

Tamworth Home Care Limited

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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?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Tamworth Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults with a physical or learning disability in and around Tamworth and Lichfield. The organisation provides other support that is not regulated by us including support in the community.

On our last inspection in February 2016 the service was rated as Good; on this inspection we found the service remained Good. However, we found the service needed to make improvements to how they supported people to make decisions which meant, 'Is this service effective?' was now 'requires improvement'. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, improvements were needed to ensure decisions were only made in people's best interests.

The service had a manager in place at the time of our inspection. 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 continued to receive safe care. Risks to people's health and wellbeing were assessed and this was reviewed to ensure people continued to be assisted in a safe manner. The staff understood how to protect people from harm and the registered manager had reflected on how safeguarding concerns were addressed to ensure these were reported promptly. Some people received assistance to take medicines and records were kept to ensure that this was done safely. There were safe recruitment procedures in place to ensure new staff were suitable to work with people.

Staff were supported and trained to ensure that they had the skills to support people effectively. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need. People were able to make decisions about how they wanted to receive support to ensure their health needs were met.

The care people received remained good. Care was planned and reviewed with people and the provider ensured that people's choices were followed. People's privacy and dignity were respected and upheld by the staff who supported them. People felt comfortable with staff who they knew and satisfied with the support provided.

The service remained responsive. The support plans reflected people's specific needs and preferences for how they wished to be supported and this was reviewed. People felt comfortable raising any issues or concerns directly with staff and there were arrangements in place to deal with any complaints. Information was being reviewed to ensure it this was accessible to all people who used the service.

The service remained well led. Staff felt supported by the registered manager. Regular quality checks were completed and people could comment on the quality of service provision. People and staff were encouraged to raise any views about the service to consider how improvements could be made.

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 remains good.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements were needed to ensure decisions were only made in people's best interests where they lacked capacity. People were supported to prepare meals and received the support they needed to keep well from health care services. Staff had the opportunity to develop the skills and knowledge they needed to meet people's care and support needs.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains 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.

Tamworth Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults and children with a learning and physical disability in and around Tamworth and Lichfield. Not everyone using this service receives 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.

The provider was given seven days' notice to ensure people could consent to a home visit from an inspector. The inspection site visit activity started on 11 April and ended on 20 April 2018. It included telephone calls to eight people and six relatives; we visited four people and two relatives. We also spoke with three care staff, three senior care staff, a field supervisor, the manager and registered manager. We received information from the local safeguarding team and commissioners of the service. We visited the office location on 20 April 2018 to see the registered manager and to review care records and policies and procedures. One inspector carried out this inspection with the support of an expert by experience. An expert by experience is a person who has knowledge and experience of using car services.

On this occasion we did not ask the provider to send us a provider information return (PIR). 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We looked at five people's care records to see if these were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People were confident that staff knew how to protect them from harm. Staff had a good understanding and knowledge of safeguarding people and knew how they may recognise possible abuse or neglect. The registered manager and staff understood their responsibilities to report any concerns, although we saw there had been an incident which had been reported to the person's social worker rather than through agreed safeguarding procedures. This had resulted in a delay in the investigation. The registered manager recognised this error and reflected on this to make improvements and to ensure that any concerns were reported directly to the safeguarding authority.

People felt there was enough staff to provide safe and effective care. Where possible, people had a small group of regular staff who provided their care and who they knew well and were comfortable with. To ensure people received their care on time at the beginning of the day, a senior member of staff monitored which staff had electronically registered that they had arrived at people's home; if staff failed to arrive, they were able to take action to ensure people received their call and were safe. One member of staff told us, "We recognised that we wouldn't know if staff didn't turn up for their first call and needed to make sure we had a system in place to deal with this. This is working well and makes sure people are not forgotten."

Risks associated with people's care and support was recognised and managed. Staff knew people well and where people used equipment to move around their home, this was included in the assessment of risk. One person told us, "I happy with the staff and how they help me to move. They always ask me how I am and don't rush me. I'd be lost without them." An environmental risk assessment was completed for hazards in the home and people told us the staff left their home tidy and made sure any equipment used was stored away and did not obstruct any area. Staff had access to protective clothing to use and one person told us, "The staff are always clean and tidy and if they need to, they will put their apron and gloves on. I know they have to be careful as they see so many people, so it's important."

Where people needed support to take their medicines they were confident they received these as required. One person told us, "I have my tablets delivered to my home and the staff help me to take them. I see them write it in my book. Everything is written down in there." Some people had their medicines crushed and this was written within the support plan. The registered manager agreed that medical advice should be sought to ensure the integrity of the medicines was not compromised. We saw medicines were recorded and stored within an agreed place within the home.

When new staff started working in the service, recruitment checks were carried out to ensure they were suitable to work with people. We saw that staff's suitability for the role was ensured by obtaining references, having a police check and confirming the validity of their qualifications, including previous experience and training.

Is the service effective?

Our findings

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.

We checked whether the provider was working within the principles of the MCA and we saw people's consent was sought before the staff provided support. Overall, people had the ability to make decisions about their care and recorded their consent within the support plan. People felt they were helped to make decisions and be in control of their care and there were no restrictions identified. However, where people may not have capacity and needed support to make decisions, assessments had not been completed. The registered manager recognised that these needed to be completed and following our inspection, information relating to how people could be assisted to make decisions and capacity could be assessed was developed. The information for making decisions was completed in an easy to read format to support people who may have a sensory impairment or learning disability.

We recommend that the provider seeks advice; training and guidance from a reputable source, to assess capacity and ensure decisions are made in people's best interests.

New staff received an induction into the service. When new staff started working they worked with other experienced staff member and had an opportunity to get to know people. People were confident that staff knew how to support them. Staff completed nationally recognised vocational training and the care certificate; this sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "All the staff do the care certificate because we are now offering care to people with a learning disability so it's important we all have the same training and we are all doing the same thing. It's important to be consistent."

Staff were provided with support through individual supervision and checks were made in people's homes to ensure the staff were working safely. Where any concerns were noted, they were addressed through the supervision process and staff were encouraged to reflect on their practices and how they supported people to improve people's experience of care.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. Where people received support from community health care professionals, the staff received training to recognise changes in the condition of people's skin or how to support people who had epilepsy. Where changes were identified, the staff raised any concern with health professionals.

People had choice and flexibility about the meals they ate and were responsible for providing their food for staff to prepare. People chose what they wanted to eat and staff helped to prepare this. We saw people had commented on how they wanted their food to be prepared and worked with staff to ensure it suited their individual preferences. Some people received support to help them to be independent or to develop the skills they need to live in their own home. One relative told us, "I'm very impressed with how they support [Person who used the service]. They help them to cook their own meal and then we all sit down and eat together."

Is the service caring?

Our findings

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. One person told us, "I've had the same ones for ages now; we're like friends." One relative told us, "The staff are really lovely, helpful and nice and they look forward to them arriving." Another relative told us, "The staff work with me and spend time getting to know what [Person who used the service] likes. They are really flexible and it's lovely to see the relationship they have developed."

People's privacy and dignity was respected. Where personal care was delivered, people told us the staff took time to ensure they were covered. One person said, "Nobody really wants someone else to do their personal care, so it's difficult. I prefer it when I know people better as it makes it easier for me. The staff always try and make me feel comfortable and there's always a towel covering me up."

People were encouraged and supported to be as independent as they wanted to be. One person told us, "I tell the staff what I can do and they do the rest. We work well as a team." Another person told us, "The staff who know me well are the best. I don't need to tell them what I can do; they just know. I like that they leave me everything I need, so if I want anything, it's always at hand so I don't have to worry about phoning anyone to ask them to help. It works really well." One relative told us, "I like that they involve [Person who used the service] in everything they do. They don't take over and let them stay in control which is good."

When organising support the provider took into account people's preferences. The provider had an equality policy and staff understood that people's support was based on their individual needs. People's care plans covered all aspects of their lives and staff knew about these and told us how they supported people in line with them. One relative told us, "It's a friendly atmosphere when they're here and they come in and talk and chat about their family. It's good that they take an interest and seem to be genuinely interested."

Information about people was kept securely in the office and staff kept personal information about people confidential. One relative told us, "The staff don't talk about other people. That gives me confidence that they don't talk about us to others. It's the way it should be. They are very professional." The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office.

Is the service responsive?

Our findings

People's care and support was planned to meet their needs and they contributed to the development of their plan. An assessment was carried out before starting to care for people and people felt they were listened to. One person told us, "The office staff came out and asked me what I wanted from them. At first I couldn't have the time I wanted but they were honest about that. They've been very good and as soon as they could change, they did, so I'm a lot happier now." Another person told us, "I'm happy with how they do all the care. The staff come and visit me and we go through it all now and again and they ask me if I'm still happy with everything. If anything needs changing then it's done there and then." We saw the care reviews were carried out with the senior care staff and changes were made to reflect how people wanted to be supported and they sought people's views on the service they received.

People received support at the time they wanted and staff arrived when expected within the agreed time frame. People told us they received a rota each Friday which recorded which member of their staff team were working and what time they were expected. One person told us they visited the office each week to find out which staff would be providing their support and knew all members of the staff team. People commented that they received information which informed them which staff would be providing their care. One person told us, "Nine times out of ten, it's the same staff who are on the rota that come here. Sometimes it's different but I know these things can't always be helped. The office staff are better at letting me know that if the staff are going to be late or if something has happened. As long as I know, then I'm fine."

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. We saw where any complaint had been received this was investigated and recorded. The provider had considered how all information could be reviewed to be more accessible for people with a learning disability or sensory impairment and planned to implement new documentation that was meaningful for people.

People were supported to pursue activities and interests that were important to them. Some people were helped with their cleaning or staff accompanied people when out; for example when shopping and going to a local pub. During these support visits, personal care was not provided and therefore this support is not regulated by us.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

People who used the service knew who the registered manager and provider were and felt the service was well led. The provider sought people's views on the quality of service provision during any review and annually using a satisfaction survey. We saw any concerns were addressed with people to ensure they were satisfied with the service that needed to be delivered. The last satisfaction survey was positive and people felt they received the care they wanted and would recommend the service to others.

There was an open culture in the service and the staff felt comfortable to raise any issues with the registered manager. The staff told us that the registered manager listened to them, and made changes in response to these. Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying.

The registered manager and staff were proud of the service they provided and enjoyed working in the service. One member of staff told us, "We now have a clear management structure and a stronger management team. We know who we can contact and I am very confident that someone will always be around to help. We've definitely improved all round because of this." The staff told us they met as a team where they discussed any concerns and the registered manager gave the staff team updates for people's care. Staff were consulted with about changes in the service and team meetings were held to discuss any developments. One member of staff told us, "It's good for us all to sit together and talk. Some of us don't see many people as we work on our own so this is definitely valuable and worth making the time for."

Quality checks monitored the service people received. Records from people's homes were audited when they were received into the office to make sure people received their medicines as prescribed and care was delivered as outlined in their support plans. A report of how many care hours were delivered for each person and whether staff arrived and left on time was completed each week to ensure people had the care they were commissioned to receive.

The service had a registered manager who understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this.