Twilight Homecare Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 21 June 2017 and was announced. At our last inspection completed in September 2015, we found the provider was meeting all of the requirements of the law we looked at. At this inspection we found the provider needed to make some improvements within the service.

Twilight Homecare Services is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service supported 74 people; most of whom were older people and some of these people were living with dementia.

The provider was registered for the regulated activities of personal care and treatment of disease disorder or injury. The provider was not providing any services under the regulated activity of treatment of disease, disorder or injury and therefore it was not inspected. The provider confirmed to us they would be cancelling this part of their registration.

A registered manager was in post. 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.

People did not always receive their care visits on time which increased risks to their health and well-being. People were however protected by a staff team who understood how to protect them from potential abuse. Staff also understood how to minimise the risk of harm such as injury or accidents to people. People were supported by a staff team who had been recruited safely for their roles.

People were happy with the support they received with their medicines. Records relating to the administration of medicines were not always accurately completed. This meant the registered manager was not always able to demonstrate that people had received their medicines as needed and as prescribed.

People without capacity to make their own decisions or consent to their own care were not always supported in line with the requirements of the Mental Capacity Act 2005. People were supported by staff who mostly had the skills required to support them effectively. People's day to day health needs were supported and staff knew how to support people with their nutritional needs.

People were supported by a staff team who were kind and caring towards them. People were encouraged to make choices about their care. People's dignity was protected and their independence promoted.

People received care and support from care staff that met their needs and preferences. Care plans were in place and were regularly reviewed. People felt able to raise complaints about their care if necessary. We saw the registered manager took complaints seriously and provided a response.

People felt the service was well-led and their views and opinions were sought. People were cared for by a staff team who felt supported by the management team. We saw the registered manager had systems in place to identify areas for improvement within the service and action was taken to make improvements. However some improvements were required to ensure system's identified issues with individual people's care records and the accuracy of records held within the service.

We found the provider was not meeting the regulations regarding the display of their last CQC inspection rating and the submission of statutory notifications to CQC. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People did not always receive their care visits on time which increased risks to their health and well-being. Improvements were required to medicines management systems and recording.

People were however protected by a staff team who understood how to protect them from potential abuse. Staff also understood how to minimise the risk of harm such as injury or accidents to people.

People were supported by a staff team who had been recruited safely for their roles.

Is the service effective?

Requires Improvement

The service was not always effective.

People without capacity to make their own decisions or consent to their own care were not always supported in line with the requirements of the Mental Capacity Act 2005.

People were supported by staff who mostly had the skills required to support them effectively. People's day to day health needs were supported and staff knew how to support people with their nutritional needs.

Is the service caring?

Good

The service was caring.

People were supported by a staff team who were kind and caring towards them. People were encouraged to make choices about their care. People's dignity was protected and their independence promoted.

Is the service responsive?

Good

The service was responsive.

People received care and support from care staff that met their needs and preferences. Care plans were in place and were regularly reviewed.

People felt able to raise complaints about their care if necessary. We saw the registered manager took complaints seriously and provided a response.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager's quality assurance systems did not always identify issues with individual people's care records and the accuracy of records held within the service.

People felt the service was well-led and their views and opinions were sought. People were cared for by a staff team who felt supported by the management team.

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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 21 June 2017 and was announced. We gave the provider 48 hours' notice of the inspection. This is because the service provides personal care to people living in their own homes; we needed to be sure the registered manager and staff would be available to meet with us. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We looked at information contained in the provider's Provider Information Return (PIR). A PIR is a document the provider completes in advance of an inspection to share information about the service. They can advise us of areas of good practice and outline improvements needed within their service. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with six people who used the service and seven representatives who were relatives or friends of people. We spoke with the registered manager, the deputy manager, a team leader and two care staff. We reviewed four people's care records; including their medicines records. We also reviewed records relating to the management of the service; including recruitment records, complaints and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

While some people told us they were happy with the timing of their care visits, other people told us they did not always feel safe due issues with time keeping. One person told us, "I feel safe with them unless they [staff] arrive late for my breakfast call. I am diabetic so need my breakfast early". We looked at this person's care plan and saw their care visits were marked as 'time critical' due to their diabetes. We also saw the times of their care visits could be over half an hour late on a regular basis. We raised our concerns with a team leader and the deputy manager who advised they would look into this immediately. Other people also told us their care visits could be late. A person told us, "They [staff] arrive at all different times. I wait until about 11 am and then ring the office to find out where they are". A relative told us, "I need an operation and won't have peace of mind if we don't sort the times out". Another relative said, "They [staff] can be half an hour late in the evening, it varies. They get backed up with other calls." We looked at some people's care visit schedules with the deputy manager. They told us that some of the issues with the timings of care visits were caused when other care visits to people with complex care needs took longer than the planned time. This then resulted in a 'knock on' effect with the timing of all subsequent care visits. We shared these concerns with the registered manager who advised they would look into the issues identified in order to find a solution as a matter of urgency.

People who received support from care staff with their medicines told us they were happy with the support given. Care staff we spoke with could describe how they gave people their medicines safely and how they recorded the administration of these medicines. They acknowledged there were some issues with the way in which care staff recorded people's medicines administration and that this was not always done accurately. We saw this reflected in the records we reviewed. We saw guidance was not always in place to advise when people needed to receive their 'as required' medicines. We also found that medicines administration was not always recorded accurately on a Medicines Administration Record (MAR). This meant the provider was not always able to review whether people had received their medicines as prescribed and as needed. People and care staff confirmed to us people's medicines were given, however improvements were needed in the ways records were kept. The registered manager had recognised some improvements were required and was introducing a new recording system in order to improve the safety of the medicines administration processes within the service. We will check the effectiveness of this new system at our next inspection.

People told us they felt comfortable and safe with care staff. One person told us, "They [staff] look after me very well so I feel safe with them". A relative told us, "I think [person's name] is very safe with them. They [staff] are very professional". Staff we spoke with could describe signs of abuse and how to report those concerns. Staff could describe how to whistleblow if this was required. Whistle-blowing is when care staff would escalate concerns about the care being provided to people to an outside organisation such as CQC, the local safeguarding authority or the police. We saw where staff had concerns about people these had been reported to the registered manager. The registered manager had made appropriate referrals to the local safeguarding authority. This meant investigations could be completed and steps taken to prevent the risk of further harm to people where required.

People told us care staff understood the risks that may cause them to experience harm such as accidents

and injury. They told us care staff knew how to minimise these risks. A relative told us, "They [staff] make sure [person's name] is safe by giving good care". Another relative told us, "I know [person's name] is safe because I am here. They [staff] look after [person] very well". A third relative said, "[Person's name] uses a hoist and they [staff] are all good with it". We saw risk assessments were in place and key risks were highlighted throughout people's care plans; for example, where people had diabetes and were at risk of either high or low blood sugar. Staff we spoke with were able to describe the specific risks to individual people they supported and how they managed these risks. For example, where people were prone to pressure areas or where staff needed to monitor changes in behaviour to ensure their mental health issues were managed appropriately. We saw appropriate intervention and action had been taken by care staff where required.

We looked at how the provider ensured staff members were recruited safely for their roles. We saw a range of pre-employment checks were completed; including identity checks, reference checks and Disclosure and Barring Service (DBS) checks. DBS checks enable an employer to review a potential employee's criminal history to ensure they are suitable for employment in a particular role.

Requires Improvement

Is the service effective?

Our findings

People who had the capacity to do so told us care staff sought their consent prior to providing support to them. A relative told us, "Yes they [staff] do [seek consent]. They talk to [person's name] all the time too". Staff we spoke with understood the importance of seeking consent where people had the capacity to provide it. One staff member told us, "We always ask them [people] what they want.

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

Staff we spoke with did not have an effective understanding of the MCA and the requirements of the Act and how this legislation impacted on how they should provide care to people. One staff member said, "I've heard of it but don't know what's in it". Care staff were not aware how to identify issues with people's capacity and how best interests decisions should be made in line with the MCA. Staff could describe some good practice examples; such as, if someone refused care they were required to encourage the person. Staff told us if they became worried about someone they would inform the registered manager. The registered manager and deputy manager however also did not understand the requirements of the MCA when we spoke with them. They did not understand how to assess people's capacity when concerns arose and how to make best interests decisions in line with the MCA. Where there were concerns about people's capacity; including refusals of care, we found assessments of their capacity had not been completed and best interests decisions were not recorded as required by the Act. We did not identify that anyone was at risk due to the lack of understanding around MCA. However, the registered manager could not provide assurances that people's rights were always upheld when making decisions as the requirements of the MCA were not fully understood by the staff or management team.

We saw that issues around refusals of personal care were discussed in a recent staff meeting. During this meeting, staff had been advised by the registered manager to ask people to accept support in a different way by rephrasing questions. However, staff had not been given any further guidance about what to do if a person who lacked capacity still refused personal care to ensure their interventions were in line with the MCA. We saw training records that showed training around the MCA was not sufficient to ensure staff had the knowledge required to support people in line with the Act. We saw staff received a basic introduction to the MCA during their induction training. They had not received specific training around the MCA and some staff had received their induction training several years prior to the inspection. Therefore, their knowledge had not been refreshed and skills kept up to date.

People who had capacity to share their views around the skills of the staff team told us they were mostly very happy with the support they received. They did say they felt the skills of some staff could be improved. One person told us, "I think they [staff] are well trained". Another person said, "I think 90% of them [staff] are fantastic". A relative told us, "I do think they [staff] are very competent". Another relative said, "I think some

staff could be trained better". Staff told us practical training they received was good. A staff member said, "Each time you come to a training you learn". Staff did say they felt some training received could be improved, for example where training was theory based rather than practical. Staff told us they felt they could approach the registered manager if they required support but they could not recall when they last had a one to one meeting with their line manager. We saw from staff files that not all staff were receiving regular one to one meetings. However, the registered manager had recorded regular spot checks to review the quality of care provided by staff to people they supported. Training records shared with us by the registered manager highlighted a large proportion of training was provisionally planned but was yet to be completed. For example; staff were awaiting training around dementia care and record keeping which were two areas in which we identified improvements could be made within the service.

People told us they were happy with the support they received with food and drink. One person told us, "They [staff] always put the kettle on and make me a drink". Another person said, "They do some meals for me and shopping if I need anything. A relative told us, "Everything is okay with the meals". Staff we spoke with were aware of the special dietary requirements for individual people and we saw these needs reflected in people's care plans.

Staff we spoke with were aware of the importance of reporting any concerns about people's health to the registered manager. We saw guidance for staff as to when they should seek medical intervention was outlined in people's care plans. The provider's PIR stated they were proactive in involving health and social care professionals and we saw this reflected during the inspection. We heard the registered manager and deputy manager follow up on concerns about people's health and well-being during the inspection. We also saw from care records that intervention was sought from relevant health and social care professionals to ensure people's health needs were supported.

Good

Is the service caring?

Our findings

People told us they felt care staff were kind and caring towards them. They told us care staff took the time to get to know them and understand their preferences. One person told us, "I do look forward to them [staff] coming and get on well with most of them". Another person told us, "I feel very comfortable with my regular carer. [They are] invaluable to me". A third person said, "My regular one [care staff] is good and kind, she makes my day". Relatives also told us care staff were kind to people. "[Care staff] are generally very caring. The people in the office are helpful [also]". Another relative said, "The staff are all very respectful and know [person's name] well I would say". Care staff we spoke with told us how they ensured people felt valued and important. One staff member said, "Always reassure them [people], involve them, give them choices, have a laugh and get to know them, build up relationships". Another staff member said, "Some people are lonely so talk to them, get to know them. They love talking about their children and grandchildren."

People felt they were given choices around how their care was delivered. Staff told us they tried to ensure people's choices were respected. One staff member said, "I do everything in the care plan the way they [people] want me to do it". Care staff were able to describe people's individual preferences such as how some people liked their sandwiches to be cut up, which flannels people liked to be used and how people wanted their beds made. We saw care plans also contained information about specific choices. The care plans also encouraged staff to ask people what they wanted or how they preferred things done before providing support to them.

People also told us care staff protected their dignity and promoted their independence. One person said, "They [staff] respect my privacy when they help me shower or strip wash. They let me do as much as possible for myself". Another person said, "I wash myself and they [staff] just help me dry". A relative told us, "They [staff] respect [person's name]'s privacy when they help [them] wash and dress. Make sure [they are] covered up". Staff we spoke with understood that people may not always feel comfortable having care staff in their home and therefore tried to make them more relaxed and at ease. One staff member said, "You are invading their privacy". They told us how they used a curtain to protect someone's dignity while helping them to wash and dress. Another staff member told us how they covered up part of a person while they washed other parts in order to protect their dignity. Staff also described how they ensured they promoted people's independence. One staff member said, "It's nice for [people] to do things themselves". They went on to describe examples such as passing people a pot with their medicines in and encouraging them to take the medicines independently. Another staff member described how it was important to give people the time to be independent. They told us, "Although [a person is] slow, if you give [person's name] chance [they] can still do it". The staff member also told us, "Even giving them [person] their glasses in their own hand and letting them put them on is important". We saw care plans also contained guidelines for staff around how to protect people's privacy and promote independence.

Good

Is the service responsive?

Our findings

People told us they felt the support provided by care staff during their care visits met their needs and preferences. The provider's PIR stated that staff were responsive to people's individual needs and that any concerns were reported to managers. This reflected what people told us and what we found during the inspection. Staff were able to describe people's individual and unique needs and we saw care plans contained personalised information about each person who received care and support. We found the registered manager and deputy manager also had a good understanding of the needs of the people using the service.

Most people told us they had involvement in their care plan and reviews. One person said, "Yes, I do have one [a care plan]". Another person told us, "I have had an assessment done". A relative told us one person's care was currently in the process of changing due to a change in their needs. We saw from care records that views were sought regularly from people and their relatives about the service and any changes required to their needs and the care they received. Some people were not certain about their care plan or when their last review was. We saw from the content of care records that people's views had been sought and these had been included in care plans. The deputy manager told us about steps they were taking to review how they could demonstrate people's involvement in their care plans more clearly. Care staff told us care plans were kept up to date and that any changes would be reported to the registered manager.

People told us they felt able to raise complaints and concerns when they arose. One person told us, "I would speak to the manager if I had a problem". Another person said, "I just ring the office". A relative told us, "When you ring up they [staff] are always helpful". People told us they had raised complaints and had received an appropriate response from the registered manager. One person told us, "I did have a carer who I didn't like their attitude. They were disrespectful. I spoke to the office about it and [they] didn't come back". A relative told us, "We did have a problem with staff at the weekends but the manager sorted it out". Some people did raise concerns about issues with call times not being resolved. We found the provider was restricted as to how much information they could share with people about steps being taken to resolve these issues due to confidential concerns about other people's care packages impacting on timings. We also saw the provider had recognised through their quality assurance processes a need to make improvements to their communication with people about issues with the timings of their calls. A person also told us about a complaint they had raised regarding care staff not speaking in in their first language of English when in the person's home. The registered manager acknowledged the receipt of this complaint and confirmed it was under investigation.

Requires Improvement

Is the service well-led?

Our findings

Providers are required to display their rating following the completion of an inspection by CQC. This requirement means that providers should display their rating within their offices and on their website within 21 days of the publication of an inspection report. Our last inspection of this service was completed in September 2015. At the time of the most recent inspection, the provider had failed to display their rating on their website and in their offices since 2015. They were unaware of their legal requirement to do so.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Requirement as to display of performance assessments

Providers are required to submit statutory notifications to CQC to inform us of significant events such as allegations of abuse or serious injuries. During this inspection we found a number of significant events had taken place which had required safeguarding referrals to be submitted to the local safeguarding authority. The provider had failed to ensure the required statutory notifications were submitted to CQC.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents

We identified some improvements were needed to the quality and accuracy of certain records. For example; records of staff member's prior employment history were not always complete. We saw where concerns were reported about people by staff to the registered manager or office team, these concerns were addressed appropriately but the concern and action taken was not always recorded. We found the recording of people's medicines administration did not fall in line with recommended national guidance. For example; the medicines required by people were listed on medicines administration records (MAR) without the strength, dose and frequency of administration being clearly identified. The list of medicines required on the MAR had also not been double checked by another staff member to ensure there were no errors in order to reduce potential risk to people. We found guidance to advise staff when they should administer 'as required' medicines was not in place. We also saw training records did not always reflect the training we were told had been completed. For example; the registered manager told us care staff received training in catheter care. The training records provided to us showed that only one staff member had completed this training. The records showed that training was planned but had not yet been completed.

We saw the registered manager had audit and quality assurance systems in place to identify areas of improvement needed within the service. The registered manager completed monthly audit checks on a sample of care records. These checks had identified improvements were required to the recording of people's daily care provision and medicines administration. We saw the registered manager was introducing changes to the recording systems in July 2017 in order to make the improvements needed. We did see however, that monthly audits completed on individual people's care records did not always identify issues such as missing medicines administration records or where medicines were not being administered in line with care plans. The registered manager confirmed they would address the gaps in these auditing systems as a matter of urgency to ensure they were effective moving forward.

We saw the registered manager had proactively addressed any identified issues with care staff during team meetings where improvements were needed. For example; the registered manager had identified staff were recording inconsistent times of care visits in different documentation. This was addressed with the staff team at a recent meeting and the improvements required were outlined. We saw feedback questionnaires reflected improvements had been made to timekeeping. We saw the most recent questionnaire completed by people and their relatives reflected that 70% of people were happy with the time of their care visit compared with 50% during the prior year. The registered manager recognised the need to improve their systems around monitoring the timing of care visits and planned to extend an electronic call monitoring system to all care packages by the end of the current calendar year. We will check the effectiveness of this improvement at our next inspection.

Most people and their relatives told us they felt the service was well led by the registered manager. They told us they felt able to speak to the registered manager and felt listened to and heard. One person told us, "[The registered manager] is very efficient and she is very good to me. She cares". A relative told us, "[The registered manager] seems ok. She runs a tight ship". People told us they were mostly happy with the service they received although some people felt improvements could be made with some of the call times. One person said, "The best thing is their staff. They could sort their times out".

Staff told us they felt supported by the management team. One staff member said, "[The registered manager] is always there if you need to go to [them]". Another staff member said, "[Managers are] very helpful. They do everything I need". We saw a recent staff survey had identified some improvements could be made to training and that staff had requested more regular meetings. This reflected what staff told us during the inspection. The provider had identified in their PIR their plans to introduce meetings for staff to discuss the specific needs of people they supported as suggested by the staff team. This showed us care staff were being listened to by the management team and plans were in place to make improvements.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to submit the required statutory notifications to the Care Quality Commission.

Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had not ensured the rating from their last inspection completed in 2015 was displayed in their offices or on their website.