

Taylor Care Norfolk Limited

Taylor Care Norfolk

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

Summary of findings

Overall summary

About the service

Taylor Care DCA provides personal care for people in their own homes. At the time of this inspection there were 72 people using the service

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

People reported having a good experience of care and support from the agency which was well delivered consistently over time. Support was provided within a given timeframe and people kept informed of calls if they were running late. People described the service as 'reliable and dependable.'

Despite really positive feedback we found the planning of the service did not always take into account people's individual preferences. Some people told us there were lots of changes as to who delivered their care. Some people did not mind but others said they would prefer continuity to help them establish clear relationships and have carers who could anticipate their needs. We have made a recommendation about this.

Person centred care plans were in place and helped carers understand people's needs and what was important to them in terms of their support. We found risk assessments however did not always contain enough information and specific guidance around people's health care needs was not always in place. The provider agreed to address this and already had an action plan in place.

Electronic monitoring systems helped ensure calls were scheduled and delivered according to people's needs and carers recorded contemporaneously how people's needs had been met.

Medicines were administered by staff who received good training and had their competency assessed. Auditing processes were robust and had identified medicine recording errors. The service had completed an analysis of this and had a process in place to address this, and support staff to improve their practice.

Recruitment processes for new staff were adequate and staff were supported in their employment through induction and ongoing training. The service had a robust training programme.

Staff received supervision, appraisal and direct observations of practice but the latter had only recently been firmly established, and this would help to identify issues relating to staff performance.

Data was collated in relation to complaints/ compliments and there was a record of incidents and safeguarding concerns. Staff knew to report any concerns and changes to people's needs immediately.

People said the service was well delivered and said they were regularly asked for their feedback.

The service had quality assurance systems which were being further developed. A recent audit had been

completed and highlighted several issues which could be improved upon and actions plans had been developed. Monthly audits had not been clearly established but going forward these had been implemented.

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.

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

Rating at last inspection (and update)

This was the first inspection since the provider changed their location and legal entity.

Why we inspected

This was a planned inspection according to our methodology.

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

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Taylor Care Norfolk

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 inspector. On the first day we visited the registered office and on a second day we spoke with people using the service and some relatives of the people being supported.

Service and service type

This service 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

We gave a short period notice of the inspection because we wanted to ensure that the office could arrange for care staff to be free to speak with us.

What we did before the inspection

In planning the inspection, we took in to account any information we already held about this service which included any notifications which are important events the service are required to tell us about.

The provider was not asked to complete a provider information return, prior to this inspection as this was a newly registered service so we asked the service for information about their quality assurance systems. A PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We take this information into account when we inspect the service and made the judgements in this report.

During the inspection-

We spoke with the registered manager, and office staff including two staff responsible for human resources, allocations and the managing director. We spoke with five care staff and looked at records associated with the management of the service including, records, recruitment, audits and care plans.

After the inspection –

We spoke with four relatives and ten people using the service. We sought confirmation from the local authority who did not have any concerns. We also contacted health care professionals and commissioners and received excellent feedback.

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

- Staff understood what might constitute abuse and what actions they should take. Staff were able to give us examples and reflect on the training they had received. Staff were confident about who they should report concerns to and what records they should keep. There were no ongoing safeguarding concerns.

Staffing and recruitment

- People were confident with the service which they found well planned and delivered mostly on time within the parameters of half an hour each side. When calls did run late, people were kept informed and had a good appreciation of why this happened.
- Care calls were in a small geographical area which reduced travel time for carers, which they got paid for. There were additional staff who could pick up calls at short notice if necessary which meant calls did not get missed.
- The service employed designated recruiters who actively sought and interviewed staff. They understood their role well and there were satisfactory recruitment processes in place to help ensure only suitable staff were employed. Pre-employment checks included references and disclosure and barring checks. Files were audited to ensure records were accurate and recruiters had followed the process.

Using medicines safely

- The service had processes in place to help ensure people who needed support to take their medicines received it in a timely way. Robust audits picked up on any medicine errors and these were addressed with individual staff. This meant staff were appropriately supported to improve their practice. These processes were helping to reduce recording errors. There was no evidence that people had not received their medicines as prescribed.
- People told us they got appropriate support to take their medicines safely. One person said, "they check I have taken my medicines before signing."
- A member of staff told us, "I had medication training and shadowed and was observed before being signed off as competent. Medicine competencies are checked through spot check and if there are errors, the management check with staff who were administering medicines and verify the situation and provide more training when appropriate." This was confirmed by the records we saw.

Preventing and controlling infection

- People were supported by staff who understood the importance of good hygiene practices to reduce the risk of cross infection.
- Staff told us they received training in infection control and they had personal protective equipment supplied to them. Spot checks on staff helped to ensure staff were delivering care in line with the persons

care plan and adhering to regulation.

Learning lessons when things go wrong

- The services had processes in place to disseminate communication across the staff team and to reflect on any incidents occurring within the service with the view of reducing the likelihood of incidents

Assessing risk, safety monitoring and management

- The service had governance processes and audits in place to determine any factors affecting the safety and care of people using the service including regular reviews of people's needs, clear reporting procedures and observation of staff practice. We found however that observations of staff practice had only just recently been established. This would help the service identify any shortfalls in care and implement changes in practices if required.
- Initial pre-admission assessments identified risk factors, associated with people's care and environment and individual care plans and risk assessments were put in place to support staff to provide safe care.
- The management had an overview of risk and reviewed both the care and the records showing what care had been delivered to ensure it remained appropriate to the needs of people using the service.

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 updated in line with changes to their needs. Staff had access to relevant information and key policies to help them effectively deliver the regulated activity of personal care. Their knowledge was updated by regular training and regular circulation of information.

Staff support: induction, training, skills and experience

- Staff were supported through induction and completed the care certificate, which is a nationally recognised qualification covering key areas of practice. New staff were supported by more senior staff until they felt confident to provide care by themselves and had been shown how to carry out tasks.
- A staff member told us, "The training was enough, all very good and I found it all really helpful and it gave me a better understanding of dementia and end of life care." Another said, "I'm supported by other carers, there's a website which is easy to navigate. Office staff always have time to talk and share ideas."
- People and relatives felt most staff had the right training and were quick to learn.
- Staff were supported through regular team meetings where there was always an element of learning and development.
- Staff had face to face supervision, spot checks, phone catch-ups, and annual appraisal to help them identify their progress, training and development needs, this helped them feel sufficiently supported. A staff member told us, "There are spot checks every three months, team meetings and minutes available, any changes are communicated by email. We have one to one supervision which are planned, and appraisals also take place."
- The service had a designated training officer who provided a mixture of face to face and practical training for staff before they went out to support people. Staff told us training they had done including a recent in-depth course on dementia care, others had completed a course on palliative care and all staff were about to do some training on mental health. It was for staff to identify their training needs and to enrol on any additional courses they were interested in to supplement their mandatory training.

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

- The care plan established what support people needed including support with nutrition and hydration. Staff were encouraged to leave drinks and prepare meals for people.
- People and relatives spoken with told us staff prepared meals, and where there were concerns about a person's nutrition or hydration staff completed food and fluid charts which were monitored by staff in the office to ensure people's nutritional needs were being met.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked alongside other agencies if appropriate and worked in partnership with family members to ensure the care was provided holistically.
- The service had a contract with the local authority for a number of people who needed 2-1 support for their care needs. Staff travelled together in a company car to deliver the care in the set hours given. The feedback from the local authority was very positive and they were happy with how this agency performed with the care contract.

Supporting people to live healthier lives, access healthcare services and support

- Staff were confident that they had the skills to meet people's needs and where there were gaps in their knowledge they would refer to senior management, some of whom were trained nurses.
- Staff worked in line with people's plan of care. and health care referrals were made by the service as appropriate.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Staff told us there were details in care records about power of attorney and any refusal of care would be recorded. Staff had training and a good understanding of providing care in line with people's needs and preferences. They always sought people's consent, and this was recorded.
- Peoples communication needs were documented, and staff told us how they supported people to make their own decisions and take informed risks.

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

- Without fail people told us they were treated well and with respect by all of the carers that visited them. One person told us despite limited time, carers always spent time talking to them and they told us how much they looked forward to their visit.
- One person told us, "They are excellent, they help with breakfast and a shower." They said about one carer. "They are like a ray of sunshine, we get on really well. They are very good at their job. I'm very happy and content." They went on to say, "They are all lovely, all get on well try and help and stay the right amount of the time. I look forwards to seeing them all."
- A relative told us, "Staff are very respectful and talk to their family member throughout when giving care." They did say it could be quite intrusive having lots of different carers. "
- The service ensured carers were well matched and took into account people's preferences. One person told us they did not want male carers, and this was respected. The service ensured people alone at Christmas had presents to open and delivered small Christmas trees to them.

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

- People told us the service were good at checking with them whether they were satisfied with the service and if there was anything they were unhappy with. They said new staff were introduced and there were checks on staff and records.
- One person told us, "Management come and check that things are alright, and people are happy with the care. They are polite pleasant and are on the ball. They note changes and sort them out."

Respecting and promoting people's privacy, dignity and independence

- The service was clear about promoting people's independence and all staff told us they would only refer to a relative if people had given their consent, but they would raise any new or emerging risks to management.
- Care and support plans described people's needs but also focused on what they could do for themselves. The service was sufficiently flexible to ensure people's needs were met appropriately, such as time critical calls or supporting people to go out or manage other aspects of their daily living.
- Everyone felt carers were respectful and they trusted them to provide care appropriate to their needs.

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 requires improvement: This meant people's needs were not always met.

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

- The planning of the service did not always consider people's preferences. Some people and some staff spoken with confirmed they had a regular rota which helped ensure people had continuity and carers could build up a good rapport with the person and their wider family.
- Some people told us they did not have regular carers. One person said, "I have used the service for three months and yes lots of changes (17 carers)- so far old and new." Whilst some people did not mind and told us that all the carers were excellent, other people told us they would like regular carers.
- People told us regular carers got into a clear routine and knew instinctively what to do, whilst other carers relied on the person to tell them. For example, one person told us they were unable to fill their kettle or turn their electrical socket off. Regular carers knew instinctively to do this whereas new carers did not. A relative had a concern about meal times and said not all care staff ensured their family member ate and were not sufficiently persuasive.

We recommend call scheduling is reviewed with people using the service and their preference for regular carers is considered in line with their needs. We also recommend that the agency considers the impact lots of carers have on the quality and continuity of care.

- Care plans and risks assessments were implemented from a comprehensive assessment and contained person centred information about the person's needs. We found however risk assessments were not always sufficiently robust because they did not document all actions considered to reduce the risk and they were not cross referenced with other documentation. For example, one person was considered at risk of falls. Staff were reminded to prompt them to use their pendent and use their walking stick to aid their mobility. It did not however consider the risk from them falling on the stairs or consider what if anything could reduce or increase this risk.
- Despite these concerns everyone we spoke with were happy with the agency and the staff who delivered the care and said calls mostly ran on time and visits were not missed.
- They said staff had a good understanding of people's needs and staff told us before visiting they would check their mobile phone application (app) which would give them basic information about the person's needs.
- The app had tasks to be completed which care staff had to sign off. Notes were written contemporaneously and could be viewed by office staff. There was oversight of the records as a way of auditing the care being provided and ensuring it was person centred.
- People were complimentary about their care and the carers providing it. One person said, "Carers will do extra things like collect medicines, or anything else you need." Another told us, "the agency is supportive

and work flexibly, when planning ahead."

- Staff told us they had time to deliver care and did not feel rushed, calls were local, and rotas were sufficiently planned, but staff felt staff sickness was having an impact on scheduling.
- Detailed pre-admission assessments and a clear schedule of reviews helped the service plan and meet people's assessed needs, but some additional thought needed to be given to risk assessments and ensuring records were as holistic as possible.

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.

- Quality monitoring surveys were used to gain people's feedback, but people spoken with were not aware of the outcome of the survey results. Newsletters were circulated to staff but not to people using the service which would be a good way of sharing information.
- The service used electronic monitoring and told us people could access their apps, so they could review their care plans and daily notes, some relatives had taken this up, but all felt communication with the service was good and the management was seamless.

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

- Care was flexible around people's needs and included support to access the community.

Improving care quality in response to complaints or concerns

- The service was responsive to people's feedback. One relative told us, "There has been the odd concern, but these are addressed immediately and rectified."
- There was an established complaints procedure which was accessible. We reviewed a few complaints, and these were dealt with within the agreed timescales and clearly showed actions and the outcome.
- Feedback was actively sought, and the service had collated many compliments received about the service.
- A staff member told us the service is fantastic and feels able to raise concerns. They were confident that they will be dealt with at source.

End of life care and support

- Staff received training in end of life care and staff had varying experience of end of life care. Staff told us management tried to match the experience of the carer with the person's needs. Staff felt management were supportive.
- Records documented people's needs and, in some instances their preferred arrangements in the event of them becoming unwell or needing ongoing care and treatment.
- The service was working towards end of life accreditation to enhance standards of care.

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.

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

- The service was previously registered but has subsequently moved location and had a change in its provider registration. This was the first inspection under the new registration.
- The service had a good organisational structure and an experienced registered manager. All staff showed a willingness to learn and provide the best service possible. They had invested in an electronic monitoring system which enabled them to plan the service and remotely monitor the support they provided.
- Although this was a good service there were some room for improvement. The service through its own quality assurance processes had identified areas for development and had put an action plan in place showing how and when the changes would be implemented. The main areas were communication, documentation, staff recruitment and retention. Staff sickness had affected the continuity of the service with some people reporting many changes in carers. We were confident that the registered manager was addressing these issues and had a clear vision for service development.

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

- People using the service told us this was a good service, and this was reflected in the reviews and feedback we saw in the service. One person told us, "Management come and check that things are alright, and people are happy with the care. They are polite, pleasant. They are on the ball. They note changes and sort them out."
- Another said, "Taylor Care is a family run service. They care for their staff. I get on with all of them, they sort out any concerns. They are approachable. Their timing is good, they keep you up to date, (never a missed call) I get visits from the management, they check the care plan, wonderful company."
- A commissioner told us, "I have always found this service to be really helpful and responsive to need."

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

- We found the service was open and transparent and management were hands on and provided care, so they knew what the issues were and supported their care team.
- Records were kept and audited and where mistakes had been made there were clear processes showing how the service were addressing these and learning from mistakes. A good example of this was 'medicines', errors had been identified and there were clear records and processes demonstrating how staff were supported to improve their practice and how people and relatives were kept informed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and continuous learning and improving care

- Staff were supported to undertake ongoing learning and development and some staff took full advantage of the learning materials and additional courses available to them. Team meetings were used to update staff, and these were well attended.
- We reviewed managers' meetings which focused on risk and ongoing recruitment and reported on satisfaction surveys. There was over 80 percent satisfaction and an action plan in place for any points raised in relation to improvement or suggestions.
- Compliments outweighed complaints and regular audits focussed on people's experiences with six monthly reviews of people's needs.
- The service supported local charities and had a presence in the community and were building up their presence and reputation.

Working in partnership with others

- We received good feedback about this service. A health care professional told us, "I have always known the director and managers to be competent, responsive, collaborative and proactive." They said the service always provided information when required and took part in joint, collaborative care meetings.
- A relative told us how their family member had complex needs and they required 2-1 staffing. They told us that care staff understood their needs well and referred to other health and social care agencies when necessary. Staff were confident in knowing when and who to contact if a person had unmet health care needs.