

Ann Tuplin Care Services Limited

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Inspection report

27 Wells Street
Scunthorpe
Lincolnshire
DN15 6HL

Tel: 01724270083
Website: www.atcsnursing.co.uk

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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 12 November 2018 and was announced. This was to ensure someone would be available at the office to speak with us and show us records.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults with a variety of needs.

Not everyone using Ann Tuplin Care Services Limited receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

On the day of our inspection there were 45 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service, and appropriate health and safety checks had been carried out.

The service employed sufficient numbers of staff to support people with their individual needs. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care provided by Ann Tuplin Care Services.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account.

People were protected from social isolation.

The provider had a complaints procedure in place, and people who used the service and family members were aware of how to make a complaint.

There was an effective quality assurance process in place. Staff felt supported by the management team. People who used the service, family members and staff were regularly consulted about the quality of the service.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service improved to Good.

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Detailed findings

Background to this inspection

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

This inspection took place on 12 November 2018 and was announced. One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Inspection site visit activity took place on 12 November 2018 and included a visit to the provider's office to speak with the registered manager and office staff; and to review care records and policies and procedures. We spoke with four people who used the service and six family members by telephone.

We looked at the care records of three people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe. One person told us, "I feel absolutely safe because of everything they do and because I am not on my own." Another person told us, "They [staff] keep me safe." A family member told us, "I feel [relative] is 100% safe."

The service employed sufficient numbers of staff to support people with their individual needs. The provider was actively recruiting more staff to ensure people's needs could continue to be met. The registered manager told us they did not take on new clients unless they were sufficiently staffed. Staff absences were covered by the provider's own staff and staff spoke positively about rotas and the flexibility of their colleagues to cover shifts. Staff told us the service always ensured a person would be visited by someone they knew. People and family members confirmed this and told us staff were on time and stayed as long as they should.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Risks were well managed. Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. The registered manager described how lessons had been learned from specific incidents and these had been cascaded to staff via team meetings and supervisions.

The provider had an infection prevention and control policy in place. Staff were appropriately trained. Compliance with procedures was monitored via spot checks and surveys of people who used the service. People and family members told us staff followed good hygiene procedures, and wore appropriate uniform and personal protective equipment (PPE).

The registered manager understood safeguarding procedures and had followed them. The local authority had been informed of any possible incidents or allegations of abuse, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people.

Appropriate arrangements continued to be in place for the safe administration and storage of medicines.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective. People who used the service received effective care and support from well trained and well supported staff. One person told us, "The way they [staff] transfer me is great, they are really good and trained, I have no complaints." Another person told us, "My carers have good skills and are used to my routine, and they meet my needs. I can't fault the carers, they do look after me."

Staff were supported in their role. They received regular supervisions and an annual appraisal, and training was up to date. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. Staff we spoke with were very positive about the training they received.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans.

People were supported with their dietary needs as necessary and care records included guidance from relevant healthcare professionals such as speech and language therapists (SALT) and dietitians.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. None of the people using the service at the time of our inspection had any restrictions in place.

Records of consent had been completed for each person. These included consent to care and support, including the administration of medicines and sharing of information. Where the person was unable to sign, it was documented that verbal consent had been obtained.

Some of the people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

People were supported with their healthcare needs. Care records included details of GP and hospital appointments, and involvement from professionals such as SALT, occupational therapists and community nursing teams.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring. One person told us, "They [staff] are really caring, like an extended family." A family member told us, "They [staff] are very kind and caring." Another family member told us, "It probably is a silly thing to say, but in the morning they [staff] make me a nice cup of coffee. It's lovely, and they always wash up." A staff member told us, "I wouldn't work for another care agency. They put the client first."

The provider promoted dignified and respectful care practices to staff. They had a policy in place that described how staff should maintain privacy and dignity whilst carrying out their role. Staff we spoke with had a good understanding of this area. A family member told us, "They treat [relative] respectfully, she likes them." Another family member told us, "They are definitely respectful, and they have a good rapport with [relative]."

Staff supported people to be independent and people were encouraged to care for themselves where possible. Care records described what people could do for themselves and what they required support with. For example, "[Name] likes assistance with her hearing aid, to put her jewellery on and have her hair brushed" and "Assist [name] with dressing in clothes of choice, encourage clean clothes when needed."

People's preferences and choices were clearly documented in their care records, including whether they had any cultural or religious needs. Communication support plans were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs. For example, one person used technology to assist them with communication and staff were reminded to allow the person time to make their needs known.

Records were kept securely in the provider's office and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was made available to people who used the service and some of the people were using independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered. Records included important information about the person, such as next of kin, GP and other healthcare professionals contact details, diagnosis, allergies and any other special requirements. We saw these had been written in consultation with the person who used the service and their family members. Family members we spoke with confirmed this.

Support plans were comprehensive and detailed. These included, mobility, washing and bathing, dressing, eating and drinking, communication, medication, elimination, personal aids and equipment in use, cultural and religious needs, behaviour patterns, and shopping or domestic needs. Some assessment documentation had not been updated with the new date, to reflect when the person's care records had been reviewed. The registered manager agreed to remedy this.

Each support plan described the person's need and the actions for staff to take. For example, one person's mobility needs described what the person wanted to achieve, how staff were to support them and what equipment was needed. A risk assessment was also in place. Care records we looked at were regularly reviewed and up to date.

Daily records were maintained for each person who used the service. Records were up to date and included information on what the person was doing on arrival, diet and nutrition, and details of the support carried out.

None of the people using the service at the time of our inspection were receiving end of life care however staff had been appropriately trained.

People were protected from social isolation. Some people were supported to take part in activities and to access the local community, such as for meals out, shopping, entertainment, day centres and holidays. One person told us, "The carer takes me out twice a week and we have a good time." A family member told us, "[Relative] does activities at the community hub, it's lovely she enjoys it."

The service user guide included a copy of the provider's complaints policy. There had been one complaint recorded in the previous 12 months. An internal investigation had been carried out and a letter of apology sent to the complainant, who was happy with the action taken. People and family members did not have any complaints but knew how to make a complaint, and who to contact.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was not always well-led and awarded a rating of requires improvement. At this inspection, we found the service was well-led. At the previous inspection we found communication was not always clear to people about staffing issues and the actions taken to obtain replacement staff. At this inspection, we found communication was good, and people and family members did not raise any issues in this area.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since March 2016.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had a positive culture that was person-centred and inclusive. A person told us, "It's very well organised from the office it runs smoothly. I wouldn't change anything. I like it the way it is." A family member told us, "Yes, it is well managed and always has been. Nothing is too much trouble, they are really flexible, and they always do their best. We would change nothing." Another family member told us, "If there have been any little problems, [registered manager] is on the telephone. She always gets back to us and sorts things out."

Staff we spoke with felt supported by the management team. One staff member told us, "It's the best management team I've worked with" and "I've always been able to come in the office and ask questions." Another told us, "[Registered manager] is really good, even if it's not to do with work. She's there." Another told us, "They [management team] are brilliant. Very supportive, they are always there for you." The registered manager told us, "I have an open door. I encourage staff to come in."

Staff were regularly consulted and kept up to date with information about the service. Feedback was obtained from staff via supervisions and team meetings. The registered manager told us they were in the process of developing a staff feedback form. Information and updates on the service were sent out to staff with pay slips.

Regular audits were carried out and included medicines, staff spot checks, staff competencies and supervisions. Spot checks of staff included whether they were appropriately dressed, timeliness and standard of care.

Evaluation forms were completed with people and family members to gauge feedback on the quality of the service. Analysis of the results was carried out and actions were put in place for any identified issues.