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Tailormade Healthcare

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 December 2017 and was announced.

At our previous inspection on 9 June 2017 we found that recruitment checks were not sufficient to ensure people were protected from the employment of unsuitable staff. We also found that people did not have personal emergency evacuation plans (PEEP's) in place. This could put them at risk in the event of a fire or other emergency. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Following this inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key question 'Is the service safe?' to at least 'Good'. At this inspection we found the provider had followed their action plan and ensured that staff were safely recruited and people had appropriate emergency evacuation plans in place.

Tailormade Healthcare is a domiciliary care agency. It provides personal care to older people and younger adults living in their own homes in the community. At the time of our inspection there were four people using the service.

The service's provider is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us staff treated them with kindness, respect and compassion. Staff understood the importance of building good relationships with the people they supported and having empathy with them. All the staff we spoke with had caring attitudes and a genuine interest in the people they supported.

The service was well-managed and the provider knew all the people using the service and their relatives, where applicable, personally and was knowledgeable about their care and support needs. The provider was committed to providing high-quality personalised care to people and respecting their choices and wishes.

The provider assessed people's needs before they began using the service. The assessment covered their physical and mental health, social and cultural needs, and their preferences, for example the times they wanted home care visits to be made. People had a say in which staff were employed to support them to ensure their preferences and diverse needs were met.

Staff knew how to provide people with safe care and support. People had care plans and risk assessments in place so staff had the information they needed to keep people safe. Staff knew how to protect people from harm, prevent and control infection, and safely support people with their medicines.

The provider and staff followed the principles of the Mental Capacity Act (MCA) 2005 to ensure that, as far as possible, people make their own decisions about their care and support. Staff told us they always sought people's consent before providing any care or support and people confirmed this.

People and relatives told us the staff provided personalised and responsive care. Care plans were written in conjunction with the person themselves and others involved in their care. Care plans were reviewed regularly and on an ad hoc basis if people's needs changed. Staff worked with people's personal assistants, families, social workers and health care professionals to ensure people's needs were met.

People and relatives told us their calls were punctual and staff stayed for the correct amount of time. People had access to the information they needed about the service in a format they could understand. People and relative told us they would speak out if they had any concerns or complaints about the service and they were confident that the provider would listen to them and take action as needed.

The provider carried out checks and audits to ensure the service was running effectively. Since we last inspected a number of improvements had been made to the service including the creation of more personalised care plans and risk assessments.

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

This service was safe.

There were systems in place to protect people from the risk of harm and staff were knowledgeable about these.

Risks were managed and reviewed regularly to keep people safe from harm, injury and infection.

People were supported to take their medicines safely and the provider was committed to reviewing and learning from accidents and incidents.

Is the service effective?

Good

People's needs were assessed and met by staff who were skilled and had completed the training they needed to provide effective care.

People were supported to maintain their health and well-being, and, where required, with their meals and drinks.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good

This service was caring.

The staff were kind, caring and compassionate and understood the importance of building good relationships with the people they supported.

People had a say in which staff members worked with them to ensure their preferences and diverse needs were met.

Staff supported people to be independent and to make choices. People's privacy and dignity was respected.

Is the service responsive?

Good

This service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Good

This service was well-led

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service. People's diverse needs were recognised, respected and promoted.

Comprehensive audits were completed regularly at the service to review the quality of care provided.

Tailormade Healthcare

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 checked 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.

At the time of our inspection the local authority were investigating a safeguarding incident concerning a person receiving care and support from two domiciliary care services, one of which was Tailormade Healthcare. We did not have the outcome of this investigation at the time this report was written.

We visited the office location on 28 December 2017 to see the provider and to review records and policies and procedures. We gave the service notice of the visit because it is small and we needed to be sure that staff would be available to meet with us.

One inspector carried out the inspection.

We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with three people using the service and two relatives. We also spoke with the provider, who is also the registered manager, and three care workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records and four staff recruitment files..

Good

Is the service safe?

Our findings

At our previous inspection on 9 June 2017 we found that recruitment checks were not sufficient to ensure people were protected from the employment of unsuitable staff. We also found that people did not have PEEP's (personal emergency evacuation plans) in place which could put them at risk in the event of a fire or other emergency.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Following this inspection the provider sent us an action plan stating how they intended to ensure recruitment checks were carried out safely and PEEPs put in place. This involved undertaking an internal branch audit to ensure all recruitment checks had been undertaken and creating PEEPS for the people using the service. At this inspection we found that the provider had followed their action plan and the breaches in regulation had been met.

Staff recruitment files contained the required documentation including proof of identity, a satisfactory DBS (criminal records check), a full employment history, and a health declaration. The provider had obtained references to provide satisfactory evidence of conduct in previous employment concerned with the provision of health or social care. A few of these were undated. We brought this to the attention of the provider who said that in future he would ensure all references were dated so it was so it was clear when they had been received.

We also found that PEEPS were now in place. We checked the files of all the people using the service and each contained a personalised PEEP. This meant staff had the information they needed to support people to safely evacuate from their homes if necessary.

People and relatives said the staff kept their family members safe. One relative said, "I really cannot fault the staff. They are willing and professional at all times." Another relative commented, "I trust the staff and I know my [family member] is safe with them."

Records showed staff were trained in safeguarding (protecting people from abuse). All the staff we spoke with knew how to report safeguarding concerns both internally and to the appropriate external agencies.

Records showed that if a safeguarding incident occurred the provider worked with the local authority to address any concerns raised and supplied documents on request to assist the local authority with their investigations. This was evidence of an open and transparent approach to safeguarding and a willingness to work with other health and social care professionals to ensure people were safe.

At the time of our inspection the local authority were investigating a safeguarding incident concerning a person receiving care and support from two domiciliary care services, one of which was Tailormade Healthcare. We did not have the outcome of this investigation at the time this report was written.

People had risk assessments in place so staff had the information they needed to keep people safe. These were personalised and explained the basis of each risk and what staff needed to do to support people safely and reduce risk to their health or well-being.

For example, risk assessments for 'moving and handling' stated how many staff were needed to assist the people in question and the methods and equipment to be used. Risk assessments also covered potential hazards in people's homes, for example uneven floors and limited space, and the best way to communicate with people in order to gain their consent and assist them in the way they wanted.

Records showed people had a range of risk assessments in their files covering areas such as infection control, the use of bathing equipment, transport outside the home, challenging behaviour, and profiling beds. They showed that advice from external health and social care professionals was included where necessary. They had been regularly reviewed to ensure the information in them was up-to-date.

Some issues in people's 'personal care and support' plans did not have accompanying risk assessments. For example one person was described as being 'at high risk of malnutrition' and another had a history of pressure sores, but we could not find risk assessments for these issues. The provider said this was because the necessary information was in people's care plans and notes. However he agreed to review all care files to ensure any information about risk was clear and easy for staff to access.

At the time of our inspection staff prompted people with their medicines but did not administer medicines as none of the people using the service needed this type of support. Staff were trained in the safe management of medicines. Records showed their course covered: supporting self-administration; checking for contra-indications; allergies and overdoses; reporting mistakes; safe storage; and medicines legislation. This meant staff had the training they needed to safely support people with their medicines.

People had medicines risk assessments which advised staff when and how to prompt people with their medicines and what risks to be aware of, for example a person having swallowing difficulties. Staff had followed the provider's medicines administration policy and signed records to show that people had taken their medicines as prescribed.

Staff advocated for people where necessary to ensure they had the support they needed with their medicines. For example, the provider told us he had recently made arrangements for a person to have their medicines from the pharmacist in more suitable packaging so it was easier for the person to take their medicines at the right time.

We looked at how people were protected by the prevention and control of infection. One relative said their family member's health had improved since they began using the service. They told us, "The staff have been amazing at keeping my [family member] well. They used to get infections but now, with regular care from Tailormade, they are much better and hardly ever have to go into hospital."

Staff were trained in infection control and wore PPE (personal protective equipment) to reduce the risk of the spread of infection or illness. People and relatives confirmed that staff always washed their hands and wore gloves and aprons when providing care and support.

Staff knew how to raise concerns in relation to health and safety and there were systems in place for them to report these. Learning from incidents, accidents and errors was communicated to the staff team through meetings, messages and supervisions. This helped to ensure lessons were learnt when things went wrong.

The provider took action to bring about improvements when necessary. For example, following an incident when a person had difficulty contacting the provider's out-of-hours service, a new front sheet was devised for the care files people kept in their homes. This included emergency telephone numbers for the service, as well as the person's GP and social services, and meant that people and relatives could easily find out who to contact in an emergency or on a day-to-day basis.

Good

Is the service effective?

Our findings

The provider assessed people's care needs before they began using the service. The assessment covered people's physical and mental health, social and cultural needs, and their preferences, for example the times they wanted home care visits to be made. At the time of our inspection visit the provider did not use an assessment checklist so it was not clear if all of a person's needs were assessed or if they had any unmet needs. The provider said he discussed people needs with them and did an assessment based on what they told him. However he agreed that an assessment checklist would be useful to ensure none of a person's needs were overlooked and said he would implement one to ensure assessments were as comprehensive as possible.

Staff told us the training they had received gave them the skills and knowledge they needed to provide effective care and support. Records showed staff completed an induction based on the 'Care Certificate', a nationally-recognised set of standards aimed at proving staff with the necessary skills, knowledge and behaviours to provide good quality care and support. Staff completed other additional courses including first aid, fire safety, challenging behaviour, and food hygiene.

If staff needed specific training to meet the needs of a person they supported the provider supplied this. For example, one staff member had had additional training in dementia awareness to enable them to care more effectively for one of the people using the service. The provider kept a spreadsheet to show what training staff had had and when it needed renewing to ensure staff training remained up-to-date.

Staff had one-to-one supervisions and 'spot checks' when they were in people's homes to ensure they were providing good-quality effective care.

At the time of our inspection staff were supporting one person with their meals. They were trained in food hygiene and had risk assessed the person's food preparation area. The person did not have a care plan for their nutrition and hydration as the provider said they told the staff each day what they wanted. Staff told us that if they had concerns about anyone's nutrition or hydration, even if they were not providing support with this, they would report this to the provider who would take action to ensure the person had enough to eat and drink.

Staff worked with people's personal assistants, families, social workers and health care professionals to ensure they had effective care and support. The provider gave us examples of how joint-working had led to improvements for people. For example, they assisted one person to get better hoisting equipment for their home and another to get more appropriate bathing equipment. This meant that the care and support people received was effective and suited to their needs.

People's healthcare needs were assessed when they began using the service and staff made aware of these. Records included information about people's GPs and the other healthcare professionals involved in their care. Staff said that people could usually tell them if they felt unwell and needed medical attention. However they said they if they didn't they would discuss this with the person and seek medical attention for

them as necessary.

When people were assessed for care with the service the provider carried out a premises check to ensure their living space was suitable and safe for them and the staff who would be supporting them. Risk assessments were put in place to cover areas such as fire safety, moving and handling, and wheelchair access. The provider said that if he had concerns about the safety of a person's home he would discuss this with the person and/or their relatives and take action as necessary to ensure people and staff were safe.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The provider understood the principles of the MCA and when to make an application. Staff told us they always sought people's consent before providing any care or support and people confirmed this. Staff were trained in the MCA during their induction but the MCA did not appear on the staff induction checklist so it was not clear that they had had this training. The provider said he would add the MCA to the induction checklist so he had a record that staff had completed this training.

Good

Is the service caring?

Our findings

People and relatives told us staff treated people with kindness, respect and compassion. One relative said, "The staff are respectful and polite. We are so blessed to have them." Another relative told us, "They keep my [family member's] spirits up and have a laugh with them. They cheer [my family member] up."

When people's needs were assessed the provider discussed with them the type of staff they might want. For example, if people preferred to speak a language other than English, staff with the required language skills were employed. The same applied if people wanted staff of a particular gender or with shared hobbies and interests.

Staff understood the importance of building a good relationship with the people they supported and having empathy for them. One staff member told us, "You've got to connect with the person to make them feel good. I like this agency because we are encouraged to connect with people." Another staff member told us how they supported a person emotionally when they went through a difficult time. The staff member told us, "I tried to be there for [the person] along with their family and to listen to them and be understanding."

The provider said that if a person did not get on with a particular staff member then he was happy to replace them. He told us, "We are going into people's homes and they've got a right to have staff they feel comfortable with. If a client doesn't get on with a particular member of staff then we send someone else." A relative confirmed this and said it was positive that the provider was willing to makes changes to the staffing rota to ensure people were satisfied with the staff who supported them.

Records showed that most people had regular staff which gave them the opportunity to get to know them. The provider said on occasions, due to staff holidays or illness, different staff were sent to provide care. He said that when this happened he ensured where possible that people met these staff first so they did not have people they didn't know coming to their homes.

All the staff we spoke with had caring attitudes and a genuine interest in the people they supported. The provider gave us examples of occasions staff had provided people with a particularly caring service. For example, on one occasion a person had become ill and the staff member had stayed with them to make sure they were alright and cleaned and tidied their home so they didn't have to do it themselves when they were unwell. Another group of staff often stayed late with a person to ensure their personal care needs were met at the time they wanted regardless of when the call was meant to end.

People and relatives told us staff respected people's dignity and independence. One relative said, "The staff are very respectful of [person's name] and always polite to them and the rest of the family." Another relative told us, "I've had no complaints from [person's name] about how the staff are towards them. They would soon tell me if there was a problem."

People's care plans and daily notes were kept in their homes and they, and/or their relatives where appropriate, had access to them at all times. Care plans set out how staff were to provide people with

dignified care without compromising their independence. They were written from the perspective of the person using the service and focused on how they wanted to be supported. This helped to preserve people's independence and give them choice.

Good

Is the service responsive?

Our findings

People and relatives told us the staff provided personalised and responsive care. One relative said, "The carers are flexible. If you need them to do something different they will do it." Another relative said, "My [family member] likes to go out a lot and the staff makes sure this happens as it's what my [family member] wants."

People's care plans were personalised and set out how staff would provide them with care and support that was responsive to their needs. The provider said that care plans were written in conjunction with the person themselves and others involved in their care. They gave staff the information they needed to help ensure people received support that was right for them.

To help staff get to know the people they were supporting care plans included a summary of their life history. As some people also had relatives and other health and social care professionals supporting them this was made clear in care plans so staff knew who was responsible for which aspects of the person's care. People had copies of their care plans in their homes which they could refer to if they wanted to.

Care plans were reviewed regularly and on an ad hoc basis if people's needs changed. Records showed that people had input into their reviews and changes were made if they suggested them. For example, one person's review led to improvements in infection control for the person at times when the service's staff weren't present. Another review led to staff changing how they worked with a person to a way that was more suited to them.

Staff told us care plans gave them the information they needed to provide people with good quality responsive care. They said they used care plans, and the daily records they kept, to ensure important information was passed on to each other and people's personal assistants and other carers. This helped to ensure that everyone involved in a person's care were up-to-date with any changes to their needs.

People and relatives told us calls were on time and staff stayed for the correct amount of time. One relative said, "Timekeeping is fine. They are on time nearly every day and stay for the time they're meant to. If they are ever going to be late they let us know."

Staff completed timesheets for each call which the provider collected and audited on a weekly basis. People using the service and their relatives, where applicable, were asked to sign the timesheets to confirm the times staff had arrived and left their homes. This meant the provider had a record of call times and their durations.

If staff were likely to be more that 15 minutes late the provider had a system in place to let people know. Staff were told to either call the office and let the staff there alert the person, or call the person directly if the person preferred this. This meant that people were kept informed if staff were late. However records showed this was an infrequent occurrence and calls were usually on time.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider told us he would provide information in the way people wanted it, for example if a person wanted information in a language other than English then he would have the information translated for them.

People and relatives told us they would speak out if they had any concerns or complaints about the service. One relative said, "If I had any concerns at all I would phone [the provider] and tell him. I have total confidence that he would listen and put things right." Another relative told us, "I would speak to any of the staff at the service [if I had a complaint]. They're all really helpful and want things to be right." A staff member said, "[The provider] takes action if anything is wrong. He wants people to be happy with the agency."

The provider had updated and improved the service's complaints procedure since our last inspection. It now included contact details for the local authority and the local government ombudsman. This meant that if people weren't satisfied with the provider's response to a complaint they could take the matter to outside agencies.

Records showed that when a person had made a complaint the provider listened to them and took their concerns seriously. He carried out a thorough investigation, involving the complainant, and shared the resolution with them. This meant that a person making the complaint could be confident that the provider would take action to resolve it and make improvements to the service where necessary.

At the time of our inspection the service wasn't providing end of life care to any of the people using it. The provider said that if he was asked to provide this service he would ensure that staff received appropriate training to enable them to support people so they remained comfortable, dignified and pain-free.

Good

Is the service well-led?

Our findings

People and relatives told us the service provided high-quality care. One relative said, "They do a really good job. I can't fault them." Another relative told us, "We are very satisfied with everything about this agency and are happy to continue with them." People and relatives also said they were regularly asked for their views on the service. One relative told us, "The owner rings me up to see how well the care is going and also comes round and asks me in person."

All the staff we spoke with said they would recommend Tailormade Health care to others. One staff member told us, "The agency is good because [the provider] pays attention to the clients and makes sure they get good care." Another staff member said, "[The provider] goes out of his way for clients and staff and does everything he can to make the agency succeed."

The provider told us his vision for Tailormade was for the service to remain small and personalised and, as its name implied, provide bespoke care and support. The provider knew all the people using the service and their relatives, where applicable, personally and was knowledgeable about their care and support needs. He said he used the 'Mum test' (assessing the quality of care of a service in terms of what you would want for yourself or your own family member) to evaluate all aspects of the service.

The provider carried out checks and audits to ensure the service was running effectively. Staff timesheets were audited weekly and care records monthly prior to being submitted to the commissioners who had arranged the care provision. People's care was formally reviewed annually although the provider said he was in regular contact with people between reviews when he carried out 'spot checks' on staff when they were providing care and support. This gave him the opportunity to discuss people's care with them and give them the opportunity to raise any concerns they might have and make suggestions. All the people using the service had the provider's contact number and he said he had told them they could contact him at any time.

Staff said they felt well-supported by the provider. They said the provider was easy to contact and always available to answer questions and discuss any issues they had. One staff member told us, "[The provider] is a good listener and looks after the staff." The provider and the service manager carried out regular staff supervisions and 'spot checks' when they observed staff supporting people in their homes. This helped to ensure that staff were providing consistent and high-quality personal care to people.

The provider sent our quality questionnaires to people twice a year. We look at the results of the most recent survey carried out in November 2017. This showed that people were satisfied with the service. The respondents said they had regular staff who were punctual. They said staff encouraged them to make choices, were respectful, and encouraged them to remain independent. The questionnaires included a section on equality and diversity to check that people's needs relating to race, culture, religion, and sexual orientation were being met. This helped to ensure that people's needs were met in all areas and no-one suffered discrimination while receiving the service.

Since we last inspected a number of improvements had been made to the service. Care plans and risk

assessments had been updated to make them more personalised and comprehensive. Staff files had been audited to ensure the correct documentation was in place. And the provider had carried out a formal survey of people's views about the service with positive results.

The provider and staff worked in partnership with other agencies to help ensure people received consistent care. Some of the people using the service had their own personal assistants and other carers supporting them as well as Tailormade Healthcare staff. This meant communication had to be effective. The provider said both he and his staff had shared good practice with people's personal assistants and other carers with a view to improving the quality of people's all round care.

The provider understood their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.