Twilight Homecare Services Limited

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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?	Requires improvement

Overall summary

This inspection took place on 09 and 17 September 2015 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to be sure that staff would be available.

We last inspected Twilight Home Care Services on 09 June 2014. At that inspection we found the provider was not meeting two regulations. Systems in place to ensure people received their medicine safely and monitoring of the service had not been effective. The provider sent us an action plan and told us what improvements they had made.

Twilight Homecare Services limited is a privately owned service, which provides a personal care service to people living in their own home.

There was a registered manager in post at the time of our inspection. A registered manager is required to manage this service. A registered manager is a person who has

Summary of findings

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.

People were supported by staff who were able to recognise the signs and symptoms of abuse and knew how to raise these concerns. There were sufficient numbers of trained staff that had the appropriate recruitment checks to ensure that they received safe care.

All the people we spoke with said they had received a safe service. The risk of harm to people was assessed so that risks were minimised. People who received support with how their medicines were managed were satisfied.

People told us that the staff supporting them were caring and trained and competent in their role. Arrangements were in place to ensure that staff received the training and support they needed to carry out their role.

Most people told us that they received support from a consistent team of staff. Systems were in place to ask people their views about their care. However, some people told us that their views had not been sought.

Systems were in place to monitor the quality of the service provided and to learn and make improvements to the service. Some records needed to be more detailed to ensure robust systems were in place.

Summary of findings

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.

People told us they received a safe service.

Risks to people were reduced because arrangements were in place to manage risks.

People were supported to take their medicines.

Good

Is the service effective?
The service was effective.

People were supported by staff who had skills and knowledge to meet people's care needs.

Staff knew what to do if people were not able to make decisions about their care.

People who needed help with food and drink were supported as required.

Good

Is the service caring?
The service was caring.

People told us that they had a good relationship with staff that supported them.

People were able to make decisions about their care and support.

People's privacy and dignity was respected and promoted.

Good

Is the service responsive?
The service was responsive.

People told us that they had been involved with making decisions about their care.

People were able to raise concerns. Procedures were in place to ensure that the service learnt from people's experiences.

Good

Is the service well-led?
The service was not consistently well led.

Most people were satisfied with the service they received.

There was a registered manager in place who was receptive to continual improvement.

There were systems in place to monitor the service and make improvements. This included improving some records to ensure robust systems were in place.

Requires improvement

Twilight Homecare Services Limited

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 was planned to check 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 inspection took place on 09 and 17 September 2015. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited. One inspector carried out this inspection.

Before our inspection we asked the provider to send us provider information return, this was a report that gave us information about the service and the provider told us what they were doing well and how the service would be developed.

We looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before our inspection we received some concerns regarding missed calls and a lack of staff training and we used this information to inform our inspection. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

The service provided a domiciliary care service for 48 people. We spoke with seven people who used the service and three relatives. We spoke with five staff and the registered manager.

We looked at records in relation to four people's care. We also looked at four staff recruitment and training records. We also looked at records relating to the management of the service and a selection of policies and procedures.

Good

Is the service safe?

Our findings

All the people that used the service and relatives spoken with told us that people received a safe service. One person told us, "Yes I feel very safe with the staff".

People using the service and relatives, spoken with said they were confident in the staff ability to support and manage any identified risks to their care.

All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff understood how to report concerns both within the service and external agencies that they could contact, should they have any concerns about people's safety. Where concerns about people's safety had occurred the manager kept us informed.

Staff told us that the appropriate equipment was provided to support people's care and they were trained and competent to use the equipment to ensure people received safe care. Staff told us that the policy was for two staff to use moving and handling equipment and that these policies were always adhered to.

All staff spoken with said that risk assessments and risk management plans were available in people's homes to tell them how to care for people safely. Records looked at confirmed this and we saw that risk assessments were reviewed regularly. All staff knew the procedures for reporting new risks and all confirmed that when new risks were reported, prompt review was undertaken to ensure the safety of the person using the service.

People and their relatives told us that the staff were reliable and that visits were never missed. One person told us, "They are usually on time, sometimes they may be a little late but that will be because they have run over the time with someone else. We understand that".

The manager told us that they had systems for calculating the number of staff needed to cover all the calls and they were in excess of this. A staff member told us, "We have enough staff to provide all the care calls". We saw that there were systems in place to ensure each care call was allocated. The manager told us that they were in the process of having a new computerised system in place to manage care calls and to improve efficiency.

All staff spoken with said all the required recruitment checks required by law were undertaken before they started working. Records looked at confirmed this.

At our previous inspection we found that the management of medicines needed greater diligence. This included assessing risks to people and ensuring the support people needed to take their medication was clearly recorded for staff to follow. We found that some improvements had been made. The manager told us that they had identified that further improvements were needed, and were in the process of improving the recording of people's medicines.

People that required support with taking their medicines told us that where this was part of their care, staff always gave them the necessary support needed. One person told us, "The staff always remind me about my medication, they are very good". All staff spoken with knew the procedure for supporting people with their medicines and said they received training to ensure they followed the procedures.

Good

Is the service effective?

Our findings

All the people we spoke with told us that they thought the staff were trained in their role. One person told us, “The staff are very good”. Another person told us, “I have regular carers and they are very good”.

All staff spoken with said they had the training needed to enable them to perform their role. They told us that some refresher training sessions had recently been arranged. A staff member told us “We are getting more training now. It is more organised”. All staff spoken with said they received supervision and appraisal and they had regular contact with the office and they felt supported in their role. The manager told us that she had recently employed the services of a training provider to help plan and deliver their training programme.

People told us that staff sought their consent before providing care. One person told us, “They always ask me how I want things done and we have a routine now”. All staff spoken with said they ensured that they explained things to people and always sought their consent before providing care and support.

Most staff spoken with said they had received Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding training. Some staff were not aware of how this legislation affected their practice. However, all staff we spoke with told us that they would report any concerns about people’s capacity to the registered manager. The manager told us that all staff had completed MCA training apart from some new staff members and plans were in place to ensure that they received this training. The manager told us that they would be doing some in house learning sessions to support staff with their knowledge about this legislation.

All staff spoken with were aware of how to support people who may be at risk of not eating or drinking enough to keep them well. Staff said they would report any concerns to the manager. In care records sampled we saw that fluid and food monitoring charts were in place for people who received support from staff to eat and drink. This would help staff to monitor and identify if there were concerns that needed to be acted upon.

People told us that they were confident that staff would contact the doctor if they were not able to do so themselves. Staff told us that there were on call arrangements in place so that they had access to guidance and support in an emergency. A staff member told us ,“It was very clear in my induction what to do in an emergency. We were told we must call the emergency services first and then contact the office”.

Good

Is the service caring?

Our findings

All the people we spoke with said they were treated well by staff and that the staff were caring. One person told us, “They really are very kind to me”. A relative told us, “The staff are very kind and caring. They have a lovely relationship with [Person’s name]”.

People spoken with said they had information about the service to help them to make up their mind about whether or not to use the service. Records showed that people had a service user guide, which could be made available in different formats and languages if required.

People told us that staff listened to their wishes and did as they asked, so that care was delivered in line with people’s expectations and wishes. One person said, “They never rush me. They take their time”. All staff were able to explain people’s different care needs. Staff told us that they encouraged people to do things for themselves to ensure that they promoted people’s independence.

All the people we spoke with said their privacy, dignity and independence were respected by staff. One person told us, “They make sure the door is shut and close the curtains.” Staff gave good examples of how they ensured people’s privacy and dignity were maintained. This included, discussing the care with people to ensure they were in agreement, making sure doors and windows were kept closed and ensuring that people were covered when they received support with their personal care.

Policies and procedures were in place to guide staff on how to maintain confidentiality, privacy and dignity. Staff said and records showed that they signed a confidentiality agreement, which confirmed they would not discuss people’s personal information outside of the care environment.

Good

Is the service responsive?

Our findings

All the people we spoke with told us that they were involved in assessing their care needs with staff and were involved in planning their care, so they decided how they wanted their care and support to be delivered. One relative told us, "When we started using the service the initial assessment was very detailed. The manager asked us lots of questions about how we wanted [Person's name] needs to be met.

Most people told us that they had mainly regular care staff and this was important to all the people we spoke with. However, two relative's told us that their family member did not receive any consistency with the carers that visited. We shared this information with the manager so they could address the relatives concerns.

The manager told us that they would be implementing a new system to match the individual needs of people with the skills, personality and preferences of people that used the service. This should ensure that the right staff will be placed with people so they received the service they needed.

Some people had complex needs that required staff to visit them a few times per day. They told us the service was reliable. Records had information about people's preferences of how they wanted to be supported.

Some people told us that they had occasional contact from the office to ensure that they were happy with the service they were receiving. Some people told us that they had not had any contact from the office for a long time. However, all the people told us that they knew how to contact the manager if they needed to and one person told us that they had.

Staff told us that they would support a person to make a complaint, if they needed to and they would contact the manager to let them know about any concerns.

All the people we spoke with knew how to complain about the service and were confident their concerns would be listened to, acted upon and resolved to their satisfaction. One relative told us that they raised some concerns a long time ago and their concerns were listened to and they were satisfied with how they were responded to. Records of complaints showed that they were investigated and responded to in line with the provider's policy.

Requires improvement

Is the service well-led?

Our findings

Most of the people we spoke with told us that they were happy with the care they received. People told us that the staff group on a whole were friendly and provided a good quality service. One person told us, "I am very happy the staff are excellent".

Some people we spoke with, but not all had been asked if they were happy with the service during their care review or had been asked to complete a survey conducted by the provider. Some people told us that they had not been asked to complete a survey and had not had recent contact from the manager or a member of the management team. The provider showed us analysis of recent questionnaires that had been completed and this showed a good level of satisfaction with the service. The provider told us that questionnaires had been sent to all the people using the service.

Staff told us that they understood their responsibilities and felt supported by the manager, care coordinator and office based staff. Staff told us that there was always support available to them by telephone day and night or they could call into the office if ever they needed to discuss any concerns. All staff confirmed they were able to raise concerns about poor practice and felt they would be listened to and action would be taken by the manager and provider.

The registered manager told us that they had decided to step down from the manager's position. They told us that they would be taking on a quality and development role within the service once the induction and registration of the new manager was completed. They had also appointed a care coordinator and would be strengthening the senior staff team.

Before our inspection we asked the provider to send us provider information return (PIR), this was a report that gave us information about the service. This was returned to us on time and was completed adequately. The registered manager told us in the PIR about the development plans for the service. This included changing from a manual system to an electronic system to improve the efficiency of the service.

At our last inspection we found that systems in place to monitor medicine management had not always been robust. The manager had made some improvements and through recent audits had identified that some further improvements were needed. They told us that they were in the process of implementing these improvements. This included ensuring that records staff signed for medicine administration were robust and detailed all the information needed.

Before our inspection we received some concerns regarding missed calls and a lack of staff training. We found that there had been a few missed calls and these had been recorded and investigated to identify the cause and to prevent reoccurrence of the incident. The manager told us that they had needed to improve the delivery of staff training. They had employed the services of a training provider to help plan and deliver their training programme. Staff told us that improvements had been made to the way training was being provided.

We saw audits of care records had taken place and an action plan was developed for any improvements needed. We saw that spot checks had taken place of staff practice to ensure they were working and performing to the required standard. Staff that we spoke with confirmed that these checks had taken place. However, records of these checks were not always well maintained. The manager told us that they would be improving the recording and monitoring of these checks.