

Tilly's HomeCare Services Ltd

# Tilly's HomeCare

## 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

Tilly's HomeCare is a domiciliary care agency providing personal and nursing care to 16 people at the time of the inspection. 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.

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

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. Risks to people's health, safety and well-being were assessed and measures were put in place to remove or reduce the risks. People were supported by staff who had been safely recruited.

People's medicines were managed safely. Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The management team took appropriate actions following any incidents and learning was shared with staff.

Before care delivery started the provider completed assessments to make sure people's needs could be met by Tilly's HomeCare. Care plans were developed from these assessments for each person's identified needs. Staff received training and support to enable them to carry out their roles effectively.

Staff and the management team knew people well and were able to promptly identify when people's needs changed and they sought professional advice appropriately. 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.

People and relatives praised the kind and caring nature of the staff team. People received consistent care from a small team of staff. People knew about their care plans and could decide what care and support they needed. People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

People received care and support as they wished. People told us they would be confident to raise any concerns with the management team. Everyone we spoke with during this inspection was satisfied with the care and support they received.

The management team was committed to providing a high standard of care to the people they supported as well as the staff team and understood their responsibilities under the Duty of Candour. People, their relatives and staff members spoke highly of the management team and told us that they were always

available and supportive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 23/02/2019 and this is the first inspection.

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** ●

# Tilly's HomeCare

## 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 undertaken by one inspector.

#### 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 visit because it is small 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 26 February 2020 and ended on 09 March 2020. We visited the office location on 26 February 2020 to meet the registered manager and to review care records. We spoke with people who used the service and their relatives by telephone on 09 March 2020 to gain their views about the quality of the care provided.

#### What we did before the inspection

We reviewed information we had received about the service since initial registration. We sought feedback from professionals who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We reviewed a range of records including two people's care records and staff recruitment records. We spent time with the registered manager exploring their understanding of their responsibilities regarding operating a safe and effective care service.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with one person who used the service and six people's relatives by telephone about their experience of the care provided. We spoke with a member of staff to gain their opinion about how the service was managed and the support they received. We received feedback from two external professionals involved with the service.

# 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

- The service had effective systems to help protect people from the risk of harm or abuse. Staff received training and were confident about how they would report any concerns both internally to the service management and externally to local safeguarding authorities.
- The registered manager understood their responsibilities to safeguard vulnerable people from abuse and gave us an example where they had liaised with the local authority safeguarding team in a person's best interests.
- People and their relatives told us that staff provided safe care for people. One relative said, "I think my [relative] is absolutely safe when they (Staff) are providing their care. Staff go about their business in a conscientious way, they are very discrete and they leave the house immaculate. They all conduct themselves very professionally indeed."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures developed to remove or reduce the risks. Risk assessments enabled people to stay as independent as possible within the confines of their health needs. We discussed with the registered manager that risk assessments would be enhanced by a greater level of detail. This would ensure staff had detailed guidance to support them in providing safe and effective care.
- The registered manager helped ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events.

Staffing and recruitment

- People's relatives told us they thought there were enough staff available to meet people's care needs. There had not been any missed care calls and all feedback indicated staff provided people's care within agreed timeframes. One relative said, "I enjoy the continuity of staff that Tilly's delivers. With a big faceless company you would not always know who was going to provide the care but we know each member of staff well." Another relative told us, "We have a roster to tell us who will be coming out to see us and when."
- The registered manager was able to describe robust recruitment procedures and the checks required to ensure that staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they were able to work with people independently.
- Newly recruited staff were introduced to people who used the service by the management team. The registered manager told us, "We would never send a staff member to a person without making sure they know each other."

### Using medicines safely

- Staff received training to support them to administer people's medicines safely. The registered manager told us, "We do a competency assessment once staff have had their training, we also do regular observations and face to face supervision." The management team checked each other's competency in this area. The registered manager said, "I am a great believer of leading by example."
- Staff supported some people with administering their medicines and just prompted others to take theirs as needed.

### Preventing and controlling infection

- Staff were provided with training and personal protective equipment such as gloves and aprons to help promote effective infection control. Staff practice in this area was monitored by the management team.
- People and their relatives told us that staff promoted good hygiene practices.

### Learning lessons when things go wrong

- The registered manager took appropriate actions in response to any concerns and learning was shared with staff. No accidents or incidents had occurred since the service began but we were re-assured that the registered manager would take quick and effective action.

# 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 before they started to use the service. Assessments included people's support needs and their individual preferences. These assessments formed the basis of people's care plans and risk assessments. A relative told us, "Tilly's HomeCare are excellent. We laid out the rules at the outset and they have stuck to them. It is a pleasure to deal with them."
- The registered manager told us that assessments were always undertaken by both members of the management team. They said, "Assessments undertaken together so we both can make the decision as to whether we can meet the person's needs. Two heads are better than one."
- People's relatives praised the staff team for the effective care and support they delivered. One relative said, "My [relative] has been bedbound for just over a year, there is no sign of a bedsore thanks to the conscientious care Tilly's staff provide." Another relative told us how the care and attention provided by Tilly's HomeCare staff had meant that a person's health condition had improved considerably.

Staff support: induction, training, skills and experience

- Staff received training in areas including safeguarding, moving and handling, advanced dementia, fire safety and the Mental Capacity Act. Staff had a good understanding of these topics. Staff received supervision and competency observations to help ensure that they had the knowledge to perform their job roles. Staff told us they had robust support from the management team. One staff member said, "The support we have is brilliant. [Names of management team] are always there to support if you need them."
- Inductions for new staff were thorough and staff knowledge was checked by the management team during shadow shifts prior to the staff member working with people unsupervised. The registered manager said the amount of shadow shifts depended on the skills and confidence of the staff member. They said, "Some staff are really confident and a week will be enough, others may need longer."
- People and their relatives praised the staff team for their skills and knowledge. One relative said, "The staff do seem to be very skilled and knowledgeable. The advice I have had from them has always been sensible and helpful."

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

- People and their relatives said that where people needed assistance to eat staff supported them in a safe and effective manner.
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding how to support people with these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff and the management team worked well with external professionals for the benefit of people who used the service. These included GPs, occupational therapists, district nurses and speech and language therapists. An external professional told us, "I found them (staff and management) particularly caring, really considering all options for a person's best possible care and considering mental wellbeing as well. They did tasks above and beyond their duty of care."
- Information was shared with other agencies if people needed to access other services such as hospitals.
- The registered manager told us that they changed the times that people received their support so that they could support them to health appointments if this was the person's choice.

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.

- People told us that staff always asked for consent when supporting them. People had been asked for their consent to be supported in line with their care plans and risk assessments.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this in to practice.

# 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

- Staff had a good understanding of the people they supported. Staff took time to get to know people's likes and dislikes, their pasts and interests and incorporated these into their care.
- The registered manager told us that caring was an integral part of their recruitment. They told us, "We feel we are good at sussing out potential staff who really care." A staff member told us, "We are encouraged and supported to provide good care. This is not just a quick wash with a flannel and soap. We have time to listen to people and to give people the time they need, not rushed."
- People and their relatives praised the staff team for the care and support they provided. A relative told us, "The staff are very caring and kind, they are like friends to us. I hear them giggling with my [relative] whilst they are providing the care. It is so good to hear." Another relative said, "They are polite, they are caring and they make sure everything is done properly."

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

- People's care plans showed that they were consulted about changes to their care and that these were documented. Regular reviews of people's support involving people, their relatives and other professionals took place.
- People and their relatives told us they were always involved in any decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to support people to maximise their wellbeing. An external training provider told us, "I am indeed myself very passionate about people living with dementia having excellent daily care along with good wellbeing. With Tilly's I know that an hour's call is an hour's call. I also know that they never rush a person with dementia, therefore that person will start their day in the right way."
- The registered manager told us, "We really try to maximise people's independence. We have had people who have got so much better with our support that they don't need us anymore."
- People and their relatives said that staff promoted people's privacy, dignity and independence. One relative said, "At the beginning I imagined what support I would like to have to help me look after [person]. Tilly's have fulfilled that, it is perfect."

# 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 received care to meet their individual needs, likes, dislikes and preferences.
- People's care was adapted to meet their changing needs. For example, where people began to regain some of their independence the element of support from Tilly's HomeCare was reduced.
- Care plans were detailed with regards to people's preferences, likes and dislikes. We discussed with the registered manager that people's care plans would benefit from some further development. This included more detail to support the staff team to provide consistent care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us they had not had the need to make information available in different formats yet but said they would do so should the need arise. They gave an example where they could access translation services from the internet.

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

- The registered manager reported that support was provided to follow interests and activities if people requested it. Examples given where this support was provided included supporting a person to go swimming and if people wanted to go out for a coffee or do a bit of shopping. The registered manager told us, "We would rather support someone to go out and do their own shopping than do it for them. This support helps to reduce the risks of social isolation and to retain as much independence as possible."

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy, people and their relatives told us they had a copy of the policy in their homes to access if needed. People and their relatives told us they had not had the need to raise any complaints but all said they would be confident to do so if the need arose.
- The registered manager told us they had not received any formal complaints since Tilly's HomeCare had opened for business. They said the staff team shared any grumbles raised with them. For example, one person told staff they had not seen the registered manager for a couple of weeks. In response to this the registered manager changed the rota about and they visited the person to provide their care, therefore addressing the grumble.

### End of life care and support

- The staff team supported people at the end of their life according to their wishes and preferences. People were supported to stay in their own home if they chose to do so and extra support was provided as needed from specialist services such as Hospice nurses.
- Staff knew how to support people at the end of their life. The registered manager advised that some staff had received end of life training and this was due to be rolled out across the staff team.

# 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.

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

- The registered manager had a good understanding of their legal and ethical responsibilities towards the people they supported and had a passion for delivering person-centred care. The registered manager's ethos of the service was to treat others with kindness, care, patience and dignity.
- Tilly's HomeCare delivered good outcomes for people. An external training provider told us, "I have recommended several clients to Tilly's who have taken up the service and have been extremely impressed with the level of service and commitment, especially when it comes to providing care for people living with Alzheimer's or another form of dementia."

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

- The registered manager had a clear understanding about the duty of Candour and told us they encouraged staff to be open and honest in their feedback. They said, "We really do push that with the staff. We want to know everything that is going on in our business and want people to feel they can ask us anything. Even if it is just a silly mistake, we want to know about it."
- The management team and staff understood their roles and respected the impact that their roles had for people. The registered manager worked alongside the staff team routinely and assessed the service provision as part of their daily work. We discussed the need to evidence what areas had been assessed, what shortfalls had been identified and what actions had been taken to improve the quality of the service provided.. The registered manager undertook to further develop their quality assurance system to evidence the routine checks they made in areas such as care plans, staff recruitment files, health and safety and spot checks on staff practice.

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

- People and their relatives gave positive feedback about the service and how it operated. One relative said, "I do recommend people to use Tilly's HomeCare, they are a very good care agency." Another relative told us, "We would recommend Tilly's, they do everything we ask of them."
- Staff were also positive about the service. A staff member said, "I would definitely recommend Tilly's HomeCare. We all work closely together as a good team. The management don't want the service to grow too much. They do not want people to be just a number, their ethos is person centred care."

- Regular feedback was collected from people and their relatives informally. We saw letters of praise and compliment from people who used the service and their relatives. The service was still very small and the management team were in day to day contact with people which meant they received people's feedback face to face. We discussed developing some questionnaires to enable the registered manager to obtain feedback on specific areas of the care provision in order to help them develop the service further.

#### Continuous learning and improving care

- Learning was taken from incidents to improve people's experience of care. For example, an incident occurred where the electricity had fused in a person's home. The staff member was able to locate the fuse box and reset the trip switch. This highlighted to the management team that risk assessments should detail exactly where the fuse box and stop cocks were situated. As a result, this information was added to all risk assessments, and the staff team made aware.
- The registered manager was a member of a local care provider's association. They had arranged training for themselves and the staff team and attended some local business network meetings to help keep themselves up to date with changes in the care sector and legislation.

#### Working in partnership with others

- The registered manager often worked with other professionals to achieve good outcomes for people. For example, community nurses, occupational therapists, wheelchair services, GPs and dentists. The registered manager told us, "We will support people to access whatever they need."