involved with the service including a district nursing team, community mental health team and a hospital health and social care team. We also contacted the Quality and Contracting Unit at Lancashire County Council for information about the service. All of the feedback we received about the service was positive.

As part of the inspection we spoke with eight people who received support from the service, six relatives, four care assistants and the manager. We visited one person in their own home who was supported by the service. In addition, we reviewed the care records of three people being supported by the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of checks completed.

Is the service safe?

Our findings

The people being supported by the service told us they always felt safe. One person said, "I always feel safe with the staff. They know what they're doing". The relatives we spoke with also felt people were safe. One relative told us, "The staff have the knowledge and skills to keep people safe".

We looked at how the service safeguarded vulnerable adults from abuse. There was a safeguarding vulnerable adults policy in place which identified the different types of abuse and listed the contact details for the local authority. The manager told us that the contact details for the local safeguarding team were included in the care files kept in people's homes and we found this to be the case when we visited one person at their home.

We looked at staff training and found all staff had received training in safeguarding vulnerable adults from abuse in the last 12 months. The staff we spoke with understood how to recognise abuse and told us they would raise any concerns with the registered manager. However, not all of the staff we spoke with were aware that they could contact the local safeguarding team direct to report a concern and that this could be done anonymously. We discussed this with the manager who emailed the safeguarding vulnerable adults policy to all staff during the inspection and clarified the action to be taken if staff suspected that abuse was taking place.

We looked at how risks were managed in relation to people supported by the service. We found that risk assessments had been completed for each person, including those relating to mobility, personal care, medicines and the home environment. Risk assessments were completed by the manager and were reviewed regularly. They included information for staff about the nature of the risk and how it should be managed. People's care files also included information about how they should be evacuated in an emergency. This helped to ensure that risks to people's health, safety and welfare could be managed appropriately.

We noted that the service kept a record of accidents and incidents that took place. At the time of our inspection there had been one incident. No accidents had taken place. We saw that staff had completed the incident form appropriately and documented the action taken. The form had been reviewed and signed by the manager. This helped to ensure that appropriate action had been taken and that documentation had been completed appropriately.

We noted there was a recruitment procedure in place. We looked at the recruitment records of three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, two forms of identification and two written references had been obtained and a medical questionnaire had been completed, in line with the policy. These checks helped to ensure that the service provider made safe recruitment decisions.

We looked at staffing arrangements at the service. The manager told us she did not use agency staff and any periods of sickness or annual leave were covered by permanent staff or by her. She explained that people were not allocated a key worker, they were supported by all eleven of the staff at the service. The manager felt this helped to avoid people becoming dependant on individual staff members and ensured that all staff were familiar with the needs of everyone supported by the service. The people we spoke with were happy with this arrangement. They told us they received rotas detailing which staff would be supporting them the following week and if there were any changes, the service contacted them to let them know that a different member of staff would be visiting them. People told us staff always visited when they were supposed to and stayed for the full duration of the visit. They told us that when two members of staff were required to provide support, two staff members always attended.

The staff we spoke with told us that communication between staff at the service was good. They told us that at the end of each visit, staff completed a record of the support provided and documented any concerns. This information was kept in the person's home and was accessed by the staff who visited later. In addition, twice a day each staff member emailed handover information to all of the staff and the manager, with a summary of the care that had been provided during each visit. Staff were able to access this information on their mobile phones. This helped to ensure that all staff were kept up to date with people's needs. Staff told us that they always informed the manager if they had any concerns about a person's health or wellbeing.

We looked at whether people's medicines were managed safely. The manager told us that people or their relatives were responsible for the ordering and disposal of medicines and staff were responsible for the administration of medicines.

A medicines management policy was available which included information relating to storage, disposal, self-administration, consent, refusal, controlled drugs and over the counter medicines. Guidance from the Royal Pharmaceutical Society on 'The Handling of Medicines in Social Care' was also available.

Records showed that all staff had completed up to date training in the safe administration of medicines. We saw evidence that the practice of each staff member was observed by the manager at least twice each year, which included an assessment of their competence to administer medicines safely. The completion of medicines administration documentation was also reviewed during these observations. The staff we spoke with confirmed they had received training in medicines administration and understood how to administer medicines safely.

The people we spoke with told us they received their medicines when they should, including pain relief. Relatives told us that people's medicines were administered safely. We visited one person in their own home and reviewed their care documentation, including the medication administration records (MARs). We found that staff had signed the MAR sheets to demonstrate that medication had been administered. A description of each medicine was available and details of what each medication was for and how to administer it.

The service had an infection control policy in place, which provided guidance for staff about effective hand washing, personal protective equipment and the managements of sharps (needles and syringes). This helped to ensure that people were protected from the health risks associated with poor infection control.

Is the service effective?

Our findings

People supported by the service told us they were happy with the care they received. They told us, "I'm completely happy with the support I get. I've no concerns or complaints" and "The girls always ask if there's anything else I want them to do. Anything I need them to do they'll do". One relative told us, "I'm very impressed with the care provided. The staff go above and beyond".

Records showed that all staff had completed a thorough induction when they joined the service,, which included training in moving and handling, infection control and health and safety. We noted that from April 2015, new staff completed the Care Certificate over a twelve week period as part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This helped to ensure that staff had the knowledge and skills to provide people with safe care.

We saw evidence that new staff shadowed experienced staff when they joined the service. Their competence to provide care was assessed as part of their induction and they were not permitted to provide care to people independently, until they had been assessed as competent by the manager. This helped to ensure staff had the opportunity to become familiar with people's needs before they became responsible for providing their care.

We noted that each staff member's practice was observed by the manager every six months, when they were assessed in relation to appearance, punctuality, infection control, delivery of care, administration of medicines, documentation, communication, privacy and dignity and risk assessment. The staff we spoke with confirmed that their practice was observed regularly.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. We found that all staff had completed up to date training in food hygiene, first aid, moving and handling, infection control and medication administration. This helped to ensure that people received safe care. The staff we spoke with told us they felt they had completed all the training necessary to enable them to meet the needs of the people they supported. They told us they could request further training if they felt it was necessary.

There was a supervision policy in place and staff records confirmed that supervision took place every six months in line with the policy. Supervision addressed staff members' delivery of care and their knowledge and training needs. Staff told us they received regular supervision and training and felt well supported by the manager. They told us they felt able to raise any concerns during supervision. Records showed that appraisals were carried out yearly.

People's care plans included information about their needs and how they should be met, as well as their likes and dislikes. Each care plan contained very detailed information about how care should be provided by staff during each visit. Where it was felt that people lacked the capacity to make decisions about how their care was delivered, their relatives were consulted.

The staff we spoke with told us they completed daily records every time they visited people in their homes, which documented the care provided on each occasion and any concerns. Staff felt that communication between staff and with the people they supported and their relatives was effective. The people we spoke with and their relatives felt that communication from staff was good.

We looked at how the service addressed people's mental capacity. 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 make 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 when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We found that a Mental Capacity Act 2005 policy was in place, which included the principles of the MCA and the importance of making decisions in people's best interests.

The staff we spoke with told us the MCA had been addressed as part of their induction and training. They understood the importance of seeking people's consent about every day decisions, even when they lacked the capacity to make decisions about more complex aspects of their care. Staff were also aware that people had the right to refuse care regardless of their capacity and where people lacked capacity, their relatives should be involved in decisions about their care.

We looked at how the service supported people with eating and drinking. The people we spoke with told us that when staff prepared food for them it was always the right temperature and good quality. People told us that staff always offered them drinks during a visit. The staff we spoke with understood the importance of supporting people appropriately with nutrition and hydration. They told us that some of the people they supported needed encouragement to eat and drink.

Care records included information about people's dietary preferences, and risks assessments and action plans were in place where there were concerns about a person's nutrition or hydration. Where nutrition or hydration needs were identified, there was information for staff about how to meet them, for example encouraging fluid intake if people experienced problems remembering to drink regularly.

We looked at how people were supported with their health. The people who received support and the relatives we spoke with felt staff made sure people's health needs were met. We found that care plans and risk assessments included information about people's health needs and guidance for staff about how to meet them. Visits from health care professionals were documented by staff in people's daily records.

The people we spoke with told us that staff supported them appropriately with their personal care needs.

We received positive feedback from local health care professionals who had been involved with the service. They told us that the care and support provided by the service was of a high standard and reflected the wishes of the people they supported. One healthcare professional told us, "Staff often go the extra mile to ensure people are well cared for, well dressed and their environment is safe. I would recommend this service to my friends and family". Another told us, "They have excellent people skills and are problem solvers when issues arise. If a relative of mine needed care at home, I would approach Taylor Care".

Is the service caring?

Our findings

The people we spoke with told us the staff who supported them were caring. They said, "The staff are very nice, they never rush me" and "The staff are very kind and caring. We have a chat and a laugh". Relatives told us, "The staff are fantastic. They look after my [relative] very well" and "I'm delighted with the care. The staff treat my [relative] as a friend, not a client".

The staff we spoke with told us that they knew the people they supported well, both in terms of their needs and their preferences. They felt they had the time during visits to meet people's individual needs in a caring way.

People told us they were never supported by staff they did not know and new staff who joined the service were always introduced to them prior to providing their care. They told us they received a weekly rota informing them which staff would be visiting them and were contacted by the service if there were any changes. This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs. People told us that staff were rarely late. However, if staff were going to be late, the service telephoned them to let them know.

We saw evidence that people received detailed information about the service. The manager showed us the service user guide that was provided to each person when the service agreed to support them. The guide included information about how to make a complaint and contact telephone numbers for a variety of services including the local authority, the Commission and a welfare rights service.

We noted that information about local advocacy services was included in the service user guide. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members.

The people we spoke with told us their care needs had been discussed with them and they were involved in their care plan reviews. Where it was felt that people lacked the capacity to make decisions about their care, their relatives had been consulted. The relatives we spoke with confirmed they were involved in decisions about people's care. They felt that communication from staff and the manager at the service was good. They told us they were updated by staff if there were any concerns or changes in the person's needs.

The people we spoke with told us that staff respected their dignity and privacy. They told us that staff were discreet when providing personal care and did not rush them when providing support. People told us they could make choices about their everyday lives and how they received their care, such as what they had to eat, the clothes they wore and where they went on trips out.

People told us that staff encouraged them to be independent. One person told us, "The staff know what I can do myself and they let me do it". The staff we spoke with told us they encouraged people to be as independent as possible. One staff member told us, "We have a good relationship with people so we can often use humour to encourage people to be independent with things like mobility and personal care, if they

are reluctant".

Is the service responsive?

Our findings

People told us their needs were being met by the staff who visited them. They said, "The staff always come on time. They know me well and how I like things to be done" and "They're very flexible. If I want to change things like what day I go shopping, they arrange it". One relative we spoke with told us, "The staff provide personalised care to my mum. They know her well".

We noted that the manager completed an assessment of people's needs before the service began supporting them. The assessment documents were detailed and individual to the person and included information about people's medical conditions, mobility, communication, nutrition and hydration, medication, memory, personal care and domestic support needs.

Care plans and risk assessments were completed by the manager. The care plans we reviewed were extremely detailed and personalised and explained people's likes and dislikes as well as their needs and how they should be met. Care plans documented in detail the support that should be provided by staff during each visit. They included information about how support with personal care, food and drink preparation and domestic tasks should be provided.

We saw evidence that care plans were reviewed regularly and any changes in people's needs were documented and communicated between staff. The staff we spoke with were clear about the importance of taking action when people's needs changed. They told us that all concerns were discussed with the manager and they would contact the person's GP if they were unwell and would ensure their relatives were updated.

The people we spoke with told us they were involved in planning and reviewing their care. One person told us, "My needs were discussed with me and put in my care plan. I get exactly the support that I need". Another person said, "I was involved in my care plan. All the staff know how I like things to be done". We noted that people had not signed their care plan to demonstrate their involvement and we discussed this with the manager. She told us she would introduce this as part of the next care plan reviews when they were completed.

We noted that where it was felt that people lacked the capacity to take part in planning their care, their relatives had been consulted. The relatives we spoke confirmed this to be the case. They told us, "I've been to the office and discussed my [relative's] care needs with the manager" and "I've been involved in all the decisions regarding my [relative's] care".

A complaints and compliments policy was in place. This included timescales for investigating and providing a response to any complaints made. Contact details for the Commission were included. Information about how to make a complaint or provide comments about the service was also included in the service user guide which was given to people when they started receiving support from the service. We noted that there were no complaints on file and the manager told us that no formal complaints had been received. She explained that any concerns received were addressed immediately.

The manager showed us a large collection of thank you cards, letters and emails that had been received by the service. Comments included, "Thanks for your help. The girls were magnificent. Nothing was too much trouble" and "Thank you for being there for me through the year. I have been so touched by all your love and care".

The people supported by Taylor Care HQ told us they felt able to raise any concerns. They told us, "If I had any concerns I'd speak to the staff or the manager" and "I'd ring the manager if there were any problems".

Is the service well-led?

Our findings

People told us they were happy with how Taylor Care HQ was managed. They told us, "The service is well managed. The staff are always on time and they do the job well" and "The manager is approachable and helpful. The service is well organised. I get staff rotas weekly and if there are any changes I'm informed". Relatives told us, "The manager is very approachable and flexible. We have a good relationship with her" and "The manager is very supportive. We can ring her anytime".

The service had a statement of purpose, the aims of which focused on providing 'adult service users with a professional and comprehensive service of personal, social and domestic care and support of the highest quality, promoting independence and fulfilment'. The manager and the staff we spoke with were clear about the aims of the service and how the support they provided achieved this.

We looked at whether people were involved in the development of the service. The manager told us she sent out annual satisfaction questionnaires to the people they supported and their relatives. We reviewed the questionnaires from November 2015 and noted that 17 questionnaires had been sent out and seven had been returned. We saw that people reported a very high level of satisfaction with issues including: consent and decision making, involvement in services received, care and welfare, nutritional needs, safety and safeguarding, medicines and staff. One person commented, "I am more than happy with Taylor Care". No suggestions for improvement were made.

Staff told us the manager had an open door policy and they could speak with her at any time. Staff told us, "The manager is really good. She listens to us and takes our views on board. She's very supportive" and "The manager is brilliant. She's organised and runs the service very well". We observed the manager communicating with staff in person and on the telephone and noted that she was respectful and friendly towards them.

We noted that staff meetings took place every 12 weeks and were well attended. We reviewed the notes of the last two staff meetings and saw that the issues discussed included training, staff handovers, health and safety and matters relating to the people being supported by the service. We saw that staff were thanked for their hard work at the end of the meeting. We noted that weekly staff 'gatherings' also took place, with a focus on best practice, sharing ideas and learning new skills. The staff we spoke with confirmed that regular staff meetings and weekly gatherings took place and told us they were able to raise any concerns and identify training needs as part of the meetings.

Staff told us they had completed a thorough induction and received regular supervision and an annual appraisal. They told us they felt well supported and were encouraged by the manager to access training when they needed it. They told us they also received regular training updates during the monthly staff meetings and also received updates and information from the manager by email.

A whistleblowing (reporting poor practice) policy was in place which encouraged staff to raise concerns. The staff we spoke with felt confident they would be protected if they informed the manager of concerns about

the actions of another member of staff.

We noted that the registered manager visited people's homes at least twice a year to observe staff providing care and to review the care records that were completed daily by staff. This included people's daily care and support and the administration of medicines. We saw evidence that the checks being completed were effective in ensuring that people received safe care.

We noted that the service had a business continuity plan in place, which provided guidance in the event that the service experienced the loss of staff or information technology or experienced difficulties as a result of severe weather. This helped to ensure that appropriate action could be taken if the service experienced difficulties that could affect people receiving care.