

Taylor of Grampound Limited

Taylor of Grampound

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

Taylor's of Grampound Ltd is a domiciliary care agency. The agency provides care throughout Cornwall. 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. At the time of this inspection the agency was supporting approximately 77 people with personal care.

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

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

People felt safe using the service. Staff had been trained to understand how to manage risks to people and how to report any concerns they had about people.

People's needs had been assessed and the registered manager was in the process of improving what information was sought before people used the service. 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. We have made a recommendation about the registered manager's knowledge of mental capacity assessments. People's health needs were met and they told us staff gave the support they needed to eat and drink.

People felt well cared for and had close, trusting relationships with staff members. People told us they were involved in decisions about their care and felt listened to. People received care and support that was personalised to meet their individual needs. Complaints were investigated and any learning implemented.

People told us the service was well led. People confirmed the provider's and registered manager's aims of enabling people and providing person centred care were delivered by staff. People described the positive impact these had had on their lives and on their relatives' lives. The provider and registered manager reviewed records regularly to identify ways to improve the service. The registered manager was open to suggestions and made changes following feedback provided from the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection The last rating for this service was Requires improvement (published 19 June 2018).

Why we inspected This was a planned inspection based on the previous 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.

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's of Grampound

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

One inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 the service 48 hours' notice of the inspection. This was because it is a domiciliary 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 6 June 2019 and ended on 17 June 2019. We visited the office location on 7 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection-

Notifications we received from the service

Six people's care records

Records of accidents, incidents and complaints

Audits and quality assurance reports

Eight people using the service; 3 relatives

Six members of staff

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and free from any harm while staff were in their home.
- Relatives gave examples of how the trust they had in the agency gave them peace of mind and enabled them to work or pursue their own hobbies; as they knew their loved one would be safe.
- Staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.
- If people found parts of their care caused them anxiety, information was available to staff so they could help the person stay calm. People who experienced depression confirmed staff would try to lift their moods when they felt low.

Assessing risk, safety monitoring and management

- Any risks that might affect people were recorded and information was provided so staff could help reduce the risks.
- People were supported by staff who understood and managed risk effectively. One person told us, "They tidy up for me and make sure there's nothing I will trip over."
- People's care plans provided details for staff about how people wanted them to enter their home along with arrangements for securing the property when leaving.
- Systems were in place to help ensure staff were safe when visiting people's homes. Support was available if they had any concerns.

Staffing and recruitment

- People were supported by suitable staff. Checks were undertaken to help ensure the right staff were employed to keep people safe.
- People confirmed the correct number of staff always attended calls and for the allocated time.
- People told they experienced few late calls and no missed calls.
- People told us they felt safe as they saw the same staff regularly. They confirmed they never felt rushed and that staff would stay longer if needed.

Using medicines safely

- When people required support with medicines, records were kept of what medicines had been prescribed and what staff had administered.
- Staff had received medicines training and had their competency assessed before administering medicines alone.

Preventing and controlling infection

- People told us staff wore protective equipment such as gloves and aprons when providing personal or hygiene care.
- People's care plans reminded staff to put on or change their gloves and apron according to each task

Learning lessons when things go wrong

- Staff were aware of the reporting procedures for any accidents or incidents that occurred.
- Following a recent incident the registered manager had updated the procedures for reporting incidents.

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

- People's needs were assessed holistically.
- Staff understood what was important to people and how they wanted their needs met.
- The provider's policies ensured staff understood the importance of meeting all people's needs. For example, how depression can impact on people's ability to manage their health care effectively.

Staff support: induction, training, skills and experience

- People and their relatives spoke positively about staff and told us they were skilled to meet their needs.
- New members of staff completed a thorough induction programme and shadowed experienced staff until they were assessed as confident and competent.
- Staff training was up to date.

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

- People, who lived alone told us they were encouraged to drink and were always left a drink by staff when they left.
- People's care plans included clear detail of when people might be at risk of malnutrition and how staff should reduce the risk to them.

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

- Systems were in place to help ensure communication between staff was effective and enabled them to remain up to date with any changes in people's needs.
- People confirmed the staff would make healthcare appointments when required and followed any advice recommended.

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 deprivations of liberty. At the time of the inspection no-one being supported by the agency was being deprived of their liberty.

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

- The registered manager and staff had received training about the MCA. People being supported by the service had the capacity to make their own decisions.
- The registered manager had not understood all their responsibilities under the act but made immediate changes following the inspection.

We recommend the registered manager seek reputable guidance regarding their responsibilities under the MCA.

- People told us staff asked permission before carrying out a task and asked how they wanted their care to be provided.

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

- People and relatives told us staff treated them well and described them as like family or friends. Comments included, "They are more than carers", "I probably wouldn't be here without their care" and "Their care goes above and beyond."
- People told us staff supported and asked about their wellbeing in a caring and meaningful way and responded to their needs quickly. Comments included, " They just help me feel relaxed", "It's just the thought of them always being here and listening to us" and "They always cheer me up when they call."
- People were very positive the care, compassion, patience and kindness staff showed. A compliment received from a relative stated, "Mum thinks the world of you all and dad thinks you do a wonderful role and enjoys chatting to you too. You make such a difference to mums wellbeing."
- The registered manager was in the process of updating the records completed when someone began to use the service. This would ensure people's diverse needs were discussed in more depth.

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

- People told us they were consulted about and involved in making decisions about their care. One person told us, "If I have any queries they will always sit down and talk to me."
- People told us if they had any worries or concerns, they were happy discussing these with staff and felt listened to.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and dignity. One person shared an example of how they had initially felt uncomfortable with some aspects of personal care but staff had enabled them to be more relaxed.
- People's care plans detailed how to protect people's privacy and promote their independence. One person explained, "There's so much I can't do but they've made me look at what I can do."

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

- People and relatives told me they were involved in their care plan and making decisions about their care. One person confirmed, "I'm definitely involved in my care plan, and they listen to my ideas as well."
- People had care plans that clearly explained how they would like to receive their care and support. One person described how the staff support had enabled them to be an active part of their family again, rather than needing to be cared for by family members.
- A staff member told us there was a 'ladies only run', for people who only wanted to receive care from female staff members.
- The service was flexible and responded to people's needs. People and their relatives told us the staff were flexible and would often provide support in addition to these set arrangements. For example, one person described how staff supported them to ensure their dog could go to the vet when necessary.

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.

- Staff understood people's communication needs and supported them to make themselves understood.
- The provider had implemented a policy regarding the accessible information standard and this was being reflected in the new assessment form used when people started using the service.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint.
- Concerns and complaints were encouraged and investigated, and any required changes or learning were implemented as a result.

End of life care and support

- People's end of life wishes were discussed with them and, where possible, documented as part of their care plan.
- A compliment received from a relative of someone who had received end of life care stated, "With the help of all of you, we were all able to keep going to the end. Your support was invaluable."

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 requires improvement as there was no registered manager in place. At this inspection this key question has now improved to 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

- The registered manager had a clear aim of ensuring people received person centred care.
- One of the provider's aim was to enable 'rather' than 'provide'. One person confirmed, "They have given me back a sense of who I used to be."
- People clearly valued the service they received and the impact it had on their lives. People told us, "Taylors of Grampound are my life line" and "I'm very satisfied, they are excellent."
- One person was so keen to share their opinion of the company with us that they insisted on visiting us at the office, despite difficulties posed by their needs. They told us, "Taylors, I would recommend to anyone. They train their staff well, they never make me feel like I am a 'client' and they help out with household chores but don't make me feel bad if I can't help out. I couldn't want for better. I can't say how much they mean to me. I don't know what the future holds but with them, I feel better about 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 registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. They told us we welcome people sharing with us any areas where we can improve.

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

- Procedures were in place to enable the providers and the registered manager to review the quality of the service.
- The registered manager shared information about best practice with staff each week as well as updated policies or procedures.

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

- People told us the registered manager regularly contacted them to ask about their care and welfare. Comments included, "The manager calls every fortnight, she is so friendly", "They are brilliant and very good listeners" and "The manager always rings me up at least once a week."
- A newsletter was shared each week with staff. It included information about community events.

- A facebook page had been set up where people could share their experiences of the service.
- The service had attended a 'Proud to Care' event locally to promote jobs within adult social care.

Continuous learning and improving care

- The registered manager shared an office with other senior staff and was involved in all changes or updates to people's care and any incidents or concerns.
- People shared that they were aware of the registered manager and senior staff spot checking staff performance.
- The registered manager shared changes to the governance process they had made based on feedback from the inspection.

Working in partnership with others

- The home worked in partnership with key organisations to support care provision.