

Taks Healthcare Ltd

Taks Healthcare Services

Inspection report

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Date of inspection visit:
21 February 2023
27 February 2023
28 February 2023

Date of publication:
13 March 2023

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

About the service

Taks Healthcare Services is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of our inspection there were 8 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

There were processes in place to safeguard people from abuse. Risks to people's safety were assessed and reviewed. There were enough staff to support people safely. Medicines were managed safely.

Care and support was planned and delivered in line with current evidence-based guidance. Staff completed training to know how to care for people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were consistently positive about the caring attitude of the staff. People's privacy, dignity and independence was respected and promoted.

Staff knew people well and care plans included information about people's needs, wishes and preferences.

There were effective systems in place to monitor and improve the quality of the service. Staff told us they were well supported by the registered manager.

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

Rating at last inspection

This service was registered with us on 30 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Taks Healthcare Services

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 February 2023 and ended on 28 February 2023. We visited the location's office/service on 21 February 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 09 September 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person that used the service, 4 relatives and a healthcare professional. We spoke with 6 members of staff including the operations manager, and the registered manager who was also the provider and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of other records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had processes in place to protect people from abuse. Staff told us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused.
- People felt safe and comfortable in the presence of staff. One person told us, "I do feel very safe when they are here. I think it is an excellent service and I have no complaints."
- The registered manager understood their responsibilities in relation to safeguarding and how to report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- People had appropriate risk assessments to keep them safe in their homes. Staff knew the risks people faced and were aware of what action to take if people's needs changed.
- People were assured of safe support, as staff had access to their care records via an app available on their phones. A staff member told us, "We have access to care plans on [name of care app]. We then read all about the person including any risks and I also found out about risks when I shadowed."

Staffing and recruitment

- People's relatives told us their [family member] were supported by a regular team of staff. One relative told us, "We are very happy with this service and it definitely hinges on the relationship [family member] has with [staff member]. We are fine to have other staff for holidays but [family member] has definitely connected with their main carer who is perfect for them."
- People using the service told us staff were on time and had never missed a visit. A person told us, "They come twice a day and they always turn up. They have never been late even. I do think they stay the right amount of time as they do everything I need."
- Safe recruitment procedures were followed. This included checks with the DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received support to take their medicines safely from trained staff.
- Only 1 person using the service was supported with medicines. A staff member told us, "Yes, I do administer medicines, the person is quite complex with a lot of medicines, so [senior staff] do come out to carry out spot checks and to do my competency check."
- Medicine administration records were audited regularly and during spot check visits.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager advised us there had been no incidents or accidents since the service started operating.
- There was a system in place to report, record and monitor incidents and accidents to help ensure people were supported safely.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People had an assessment prior to them receiving care and support from the service. This recorded their needs, abilities and their preferences and formed the basis of their care plans.
- Staff were aware of people's individual support needs and preferences, which was reflected in people's care and risk management plans and included guidance they were expected to follow.

Staff support: induction, training, skills and experience

- People received support from trained staff that were able to meet their needs. Staff received the training in order to care for them effectively.
- New staff completed an induction and worked with experienced staff to understand and gain knowledge about the job role. A staff member told us, "I had a 2-week induction and shadowed another carer who showed me what to do. I did the care certificate. We do a lot of training and I have just completed another 3 days of training." Another staff member said, "I attended full training with [named training provider] which included a practical manual handling course. I also did dementia training."
- People and relatives told us they thought staff were well trained. One relative told us, "I do think [staff member] is trained they talk to me about their experience and they definitely know about dementia. If I think my [family member] has been rude they say it is okay. They are very patient."

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

- Relatives told us staff would ensure their family member was supported with eating and drinking.
- One relative said, "[Staff member] understands my [family member] completely, in the morning 3 of us have breakfast together and they encourage [family member] to eat. [Named staff member] says if you do not eat nor will I, which gets my [family member] eating."
- Care plans included information about people's dietary needs and requirements, likes, dislikes and allergies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans included information about other agencies and professionals involved in people's care. For example, in one care plan conversations were recorded from the hospice team in relation to pain management. Records tracked through to the medicine administration chart and it was clear the advice had been followed up.
- A relative told us, "[Staff member] definitely picks up on any healthcare needs [family member] has. They are fantastic and completely oversees if [family member] is comfortable." A healthcare professional told us,

"They engage quite well, and they follow my advice. We have notebook and when I have checked it has been actioned. They are quite responsive to be honest."

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Care plans contained clear information regarding people's capacity to make decisions about their care.
- Staff had received training in the MCA and understood the principles of the act. A staff member told us, "This is about everything in client's best interest. I do not make decisions for people." Another staff member told us, "If I had a client who was struggling with decision making, I would inform my manager who would escalate to the family."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff that were kind, caring and respectful. One person told us, "The carers are very kind and always very professional. I do find they are respectful in my home."
- People and relatives were very positive about the care provided and praised the staff that visited them. A relative said, "[Staff member] definitely picks up on any healthcare needs [family member] has, and it has helped that [staff member] is also a Christian so they share my [family members] faith." Another relative said, "Service is perfect, absolutely exceptional."
- Staff had received equality and diversity training. A staff member told us, "We do not have anyone with a different culture at the moment, but I would follow what they wanted."

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

- People were involved in making decisions about their care and encouraged to make choices for themselves. One person told us, "They do everything I want them to do, they make my food, but I decide what I am having." A staff member said, "A lot of the time people have microwave meals, but we always ask them what they would like, I would offer a choice."
- We saw people and their relatives were regularly asked for their views of the service during visits, spot checks and via telephone calls.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was preserved. A staff member told us, "I make sure the doors are closed; I would seek consent. I cover them and make sure parts of them are dressed." A family carer told us, "The staff are very polite, respectful and they listen to what I have to say and follow my advice."
- People and their relatives told us staff encouraged independence. One relative told us, "After [family member] had rehab they advised [family member] needed care and we approached this service. During the morning they support [family member] with shower, help with their exercises and engage with them. It is definitely working for us at the moment."
- A staff member said, "I encourage them to do as much as they can for themselves, if someone chose to do something risky, I would inform them of the risk, but they are still able to choose."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans detailed their needs and preferences in a personalised and responsive way.
- People received person centred care. A relative said, "[Staff member] also plays chess with my [family member], and they are teaching [staff member] how to play and this has brought them closer together. [Staff member] is flexible and if I ask them to stay longer, they always say yes."
- A staff member told us, "Person centred care is all about the individual and what they want to do, if someone wants to go for a walk then I will assist."
- Staff had access to up to date information as care plans were maintained electronically, and staff could access and record onto care plans via their mobile phones.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says people should get the support they need in relation to communication.

- The registered manager was aware of the importance of making information accessible to people. People's communication needs were described in their care plans so staff knew how to best communicate with them. No one using the service at the time required specific alternative methods of communication.
- A staff member told us, "All the clients I have can communicate verbally. If I had someone that couldn't, I would find out how they wanted to communicate which could be signs, gestures or sign language."

Improving care quality in response to complaints or concerns

- The service had a complaints policy. There were no complaints or concerns at the time of the inspection and relatives told us they knew how to make a complaint should they need to. A person told us, "I think it is an excellent service. I have no complaints."

End of life care and support

- Processes were in place to support people at the end of their life.
- Staff knew how to support people and how to access the appropriate health professionals to ensure end of life needs were met. A staff member told us, "I work with the hospice and other nurses and I have completed end of life training. Another staff member told us, "I feel very supported, it can be critical at end of life and challenging. They have been fantastic and offer me longer breaks if I need them."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback about the service was positive. A relative told us, "I am very happy with the service and could not have got this far without them." Another relative said, "I am very happy with this company and I would recommend them, but I do not know everyone. I would recommend [staff member] but would also not want to lose them."
- The registered manager and operations manager had a comprehensive oversight of the service and understood the needs of people they supported.
- Staff told us they enjoyed working at the service and felt well supported by the registered manager and their colleagues. A staff member told us, "The manager is very supportive, and I think people are getting good care. I am happy working here." Another staff member said, "I value what this company does for me so if that is what they do for people then they are doing a fantastic job."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour requirements and when to share information with the relevant organisations when concerns were identified.

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

- Policies and procedures were in place to aid the smooth running of the service and were accessible to staff.
- The service had implemented checks and audits since the service had started operating. These included checks on medicine records, care plans, daily notes and staff training and recruitment.
- Staff performance was monitored through supervisions and spot checks. These enabled the registered manager to monitor how staff were providing care.
- Team meetings also took place and gave staff an opportunity to share ideas and discuss updates and important information. A staff member said, "We meet with the manager regularly and we have regular staff meetings. The manager does listen and is very swift to resolve any concerns."

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

- People and relatives told us communication was good. A relative said, "The communication is good as we use a communication book and for us it has been a very good system. I am happy with the communication."

They keep us informed and we are able to contact them."

- People's needs, and preferences were used to develop care plans which reflected their individual preferences and diverse needs. A relative told us, "The staff member takes my [family member] to a dementia class and sends me a video of what my [family member] is doing, if they are exercising or singing. I think [family member] enjoys it and [staff member] too."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they were always learning to ensure they were giving people good quality care and learning best practice.
- The service worked in partnership with other organisations including social services and healthcare professionals that included GP practices, and district nurses.