

Tavy Care Services Limited

Tavy Care Services

Inspection report

20 Plymouth Road
Tavistock
PL19 8AY

Tel: 01822258711

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The announced inspection took place on 11 October 2018 and 12 October 2018. We announced our intention to inspect the domiciliary service so we could be sure the registered manager, staff and people receiving a service were available to talk to us.

Tavy Care Services is a care service registered to provide personal care to people in their own homes (domiciliary care). The service specialises in providing support to people in the local community who live in and around the town of Tavistock. At the time of our inspection 60 people were receiving support from the service. Most people were receiving personal care. Some of these people also received help with cleaning or shopping. This part of the service is not regulated by us and was not part of this inspection. The majority of people received regular short support visits at a time to suit them.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the Caring domain to be Outstanding. People were always treated with kindness, respect and compassion. The registered manager led a team of staff that were highly motivated to offer care that was exceptionally compassionate and kind to people receiving support and their families.

There was evidence of a strong, person centred culture. People were given every opportunity to express their wishes regarding their care and support and how they were feeling at that particular time. If there was anything the care staff could do to improve the person's well-being this was done. The registered manager stressed the importance of getting to know the person and understanding what was important to them.

There were many examples of the empathy staff had with people and the action they took as a result. They changed rotas so they could eat their lunch with people who were alone. Staff asked to have calls put at the end of their working day so they could spend extra time with them to share their interests or complete additional tasks.

People received care that was responsive to their needs because all staff involved in the service understood the importance of knowing people well and continually checking that the support they were providing continued to be what the person required.

People told us they felt safe with the staff who supported them. One person told us they had complete confidence in the service. "They are very good. It is a professional service but they keep me cheerful too."

People received the care they needed to keep them safe in their own homes. They told us about the arrangements in place to enable staff to enter their homes safely and with regard to their privacy and independence.

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Potential new staff were thoroughly checked to make sure they were suitable to work with people in their own home. New staff were able to shadow experienced staff and did not complete visits to people alone until they felt confident.

People were supported by sufficient numbers of regular staff to meet their needs. People received reliable support from a team they knew. Staff arrived on time and did not let people down.

People were assessed to establish whether they needed or required assistance with medicines. Staff understood the varying levels of assistance that could be offered to people and the importance of clearly recording any medications they prompted or administered to people.

People received effective support from staff who had the skills and knowledge to meet their needs. People and their relatives felt confident that staff were trained and competent to deliver the range of care and support required.

People were supported to see healthcare professionals according to their individual needs. If they became unwell staff would contact family members or were able to call a doctor. Staff worked closely with community nurses to meet people's needs.

People only received care and support with their consent. Staff told us they always checked when entering people's homes that they wanted care and support that day. They understood people were able to refuse or vary the support they required according to their wishes.

People received a range of services according to their assessed needs and personal preferences. People could choose how much care they required. Some people received two visits weekly to assist with a shower. Other people required several visits a day from two staff to enable them to stay safely in their own homes. Staff knew people and if they were unwell or if a family member was away additional visits could be made on a short term basis.

The service was well led by the registered manager and management team. As the service had expanded the registered manager had appointed senior staff who supported their beliefs and values and put people receiving a service firmly at the centre of all they did. They listened to people and took action to ensure the service people received was reliable, flexible and caring.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding

The care and support people received was outstanding at this inspection. People were always treated with exceptional kindness, respect and compassion.

Staff delivered care that was imaginative and empathetic. If there was anything the staff could do to improve the person's well-being this was done.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Tavy Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection carried out by one adult social care inspector. .

The announced inspection took place on 11 October 2018 and 12 October 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure we could meet the registered manager and key staff. It also allowed us to arrange to talk to people who received a service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service. Before the inspection we sent questionnaires to people using the service, their relatives and staff. We received 18 responses from people using the service, 12 responses from staff, 4 responses from relatives and one reply from a health professional.

We visited three people who received a service. We spoke with three relatives, six staff and the director and registered manager.

We looked at records related to people's individual care and the running of the service. Records seen included three care and support plans, details of people's visits and quality audit phone calls. Three recruitment files, supervision records, minutes of meetings and the staff training matrix provided evidence of staff management.

Is the service safe?

Our findings

People continued to receive care that was safe.

People told us they felt safe with the staff who supported them. One person told us they had complete confidence in the service. They said, "They are very good. It is a professional service but they keep me cheerful too." People and their relatives commented on the efforts made by the service to always be reliable, including during bad weather.

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Potential new staff were thoroughly checked to make sure they were suitable to work with people in their own home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults. Staff were able to shadow experienced staff and did not complete visits to people alone until they felt confident.

People were safe because staff had received training in how to recognise and report abuse. Training records confirmed this. Staff had an understanding of incidents and issues that may be termed abuse and the action to be taken. They understood the importance of reporting any concerns and were confident that they would be listened to. The manager was aware of their safeguarding responsibilities and records confirmed any concerns reported were fully investigated and action had been taken to make sure people were safe. When an event had occurred that put one person at risk, the registered manager had completed a full investigation. Changes were made to policies and procedures to ensure the incident could not happen again.

Very few accidents had occurred during the time the service had been providing personal care. Any accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

When a service commenced in a person's home, risks assessments were completed. These established whether it was safe for people to receive a service and if it was safe for staff to work there. Care records contained risk assessments relating to, for example, a person's risk of falling. Staff told us about the ways in which people's risks were assessed and the action taken to overcome hazards and reduce the possibility of harm to people and staff. For example staff requested additional lunch time or evening visits if they were concerned about people who lived alone. Staff regularly reported any concerns they had about people so appropriate action could be taken.

Staff were aware of the particular care required to keep people safe in their own homes. They told us about the arrangements in place to enable staff to enter people's homes and leave them safely. One member of staff talked about being always alert to possible risks to people. They said "We are looking all the time. Re-assessing and looking out for people."

People's records were accurate and up-to-date. The service was using a combination of paper care plans

with up-dates and further information available on a mobile phone application. Staff accessed this information in people's homes in order to provide knowledgeable, safe care. Staff visited the office regularly and this opportunity was used to communicate with office staff, so they could raise any issues and were fully informed about people. The registered manager and field co-ordinators worked alongside care staff and had contact with people on a daily basis.

People were supported by sufficient numbers of regular staff to meet their needs. People received care from staff they knew. When people received several visits a day from two people the teams were well organised and never let anyone down. When two staff were needed to deliver care this was organised efficiently. The registered manager balanced the number of people receiving care with the number of staff available. They did not accept new packages of staff unless they had enough staff with the right skills to support each person.

People said there were enough staff. One person told us the staff were very reliable and did not let them down. A relative said "They were variable at first until we got into the right routine. Now they are rigid. This gives us a good routine to work to." They told us they liked the continuity of regular care staff and had got to know some of them very well. People were aware that if they did not get on with a member of staff they would be changed. One relative said "There is no one we do not take to but it is nice to know."

When equipment was used in people's homes all staff were aware of their responsibilities. The service employed trained manual handling assessors and trainers who assessed and monitored people's mobility needs. They ensured staff were trained to use any new equipment supplied to people. This was particularly important when people's needs changed and increased support was required. Two staff were always allocated to visit people who needed to use a hoist.

People were assessed to establish whether they needed assistance with medicines. Some people wished to be independent and manage their own medicines. Others were assisted by family members. Staff had completed medication training and understood the varying levels of assistance that could be offered to people. Also, the importance of clearly recording any medications they prompted or administered to people. Staff recorded any creams and topical skin applications Any concerns regarding medicines were followed up promptly.

Staff were aware of the importance of minimising people's risk of infection when receiving care. Staff received regular training and were supplied with personal protective equipment such as gloves, aprons and antiseptic hand gels. Senior staff visited people's home and carried out "spot checks" where they observed staff practiced safe hygienic care.

Is the service effective?

Our findings

The service continued to be effective.

People received an initial assessment from the registered manager or deputy to establish the amount and type of care they required. People who were funded by the local authority had a plan of support compiled by social workers. After the service commenced it was "fine-tuned" as staff got to know people. People who purchased their own support requested the amount and type of support they needed. Some people required weekly visits; some people received support up to four times a day.

Following assessment a plan of care and support was established that met people's needs and preferences and complied with current good care practice. People's independence was promoted, and relatives talked about how introducing support from the service had improved the lives of both the person receiving care and themselves.

People received effective care from staff who had the skills and knowledge to meet their needs. People and their relatives felt confident staff were trained and competent to deliver the range of care and support required. Staff told us they felt confident in what they were doing.

Staff received training using a variety of methods. They accessed on-line training which was followed up by discussion with the registered manager. New staff were able to shadow experienced staff until they felt confident to deliver care alone. One relative said "We are told when there will be a new one coming. Three people come then." New staff were completing the Care Certificate (a nationally recognised induction qualification). Most staff had, or were completing nationally recognised qualifications at Level 2 and 3. Specific training by the community nurses had been arranged to meet people's particular needs for example stoma care. The service employed staff trained as movement and handling trainers.

One member of staff told us that although staff received good training it was also important to learn about people's preferences and requirements "on the job." They said two people with the same health and care needs might prefer a completely different approach from staff and different things could be important to them.

Staff completed notes on the mobile phone application which could be read by all staff supporting the person. This meant that staff training was supplemented by up-to-date information about how the person wanted to be cared for at any given time. This was particularly important for some people whose needs were changing quickly.

People were supported to eat and drink and maintain a balanced diet. When people were initially assessed they were able to request assistance and support with eating and drinking if this was required. Some people required assistance with shopping or food preparation, which was essential to the maintenance of people's well-being and independence.

People's wishes and choices regarding their diet were respected. Although staff might advise or suggest dietary habits, they understood and respected people's preferences.

If there were concerns about the amount people were eating or if they appeared to be losing weight the service contacted family members or their GP. The registered manager was aware of the range of health professionals such as a dietician or member of the SALT (speech and language team) who may be called upon to assist people. When a person was at risk of choking this was clear in the care plan and known by staff.

Care staff told us how they continually assessed how one person was coping at home. They said they tried different strategies to encourage the person to eat. Sometimes they arranged to be at their home during their own lunch break so they could eat with them. Sometimes they left post-it notes to remind them to eat food left for them. Staff told us they observed people's general appearance and reported any obvious weight loss. Some people had their food intake recorded. This enabled family and other health professionals to monitor what they were eating.

People were supported to see healthcare professionals according to their individual needs. If they became unwell staff would contact family members or were able to call a doctor. Staff would stay with the person until they received the support they required. They would arrange to be at a person's house when the GP visited if they required support. When people needed to attend hospital the service offered flexible support by moving the time of their visits.

People only received care and support with their consent. Staff told us they always checked when entering people's homes that they wanted care and support that day. They understood people were able to refuse or vary the support they required according to their wishes, for example whether they wanted a shower. People were asked if they needed any other assistance before care staff left their home.

Most people receiving support from the service at the time of the inspection were able to make their own decisions. However when people lacked the capacity to fully consent to care the managers and staff knew how to act in accordance with the Mental Capacity Act 2005 (MCA).

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff knew how to protect people's legal rights because they had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for themselves. Staff had asked the GP and appropriate health and social care professionals to visit one person because they were concerned about their ability to make decisions.

Staff understood they worked in people's homes and respected their ways of living and belongings. When additional equipment was needed to maintain people's independence or when their needs changed, the service approached appropriate professionals to ensure it was installed safely.

Is the service caring?

Our findings

The service continued to be caring. The care and support people received was outstanding at this inspection. People were always treated with exceptional kindness, respect and compassion. The registered manager led a team of staff that were highly motivated to offer care that was exceptionally compassionate and kind.

There was evidence from the people we visited, the questionnaires we received and the records we saw during the inspection that there was a strong, person centred culture. People were given every opportunity to express their wishes regarding their care and support and how they were feeling at that particular time. If there was anything the care staff could do to improve the person's well-being this was done. The registered manager stressed the importance of getting to know the person and understanding what was important to them.

There were many examples of the empathy staff had with people and the action they took as a result. They changed rotas so they could eat their lunch with people who were alone. Staff asked to have calls put at the end of their working day, so they could spend extra time with people to share their interests or complete additional tasks.

Staff went that extra mile for the people they supported. When staff were not at work they thought about the people they cared for. They bought art materials to encourage one person to keep drawing. They bought one person's favourite food to them to cheer them up. They made chutney, picked flowers and walked people's dogs. They took photographs and sent them to people's families and manicured people's nails. Each act of kindness was specific to that person and was not part of their designated care and support.

The friendships that formed between staff and the people they cared for meant they sometimes spent time together enjoying activities. One staff member asked for a particular day off so they could take someone to the ballet. Other care staff found time to take a person to visit their parents' graves.

We visited three people receiving care and their relatives. On each occasion the arrival of the care staff resulted in a happy atmosphere. There was laughter and conversation. People receiving support and their relatives were very positive about care they received. They spoke about the flexibility of the staff and the way they could "ask for anything."

One relative told us "They are very good. They make (relative's name) laugh. They take time and trouble to understand what they are saying. They use all the tricks and methods to communicate. They are looking after both of us." Care staff said they thought "being able to communicate with [the person] was fundamental." They understood that as people's abilities changed it was vitally important to them to be recognised and respected as a person. This person wrote "Brilliant" to sum up their feelings about the service.

People who received a service and their relatives told us about the warmth and enthusiasm of staff.

Responses we received from our questionnaires were all very positive. One person wrote that the service was "excellent. Well-trained, polite and caring staff who are always willing to go the extra mile to help. The best care company we have used and highly recommended." A relative wrote "excellent service. I cannot praise them highly enough for their help and professionalism."

Staff got to know people well and by knowing and understanding them they were able to support them to be as independent as possible and offer reassurance and encouragement in their daily lives. People were able to make changes to their care and support at any time to accommodate a visit or appointment. Sometimes it was the person's relative who needed some time. Staff then took on extra duties such as preparing a meal. They said if a problem could not be solved directly by service staff they were directed to other assistance. They could talk to staff who arranged for senior staff to go in and see them.

People were treated with respect and their privacy was maintained. One person described how they had come to terms with receiving personal care. They said "They are very good. They maintain my modesty. I have no complaints there." Care plans and interaction with people showed an emphasis on what people were able to do and their preferences for completing daily activities.

Staff knew when people were worried or upset and responded in flexible and creative ways outside their scheduled duties. They made phone calls or "popped back" if they could. If there was a situation where someone needed more time they could contact the office. There were ways staff would offer support by visiting the next person on their rota or by coming out to assist the person they were with. A member of staff said the registered manager and deputy manager understood and supported their wish to provide a person centred service and always supported them if people had unexpected illness or emotional needs.

Is the service responsive?

Our findings

The service continued to be responsive.

People received care that was responsive to their needs. All staff involved in the service understood the importance of knowing people well. They continually checked the support they provided was exactly what the person required. The time people required support was maintained as far as possible. People told us staff were always on time and never let them down. The registered manager said they were always clear about the service they could provide and the staff they had available.

People received a range of services according to their assessed needs and personal preferences. People could choose how much care they required. Some people received two visits weekly to assist with a shower. Other people required several visits a day to enable them to stay safely in their own homes. Staff knew people and if they were unwell or if a family member was away, additional visits could be made on a short term basis.

Care plans were written in detail and gave clear guidance to staff regarding the support of the particular person required and how it should be provided. The care and support plans were well organised and gave information regarding the person's lifestyle and preferences as well as details of the activities staff needed to undertake. Information about people's underlying health conditions or possible developments such as pressure damage to people's skin enabled staff to care for them in an informed manner. There was an awareness of people's mental and psychological needs. Staff asked people how they were feeling. Staff talked about possible causes of worry and anxiety and how the person may be assisted to feel better.

People's needs were reviewed regularly and when additional support was required this was discussed with the person and their relatives if applicable. Staff noticed when people were struggling and referred them to the management team who took prompt action.

People were supported by staff to maintain social activities and interests when this was required. The registered manager told us they understood some people could become lonely or isolated, and sometimes companionship and the chance to be out in the community was an important part of the service they provided. The service worked with people's families, keeping them informed and involving them when they lived away. Staff supported relatives caring for people on a daily basis. Staff asked how they were and asked if there was anything else they needed before they left their home.

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was available in large print and all written information was supplemented with one to one discussion with staff.

People and their families were encouraged and supported to raise any issues or concerns with the staff, field supervisors or registered manager. There was a formal complaints procedure however issues were dealt

with promptly and informally. Action was taken promptly so formal complaints were not needed. One relative said "Any little glitch" was dealt with promptly and they never needed to mention it again. Staff said this was because they were kept up to date with peoples preferences through the mobile phone app. This was good because "It saves people saying the same thing over and over again."

When possible, people who had been receiving care were supported when they reached the end of their life. The support offered was very flexible. One relative wrote about the excellent care their family member had received. They said care staff came to support them a few times a day and wrote, "all care staff were excellent and cared for them lovingly." Each person's needs and their family's preferences had been considered on an individual basis. Staff worked with the local hospice, GPs and the community nursing team to ensure people's needs were met. One relative spoke of the comfort derived from meeting care staff when they were out shopping. They appreciated the service's continued interest in their family member when they moved to hospital.

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in place who had the skills and experience to run the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the registered provider. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As the service had expanded they had appointed a management team to support them and the delivery of the service. They were assisted by the deputy manager, lead supervisor and a team of field supervisors.

Both the registered manager and the management team were skilled and experienced and continued to undertake training and up-dates, so they were able to champion best care practice. The service had grown since the last inspection, however the values and beliefs of the registered manager had shaped and maintained the level and type of service provided.

The registered manager had a clear vision of the service they wanted to offer and this was communicated to staff. They looked for solutions to meet people's needs and tried to always offer flexible personalised care. They listened to people receiving a service and treated them with respect. They listened to staff and valued their opinions.

The service was well organised so people received their visits on time from a team of staff they knew well. Staff rotas worked well and enabled staff to meet up when people required caring from two people. Staff said the office staff listened and consulted them to ensure visits were co-ordinated and manageable. Everybody spoken with said they felt the service was well run.

There were quality assurance systems in place to monitor care, and plans for on-going improvements. The registered manager and management team visited people regularly and knew them well. Field co-ordinators provided "hands-on" care which enabled them to have close contact with staff and people receiving a service. They completed monitoring visits but were also able to offer on-going support to people and guidance to staff.

People received courtesy calls to ensure they were happy with the service. People said they found the service "very good". They commented on how helpful the staff was. People were given the opportunity to express their views and make suggestions regarding aspects of the service that could be improved.

Staff received regular feedback from the registered manager. In addition to regular recorded supervision meetings, they visited the office each week. This gave them an opportunity to raise any issues informally. The registered manager told us they encouraged staff to come into the office and to talk to them about anything at all they were concerned about. Staff said they felt able to raise any issues in team meetings and

were confident they would be listened to.

Staff said the registered manager and management team were open and easy to talk to. They said there was always someone to contact. All staff who responded to our questionnaires praised the leadership of the service. One staff member wrote "I find Tavy Care very supportive and I can always contact my manager about any problems. They are also happy to take on suggestions from staff and are always available to contact. We are encouraged to work as a team to deliver the best care we can to our service users."

Whenever it was beneficial to people receiving a service the registered manager and care co-ordinator worked with the district nurse teams, GPs and social workers. They also worked with other domiciliary care agencies to fully meet some people's needs.

The registered manager was aware of their responsibility to notify the Care Quality Commission of any significant events which had occurred.