

Taylor Care Lancashire Ltd

Taylor Care HQ

Inspection report

Unit 1, Maltings Mill
Sandygate
Burnley
BB11 1TE

Tel: 01282715189

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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

Taylor Care HQ is a domiciliary care service, providing personal care and support to people in their own homes. At the time of the inspection, the service was supporting 22 people.

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

Staff managed risks to people's safety well and people felt safe when staff supported them. Staff arrived on time and stayed as long as they should. No-one had experienced any missed visits. The provider recruited staff safely and ensured staff followed safe infection control practices. People received their medicines as prescribed.

Staff received the induction and training they needed to support people well and help them achieve good outcomes. Staff supported people to eat and drink enough and to access healthcare services when needed. 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.

Staff treated people well. People liked the staff who supported them and told us staff were caring, kind and respectful. Staff involved people in decisions about their care. They were aware of people's diverse needs and what was important to them. Staff respected people's right to privacy and dignity and encouraged them to be independent when it was safe to do so.

People were supported by staff who knew them. Staff offered people choices and provided them with individualised support that reflected their needs and preferences. Staff supported people to follow their interests and go out regularly, which helped them avoid social isolation and loneliness. No formal complaints had been made and the service had responded well to any concerns raised.

Staff and management understood their responsibilities and provided care which resulted in good outcomes for people. They worked in partnership with community agencies to ensure people received the support they needed. People's views were sought about the service. People, relatives and staff felt the service was managed well. Management completed regular checks to ensure people received high quality, safe care.

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

Rating at last inspection

The last rating for the was good (published 6 July 2018). Since this rating was awarded, the registered provider of the service has moved premises and altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the service's date of registration under its new legal entity.

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.

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 

Taylor Care HQ

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 an inspector.

Service and service type

Taylor Care HQ is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced. We gave the provider 48 hours' notice, to ensure they would be available and to give them time to gain people's consent for us to contact them for feedback.

Inspection activity started on 29 January 2020 and ended on 30 January 2020. We visited the office location on 29 January 2020 and contacted people by telephone on 30 January 2020 for their feedback about the service.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send to us to give us key information

about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, the care manager, three care staff and a community healthcare professional who was able to give feedback about the service. We reviewed a range of records, including two people's care records and medication records. We looked at two staff recruitment files and staff supervision and appraisal records. We also reviewed a variety of records related to the management of the service, including policies and audits.

After the inspection

We contacted three people who received support and eight relatives by telephone, for their feedback about the service. We also contacted two community health and social care professionals for their feedback about the support provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were managed safely. Staff had completed the necessary training and been assessed as competent. People and relatives were happy with how medicines were managed.

Staffing and recruitment

- The provider recruited staff safely, to ensure they were suitable to provide support to people.
- There were sufficient staff available to meet people's needs. No-one we spoke with had experienced any missed visits. Staff visited people on time and stayed for the full duration of the visit. One person commented, "They always ring me if they're going to be late."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse and avoidable harm. Staff had completed safeguarding training and understood how to protect people from abuse. People and relatives told us staff provided safe care. They commented, "I feel safe when the staff support me" and "The staff keep [person] safe."

Assessing risk, safety monitoring and management

- The provider had processes to support people to manage risks to their health and wellbeing. Risk assessments guided staff on how to support people and were updated regularly. Staff kept relatives informed of any changes.
- The provider had systems to manage accidents and incidents appropriately. The registered manager told us there had not been any accidents since their change in registration.

Preventing and controlling infection

- People were protected against the risk of infection. Staff had completed infection control training and used personal protective equipment when they supported people.

Learning lessons when things go wrong

- The provider had systems to share information about lessons learnt when something went wrong. She told us if any complaints, concerns or incidents occurred where the service was found to be at fault, she would share any lessons learned with staff to avoid similar errors happening again.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The service delivered care which met people's needs. The registered manager completed an initial assessment, which included information about people's needs and risks, what they were able to do for themselves and how staff support them to achieve good outcomes.
- The provider had policies and procedures for staff to follow which reflected CQC regulations and relevant guidance.

Staff support: induction, training, skills and experience

- The provider ensured staff received the induction and training they needed to meet people's needs. Staff were happy with the induction and training provided at the service.
- People and relatives felt staff had the knowledge and skills to provide good support. One person commented, "The staff are all skilled, they've had training. They all do what they should."

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

- Staff supported people to eat and drink enough. Documentation included information about people's dietary needs and preferences and staff were aware of these. The registered manager took action when concerns were identified.
- People and relatives were happy with the support staff provided with meals and drinks. One person told us, "They do a good job with the meals. I always choose what I have."

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

- Staff supported people to access health and social care services, which included contacting emergency services when necessary and accompanying people to GP and hospital appointments. Documentation included information about people's healthcare needs, medical history, medicines and any allergies.
- Community health and social care professionals provided positive feedback about the service. They told us staff supported people well and ensured people received any additional care or 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise the deprivation of liberty.

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

- The service was working within the principles of the MCA. Documentation included information about people's capacity to make decisions about their care. Where they lacked the capacity, the provider had processes to make best interests decisions in consultation with their relatives. The provider had not submitted any applications to the Court of Protection to deprive anyone of their liberty.
- The service gained people's consent before care was provided. People had signed consent forms, and staff asked people for their consent before supporting them.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff were kind to people and treated them well. People and relatives liked the staff who visited them. Their comments included, "The staff are skilled, warm and compassionate", "The staff are very, very kind and respectful, all of them, always. We have a lot of faith in them to look after [person] properly] and "The staff are lovely, kind and caring with [person]. They always have a smile for her and give her a kiss."
- Staff considered and respected people's diversity. The provider's initial assessment included information about people's marital status, religion, gender, sexual orientation and ethnicity, to ensure staff were aware of their diversity and what was important to them.

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

- People were involved in decisions about their care. The registered manager discussed people's care needs with them during the initial assessment and during visits staff encouraged them to make every day decisions about their care. Where people were unable to express their views about their care, staff consulted their relatives.
- Information about local advocacy services was available so that people could access support to express their views if they needed to. At the time of our inspection, no-one was being supported by an advocate. One community professional told us the registered manager advocated for people to ensure they received any additional support they needed.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. Documentation included prompts for staff to protect people's privacy and dignity and staff described how they did this when supporting people. One person commented, "The girls are always polite and respectful".
- Staff encouraged people to remain as independent as possible. Documentation included detailed information about what people were able to do and what they needed support with. Staff described how they encouraged people to be independent when it was safe to do so.
- Staff respected people's right to confidentiality. People's care records and staff members' personal information were stored securely and were only accessible to authorised staff. The provider had a confidentiality policy for staff to refer to.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff provided individualised care which reflected people's needs and preferences. People and relatives were very happy with the support provided and told us staff knew how people liked to be supported. Their comments included, "The staff know [person] and she knows them. She loves them", "The staff are absolutely wonderful, we couldn't do without them" and "We're very happy with them. [Person] has got to know them and seems to like them."
- People's care plans were very detailed and individualised. They included information about people's needs, risks and preferences and were updated regularly or when people's needs changed.
- Staff gave people choices and encouraged them to make every day decisions about their support. One person told us, "I make choices, I choose my clothes, things like that. I make all my own decisions."

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.

- The service was following the Accessible Information Standard. Documentation included information about how people communicated, any support they needed with communication and how staff should provide it. Information, such as the service user guide, could be provided in different formats, to suit people's needs.

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

- Staff supported people to develop relationships and follow their interests. Staff supported people to go out regularly, including shopping trips, cafes, local walks and attending Singing for the Brain, a service provided by the Alzheimer's Society, which uses singing and other activities to bring together people with dementia or memory loss. Information about people's hobbies and interests was included in their care plan.
- The provider owned a café located on the same premises as the office. She planned to organise some group events at the café for people to take part in, to help them develop relationships and avoid social isolation. Planned events included arts and crafts, baking and musicians performing.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints or concerns. A complaints policy was

available and information about how to make a complaint was included in the service user guide. No formal complaints had been received since the service was registered. Two relatives had raised minor concerns and the necessary improvements had been made.

End of life care and support

- The provider had processes to provide people with effective end of life care. The registered manager and care manager had completed end of life care training and had experience of supporting people at the end of their life. Staff worked closely with GPs, district nurses, families and hospice at home services to ensure people's needs were met, their wishes respected, and they were kept as comfortable as possible. No-one was receiving end of life care at the time of our inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider and staff ensured people were provided with individualised care which resulted in good outcomes for them. Everyone we spoke with would recommend the service. They were happy with the support provided by staff and how the service was being managed. Their comments included, "I feel very lucky to have them. Management are approachable and listen to any issues" and "The service is managed well. You can raise anything with them."
- Staff were clear about the service's aim to provide people with high-quality, compassionate care and how to deliver it.

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 provider had recently completed duty of candour training and was aware of their responsibilities. No incidents had occurred that we were aware of, which required duty of candour action.

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

- The provider understood their role and regulatory responsibilities. The registered manager was also the nominated individual and ran the service on a day to day basis, with support from the community care manager. The registered manager was based at the service, had regular contact with people and relatives and was familiar with people's needs, risks and preferences. She checked care documentation regularly, to ensure it had been completed appropriately by staff.
- Management completed regular observations of staff, to ensure they supported people safely, in line with the service's values.
- Staff understood their roles and responsibilities, which were made clear during their training, induction, supervision, observations and staff meetings.

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

- The registered manager regularly sought people's views about the care they received through telephone calls, visits and satisfaction surveys. Satisfaction surveys from August 2019 showed people and relatives had expressed a high level of satisfaction with the service. Comments made in the surveys included, "Very caring", "Fantastic" and "Very impressed and grateful to Taylor Care." People and relatives were also asked

for their feedback during regular observations of staff practice.

- Staff meetings took place regularly and staff felt involved in the service. They found the registered manager and community care manager approachable and were able to raise any concerns. Staff felt valued, fairly treated and well supported. One staff member told us, "They're brilliant to work for. [Registered manager] is very professional, approachable and supportive."

Continuous learning and improving care

- The provider had plans to improve the service. These included improved staff training and the creation of a website to give people and relatives looking for care more information about the service.

Working in partnership with others

- The service worked in partnership with people's relatives and a variety of health and social care professionals. These included social workers, GPs, community nurses and hospital staff. We received positive feedback from community professionals, who told us management were efficient, friendly and worked hard to ensure people received the support they needed.