

Taunton Homecare Services

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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

About the service

Taunton Homecare Services is an agency which provides personal care to people living in their own homes in the market town of Taunton. At the time of the inspection the agency was providing care to 26 people.

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

People were protected from abuse. Staff knew how to recognise and report abuse

People and relatives told us they received safe care.

People received support from a regular staff team and staff were recruited safely. Staff were trained to administer medicines safely. Competency checks had been completed to ensure staff were following safe medicine practices.

Staff had received training in infection control and demonstrated an understanding of what personal protective equipment (PPE) should be used when supporting people. People told us staff wore PPE whilst spending time in their homes.

People's needs were assessed and staff with the right skills helped to meet these. Staff supported people with their eating, drinking and to access healthcare support.

There was an enthusiastic, positive and caring culture amongst staff at the service. Staff had good knowledge about the people they supported and told us they were proud and enjoyed working at the service.

People were cared for by staff with sincerity, kindness and compassion. Staff supported people in a dignified and respectful way. People's independence was promoted and respected.

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.

The provider had a complaints process and the one complaint received had been effectively resolved and appropriate actions taken.

People and their relatives were able to give feedback about their care in a variety of ways. Examples

included, through care reviews, periodic telephone calls and surveys.

Staff said they were very proud to work for the service and praised the support they received. One commented, "I feel the way (registered manager) and (provider) have set the company and manage it is top quality, always very focused and will look after the staff."

The provider had systems and processes in place to retain oversight of people's care and ensure good standards were consistently met.

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 22 August 2019 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Taunton Homecare Services on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service 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 ●

Taunton Homecare 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 Care Act 2014.

Inspection team

The inspection was carried out by one adult social care inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 10 May 2021 and ended on 21 May 2021. We visited the office location on 17 May 2021.

What we did before the inspection

Before the inspection we requested a number of records to review before we visited the office. These included a variety of records relating to the management of the service, including policies and procedures, quality monitoring, staff training matrix. We reviewed these before visiting the office. We also contacted people and their relatives to give them opportunities to share feedback with us. We spoke with five people who used the service and four people's relatives. We also contacted fourteen staff and received feedback from seven of them.

We reviewed information we had received about the service since it registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed further records. This included two people's care records and a staff file in relation to recruitment and staff supervision.

After the inspection

We spoke with a professional who regularly works with the service.

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 for 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

- People were supported by an agency which had systems in place to identify and report concerns. Staff knew how to recognise and report abuse. All staff asked, said they were confident action would be taken by the registered manager if they reported any concerns.
- People and relatives told us they felt very safe and relaxed with the staff who supported them. Comments included, "Really happy with the service"; "I am being treated perfectly, definitely safe" and "Really glad we had Taunton Homecare, it couldn't be better."

Assessing risk, safety monitoring and management

- People's individual risks and needs had been comprehensively assessed and planned for. Staff had access to clear information about people's personal risks and how they should be supported.
- Risks to people were minimised because staff were very observant and took action to make sure risks were minimised. Example of risk assessments included, environment, moving and handling, medication and smoking. Individual risk assessments were also completed for people's individual needs. For example, diabetes, oxygen and stair lift use

Staffing and recruitment

- Staff had been safely recruited. Employment and criminal checks had been carried out to ensure staff were of good character to work with people.
- People were supported by a small stable and familiar staff team who had been trained to fully understand people's support requirements. Everyone who received a service had a small team of staff who visited them. This helped them to build relationships.
- The agency only took on new packages of care if they had sufficient staff to meet the person's needs and wishes. This was confirmed by a health and social care professional, who said, "They do their very best... good at recognising their capacity and know where there are gaps in their rota and is appropriate."

Using medicines safely

- The registered manager carried out medicine assessments for people. These had the required information needed to make sure people received the correct level of support with their medicines.
- Information was available for people using the service. This included assessments to ascertain if staff, people or their family were responsible for ordering, transporting or returning medicines from the community pharmacy.
- There was a medicine policy in place.
- People received their medicines safely because staff members had their competency assessed and

received training to handle medicines safely.

Preventing and controlling infection

- The risks of the spread of infection were minimised because staff received training in how to reduce risks. Staff were kept well informed regarding Covid-19 and were kept up to date with all government guidelines about how to work safely during the pandemic.
- People told us that staff wore PPE whilst spending time in their homes. Staff had access to appropriate Personal Protective Equipment (PPE) to help to keep themselves and people safe. Staff told us they had access to PPE at all times. The registered manager explained that staff could access the PPE store at any time should they require any.
- The provider had put together packs of emergency PPE for staff if they needed to support somebody with Covid-19. All staff carried these in a pink bag with other items they might need. For example, yellow emergency jacket for car breakdowns, a first aid kit, a torch, pen and a bag of sweets.
- The management team undertook spot checks which included checking staff were using PPE in line with the provider's policy and current government guidance.

Learning lessons when things go wrong

- The registered manager and staff team learnt from mistakes and treated them as an opportunity to make improvements. Records showed that where a complaint had been made, action was taken to improve the medicine management at the service. This had included changing the locking system on a person's medicine tin to a combination lock.
- People received a service from an agency who kept records of accidents and helped people to take action to minimise risks. For example, where someone had fallen out of bed, staff had undertaken additional risk assessments and liaised with the local authority to get a specialist bed to minimise future risk.

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's needs were assessed and reviewed as and when required or if a change occurred.
- People's preferences likes and dislikes, past life histories and background information were recorded in their care documentation.
- People and relatives commented positively about the service provided and told us they were involved in developing their care plans.

Staff support: induction, training, skills and experience

- Staff confirmed they received the training they needed. An induction was in place to support new staff. This included on-line training and shadowing more experienced staff. One staff member said, "I have been supplied with multiple online learning courses, had shadowing at the beginning of joining the company, and I had face to face learning for basic life support and manual handling."
- People and relatives said they felt staff had the right skills and knowledge to support them. Comments included when asked about staff skills, "Yes, they are very good" and "Yes definitely, they are very good with him. Not one who is not favourable."
- Staff had regular supervision to discuss any concerns and identify further training and development needs. Staff told us, "We have supervisions every few months and are encouraged and supported to develop on building our skills."

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

- Not all the people who used the service required support with eating and drinking. People's dietary needs were assessed, and plans were put in place that supported these needs. Staff assisted some people with the preparation of a favourite meal, drink or food.

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

- People were supported by staff who were aware of their healthcare needs. People's care plans included a detailed record of people's health conditions and needs such as skin integrity, and how staff would manage these.
- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- No one being supported by the agency was being cared for under the Deprivation of Liberty Safeguards (Community DoLS.) The registered manager was familiar with the legislation and knew the process to follow if anyone required this level of protection to keep them safe.
- Suitable processes were in place to give people's maximum choice over their lives. People had opportunities to give and withdraw their consent. Each person who received a service, or their representative, signed a consent form when they began to receive care.
- Staff checked with people on every visit that they continued to consent.

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 cared for by staff with sincerity, kindness and compassion. Staff supported people in a dignified and respectful way and their independence was promoted. The provider told us their aim was "For our service users to be happy, content, stimulated, feel loved and being treated as an individual. It is important for our service users to have a say in their own care needs, being listened to and respected and to feel safe." This was demonstrated by the staff's enthusiasm and practice.
- People and their relatives spoke very highly of the way staff cared for them. Comments included, "Yes I am really pleased with the care I am getting. It is excellent care", "Excellent. It is consistently good. Staff go out of their way" and "Yes very kind... always treat him with dignity and respect... talk to him about his work."
- The registered manager and senior staff led by example to make sure people were always respected and cared for with kindness. One person commented, "The girls who come to me are lovely all very nice."
- Staff demonstrated an understanding of people's care needs and the importance of respecting diversity. Everyone was treated with kindness and respect. Senior staff carried out observed practices to make sure other staff were working in a way that respected people and ensured they received kind care. A staff member commented, "Everyone cares for the service users as if they were family and would have full trust that anyone will receive the best care."
- Staff spoke with kindness about the people they supported. They told us they enjoyed their role and had got to know the people they supported well.
- The provider told us how staff often went over and above their job role to make people feel special, saying "It is the thoughtfulness that money can't buy." Examples included, collecting fish and chips from a favourite chip shop, de-icing freezers, celebrating special occasions, making a personalised memory activity lap blanket to comfort one person. Also by taking people flowers, helping people stay in touch with loved ones, getting call monitoring put in place to stop scam calls and helping to reassure people's anxieties.

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

- People confirmed their views were sought and they were involved in making decisions about their care.
- Staff understood people's needs encouraged people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff. People said the staff always respected their privacy when completing personal care with them including encouraging them to do it themselves.

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 received care and support which was personalised to them and their unique circumstances and wishes. The provider told us in the provider information return (PIR), 'Our care plans are completed with the service user and their family. Our aim is for our service users to be happy, content, stimulated, feel loved and being treated as an individual. It is important for our service users to have a say in their own care needs, being listened to and respected and to feel safe. We carry out regular care reviews and are responsive to any changes of care needs.'
- Care plans contained information about people's personal histories, likes and dislikes.
- Staff knew people well and how they liked to be cared for. Each person had a small team of staff who they got to know well and who knew their preferences. One staff member said, "I feel that the service users care plans contain enough information to meet their needs safely. Also, by using the blue carers communication sheets, it keeps information up to date if things have changed in the short run."
- A health care professional told us, "A very client based and person centred agency".
- Where a person's needs changed the registered manager and staff involved health professionals where necessary to implement changes. For example, one person, would place themselves at risk in the community, so an alarm system was installed to alert when they left their home.

End of life care and support

- People could be assured that at the end of their lives they would receive care that was kind and compassionate.
- People were cared for by competent and skilled staff at the end of their lives. Staff were proud of the way they cared for people who were nearing the end of their lives. The registered manager shared several examples how the staff had supported people's specific wishes. This included, providing individually requested personal care needs, purchasing lip balm and moving pots in the garden, so a person could enjoy them from their window.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans highlighted if people had any communication needs which enabled staff to effectively communicate with people. Each care plan we saw gave a clear description of how people communicated and whether they were able to read and write. People said staff communicated well with them and ensured

they had the information they required.

- The provider told us in the PIR, 'We recognise that for effective communication to take place between service users and staff, there must be ongoing interaction between them, which is dependent upon identifying a method of communication which is appropriate to the needs of the service user.'

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although the agency was not responsible for providing activities for people, staff told us how people had been adversely affected by their restricted lives during the pandemic. Staff had gone out of their way to provide additional social support and to help them to occupy their time. For example, enabling a person to go to the local golf course, visits to the office for coffee and the company of the staff, going to the garden centre and for one person going to their favourite supermarket. One person's family were unable to visit them and support them with their laundry and shopping. The registered manager had stepped in and undertook the person's laundry and shopping needs.

Improving care quality in response to complaints or concerns

- Information was provided to people about how to raise concerns or make a complaint.
- People said they knew how to make a complaint and were confident the registered manager would take action. Comments included, "I would ring the company and speak with the head person (registered manager). No need to do that" and "They are all very approachable and I wouldn't hesitate to voice any issues with them."
- The provider had received one complaint which had been dealt with in line with the provider's policy and to the complainant's satisfaction.

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

- People benefited from a staff team who were passionate about their jobs and proud to work for the organisation. Staff were committed to providing people with a very high standard of care and support. The registered manager and provided people with a high quality, personalised service. This was evident throughout our inspection and from the positive feedback we received.
- People were very positive about the care and support they received and the leadership of the service. One person said, "If I had a concern, I would raise it with (registered manager) ... she has been fighting our case since day one and keeps us informed about what is going on in the organisation." Another said, "Everything in managed 100 percent, I can't fault them."
- Staff felt very well supported which led to a happy and confident staff team. Comments included, "I like the support we get, even at night times, (registered manager) will always ask us to text her to make sure we are home and she will reply. Always on call if we have a problem, always there."
- The registered manager was supported by an office manager and two senior care staff and worked closely with the provider, who they spoke to each day. Staff said they were very proud to work for the service and praised the support they received. Comments included, "I feel that the management team are very approachable and make you feel that not only the service users well-being is at the forefront but also ours too;" "I have always felt very well supported and when I've been worried about anything, management have been there to support me" and "Encourage and welcome any concerns and I feel 100% confident they will be looked into promptly and will get feedback"
- The provider's values were demonstrated throughout this inspection, compassion, high investors in staff, friendly and welcoming. Examples included, celebrating staff birthdays, milestones, achievements and additional support when needed. The provider told us, "We are like a family. We try to recognise and encourage the individual strengths we have and support the weaknesses in a caring and transparent way."

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 and provider were open and approachable. They acknowledged when things went wrong and took action to prevent re occurrence.
- People were confident that if they raised issues they would be dealt with openly and professionally. Comments included, "I would ring the office and have a word with (registered manager), I know she would sort it out" and "Go to (registered manager) or (provider) or on-call...ring the office- very polite... not a cross word."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People could be confident that their care was provided by an agency who monitored risks and followed up to date guidance to keep people safe. This inspection was conducted during the Covid-19 pandemic and the agency were working in line with all up to date guidelines to keep people safe.
- Records showed appropriate action and improvements were made when needed and staff and managers were committed to continuously improving the service.
- Senior staff carried out audits including care and medication records. They acted where improvement was needed to help achieve good outcomes for people.
- The management team completed spot checks and observations on staff to monitor staff performance and competency.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were always kept informed about their care and consulted on all aspects. The provider asked people and relatives for their views about the service through care reviews, periodic calls and surveys.
- Staff had good relationships with local healthcare professionals and contacted them when they had concerns about a person's health.
- Staff were encouraged to raise concerns about the care provided, including through whistleblowing processes. Staff told us they would feel confident raising any concerns or issues with the management team and that action would be taken to address these.
- People received effective care because the staff worked in partnership with other agencies and professionals. We heard how staff liaised with GP's, district nurses and social workers to make sure people received the care and treatment they required. A health and social care professional told us, "They (Taunton Homecare Services) will bring the best out of the client... will help enable a client to get additional support like an occupational therapist...I can always ring about a package of care and ask how they are doing, and (registered manager) always knows."