

Tillington Care Services Limited

Tillington Care Services Limited - Stafford

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tillington Care Services Limited – Stafford is a Domiciliary Care Agency (DCA) registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported seven people with personal care in their own homes.

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

Systems to monitor the service were not in place. There were no formal audit processes which meant there was no way of capturing or recording good practice. There was no overarching action plan in place to highlight what areas of improvements were being worked on or how the service intended to improve. The registered manager assured us, they would be reviewing all paperwork post inspection, which included implementing audits and a service action plan.

People's medication records did not include 'as required' protocols. However, the registered manager ensured they devised these records prior to the inspection being completed and was in the process of implementing them.

People felt safe, they were supported by staff who had been safely recruited and they knew people's needs well.

There were enough staff available to provide consistent care and to meet people's needs and people were protected from the risk of infection.

People and relatives were involved in the planning and review of their care. Effective care planning and risk management plans were in place which provided guidance for staff to follow when providing support. These met people's needs and were in line with their preferences. People were supported with their nutritional needs and advice was sought from healthcare professionals which was followed to ensure people's wellbeing was maintained.

People were supported by caring and compassionate staff who promoted choices in a way that people understood. This meant people had control and choice over their lives. Staff provided dignified care and respected people's privacy.

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.

There was an open culture within the service and the registered manager was passionate in ensuring people received good quality care.

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

Rating at last inspection

This service was registered with us on 26 November 2019 and this was the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the management of the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a comprehensive inspection as the service had not been previously inspected.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified one breach of regulation. The provider had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided (Regulation 17).

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tillington Care Services Limited - Stafford

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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

This inspection was carried out by two inspectors 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 small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This 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 took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service. 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 all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, the deputy manager and two care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People who received medicines 'as required' did not have protocols in place. However, during the inspection the registered manager created the necessary protocols and commenced implementation. These documents would ensure they gave staff guidance to recognise signs when people may require this medication.
- People who required pain relief patches did not have body maps in place to give staff guidance to where they should be placed, despite the administration being recorded in their daily notes and on the Medicine Administration Record (MAR). Therefore, we could not be assured people did not have these placed in the same place. This meant there could be a risk of people having skin irritation.
- However, staff knew people well and were able to verbalise what medication people required and why.
- MAR and Topical Administration Records (TMARs) were used to show when staff had supported people with their medication and creams.
- People told us they received support with their medicines from staff. One person said, "Yes, they [staff] help with my medication. I have no concerns. They have never forgotten to give me my medication."
- Staff told us they were trained in the safe administration of medicines and had their competency assessed. One staff member said, "[Name of deputy manager] always checks my competency, this is done all the time. [Name of deputy manager] checks the MAR chart as well as the time written in the notes. [Name of deputy manager] signs the MAR chart book."

Assessing risk, safety monitoring and management

- Risk assessments and care plans had been developed which ensured staff had guidance to follow in order to support people safely. However, the risk assessment did not detail how a person's risk had been determined, as there was no risk scoring tool in place. Following the inspection, the registered manager acknowledged this and stated they would be reviewing these documents.
- Staff were knowledgeable about people's risks and understood how to support them appropriately to keep them safe. One person said, "I think they [staff] know how to use the equipment. I am confident in how they [staff] use it." A relative said, "[Relatives] walking frame is always left in front of them."
- The deputy manager explained how they had organised for lifelines to be put into people's properties to ensure their ongoing safety. This mechanism supports people to stay safe in their own homes and is usually worn as a pendant with an alert button which can be pressed to summon support.

Learning lessons when things go wrong

- Lessons were not always learnt as the provider did not have management systems in place to capture

improvements needed to people's records.

- However, there were systems in place to record accidents and incidents which were also reflected in people's files.
- Where accidents or incidents had occurred, the provider ensured actions were put into place to prevent future recurrences.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Yes, I feel everything is safe. I get looked after" and "Oh yes, I feel safe. [Name of staff member] know what I expect from them. We work as a team."
- Relatives told us they felt their loved ones were safe. Comments included, "Oh yes [relative] is safe. Any problems [relative] texts me. I trust [name of carer] completely. [Relative] likes [name of carer], they get on" and "Very safe, absolutely fantastic, staff are very good with [relative]."
- Staff understood how to safeguard people from harm and understood their responsibilities to report suspected abuse.
- There was a safeguarding policy in place to ensure people were safeguarded from the risk of harm. These were followed in practise by staff and the registered manager.

Staffing and recruitment

- People told us staff were mostly on time to their care calls and staff informed them if they were running late. One person said, "Once the road was closed but they [staff] phoned me."
- Staff told us they were given time to support people in an unrushed way.
- The provider ensured pre-employment checks were carried out to ensure their suitability to work with people. This included checks with the Disclosure and Barring Service (DBS), which supports employers to make safer recruitment decisions.

Preventing and controlling infection

- People told us staff used personal protective equipment (PPE) when they provided support. One person said, "Yes, they [staff] wear PPE. They wash their hands and there is a bottle of sanitiser by the door."
- Staff explained how they followed infection control guidance and ensured PPE was used when they supported people, such as, gloves, aprons and masks. This meant people were protected from the spread of infection.

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 and relatives told us they had been involved in the assessment of their needs before they used the service. One person said, "Yes I had an assessment. I was involved, [name of deputy manager] did it and I told them what I wanted." A relative said, "[Name of registered manager] did an assessment. My relative and I were involved."
- Care plans had been developed from the assessments and took into account people's preferences.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the necessary skills to support them. Comments included, "I do think they [staff] have the skills and experience. They are well trained", "Yes, they [staff] are skilled and experienced. As far as I am aware, they are well trained" and "Yes, they [staff] have the skills and experience, we are very happy with the care."
- Staff told us they had an induction and training before they started to deliver care calls on their own. One staff member said, "Yes they [managers] went through everything I am supposed to go through, and I did some shadowing to see what the client's needs were and their routines as it is important to stick to their routines. This way you are introduced to the clients."
- Competency checks and observations were carried out to ensure staff effectively supported people. One staff member said, "I have my overall practise observed, including personal care."
- Staff felt supported in their role and received supervisions to ensure any issues or areas of development were discussed.
- Management told us of the importance of staff receiving a good induction. The deputy manager said, "They [staff] do two weeks shadowing with me. They do not work on their own until they feel confident. As we have equipment in people's properties, we make sure they are competent in using this and this reassures me."

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

- People told us staff supported them with the preparation of their meals and always ensured they had enough to drink. One person said, "They [staff] bring me breakfast and give me a choice." Another person said, "The meals are good. They [staff] make me drinks. They [staff] ask me what I want to eat. They [staff] ask at the beginning how I take my drinks."
- Staff told us how they ensure people's nutritional needs are met. One staff member said, "I wait until I see if people eat their food, if not I check the plate at the next call to make sure they have eaten it or check the surrounding area. [Name of person] has snacks and sweets left on their table. I always make sure they have water."

- Staff told us about people's food preferences and the importance of offering people a choice of food before preparing it. One staff member said, "Clients I go to all get given a choice. Whatever they choose to eat I make it, they can change their mind by the time you make it, we give them the options to what they have in their home."

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

- People and relatives told us they were supported to access healthcare professionals. One person said, "Yes they contact the GP if necessary." A relative said, "Yes, they [staff] have been in contact with the GP. They sorted getting more cream for [relative]."
- Records we viewed confirmed staff worked with other agencies to ensure people's health and wellbeing was monitored and maintained.
- Staff were informed when people's needs changed. This was via a 'significant change form' which was placed in the front of people's care records within their home. This ensured staff followed any advice from other working health professionals, such as district nurses.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff gained their consent before they provided support. One person said, "Yes they [staff] ask for my consent and they respect my choices."
- Staff and the registered manager had a good understanding of their responsibilities which ensured people were supported in their best interests and in line with the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring towards them. One person said, "Yes they [staff] are kind, they do anything I want doing."
- People and relatives told us staff spent time talking to them. One person said, "They [staff] always listen, I never have to repeat myself." A relative said, "Staff listen, they ask [relative] questions, they will do what [relative] wants and if [relative] wants something they [staff] will get it."
- Staff understood the importance of respecting people's diverse needs and treating people with kindness when providing support. One staff member said, "They [people] will tell you how they like things done and what they like. You have conversations with them, ask them how their families are, what they have been watching on the TV. You strike up a relationship with them, you may be the only face they are seeing that day, so it is good to be aware of their likes."
- Care plans contained details of people's diverse needs and preferences.

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

- People told us staff asked them what they needed before they provided support. One person said, "All my care needs are taken care of the way I like."
- The registered manager said, "We ask if what we have done is acceptable, for example, was it right, invasive, how were the water temperatures? We give people options every day, such as asking what they would like for breakfast. We ask people how they like things to be done. We are always conscious with how we do things with people rather than to them. We always give options and preferences and we fit in around them, it is never rushed either, if we go over the allocated time, we never charge them for it."

Respecting and promoting people's privacy, dignity and independence

- People felt they were treated with dignity and supported to maintain their independence. One person said, "They [staff] definitely treat me with dignity and respect. I am independent, they [staff] watch me and comment on what I do." Another person said, "They [staff] treat me with dignity. They [staff] help me but suggest things I can use in the bath to help myself."
- People and relatives felt staff respected their privacy. One person said, "They [staff] respect my privacy, they cover me up when washing me." A relative said, "They [staff] respect [relatives] privacy, they shut the door for personal care."
- Staff explained the importance of respecting people's privacy and dignity and promoted their independence. One staff member said, "When taking [name of person] clothes off I always put a towel around them, I give them the cloth to wash their face. I ask for consent before supporting with personal care. I encourage [name of person] to be independent, I encourage them to do things for themselves, for example,

wash their front their self, and to help with things such as taking their top off.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives told us they were involved in the planning of their care. One person said, "I was involved in the planning of my care. My care needs are taken care of." A relative said, "We were involved. All care needs are catered for and it is done the way [relative] likes."
- People and relatives told us they had regular staff who they knew well. One person said, "[Staff member] knows me well, better than I know myself."
- Staff understood the importance of people receiving care which was personalised to them. One staff member said, "This means their care is detailed to them specifically and what they specifically need. Every person's care plan is different as they like things done a different way."
- Staff supported people to go out into the community. The deputy manager told us how the staff took people shopping, took them to have their hair cut and as a whole staff team had taken people out for meals to celebrate their birthdays.

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.

- At the time of the inspection some improvements were needed to ensure the provider had considered how to ensure people were provided with information in an accessible format.
- However, the registered manager told us they would ensure people would be presented with information which was accessible to them.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a complaint. One person told us they had previously made a complaint and the issue was sorted by the registered manager.
- There was a system in place to ensure complaints received at the service were investigated and responded to in line with the provider's policy.

End of life care and support

- The service was not providing end of life care at the time of the 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits of MAR charts and people's daily records were not carried out. This meant there was no formal way of capturing areas of improvement across the service. Which meant the registered manager had not identified the issues we had identified at the inspection.
- Although the deputy manager countersigned the MAR charts the registered manager recognised this needed to become a more formal process by way of introducing audit documentation. This would enable the registered manager to keep a clear and concise record of improvements needed.
- There was no action plan in place to support the continual improvements needed or to support the intended growth of the service. This meant there was no way of recognising or monitoring improvements needed or a mechanism the registered manager could use to measure the improvements which had taken place. The registered manager said, "We need to be more proactive in setting foundations. While it is working well that is fine but if we are challenged, we need to ensure things are in place."
- The provider did not take Accessible Information Standard (AIS) into consideration, therefore, we could not be assured people would be presented with information which was accessible to them.

We found no evidence that people had been harmed however, systems were not always in place to demonstrate how the provider monitored the service effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their responsibilities of their registration with us. They had notified us of events that had occurred at the service.

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

- People and relatives spoke positively about the registered manager. One person said, "[Name of registered manager] is very nice, I have spoken to them."
- Staff felt supported by the registered manager and the deputy manager. They told us they felt valued in their role. One staff member said, "I can share ideas, they [managers] listen, and there is good communication between us."
- The ethos of the service was to provide person centred care to people in a caring, dignified and respectful way. The registered manager said, "What we set out to do when we started was to do good and honest care, responsible for people's needs, and to be visible and friendly." They went on to say, "We work hard to make

sure clients' needs are met and we try and look after each other."

- This was confirmed by the positive feedback we received from people, relatives, and staff. One staff member said, "I think the values are to treat everyone with kindness and maintain the individual client's independence and promote independence. Also, to keep the clients safe and well looked after and to not to become a care company that take too much on and to be able to facilitate what we have."

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 understood their legal responsibilities in relation to the duty of candour. They were open and responsive to feedback. The registered manager said, "We would always follow our complaints procedure making sure the organisation is transparent."

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

- People and relatives told us they felt involved in the service. Feedback was gained through questionnaires. Although the registered manager said, "We should probably do the questionnaires every six months. The last lot came back really good. We do get verbal feedback from people weekly and monthly. We do always deal with any issues or concerns as they arise."
- Staff told us management were always available, approachable and felt they could raise any concerns should they arise. One staff member said, "If they [managers] need to tell you something they do this fairly and in a supportive manner."
- The deputy manager said, "I am always there for the staff and make the job joyful, I make sure they know they can always talk to me about anything. There is positivity when staff come into work. I want my staff to feel involved, I want them to feel valued, I cannot wish for better members of staff. I want to make sure they are safe and well."

Working in partnership with others

- The registered manager had developed good working relationships with a range of professionals to ensure people received consistent care and their needs were reviewed when needed. The registered manager said, "Professional relationships are really good, we have no issues. We contact other agencies to get people the right support. We respect the partnership we have with other agencies."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to identify areas for improvement to the quality of people's care.