

## Care service inspection report

### **Tailor Maid Homecare** Housing Support Service

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Inspected by: Alison Mceleny

Type of inspection: Announced (Short Notice)

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## Service provided by:

Tailor Maid Homecare Ltd.

## Service provider number:

SP2010010906

## Care service number:

CS2010273048

## Contact details for the inspector who inspected this service:

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

### What the service does well

The service continued to involve service users and their relatives in planning their support and assessing the service provided.

Personal plans contained a good level of detail in risk assessments and care plans with changes to care recorded.

Staff training was ongoing and progress was being made with supervision meetings.

The service continued to use their Quality Assurance systems.

### What the service could do better

Some information recorded within personal plans could have been more detailed about how each care need was to be met especially where the service was providing a full package of care and there was no social work input.

Relevant training needed to be given to staff who were administering medication by applying topical creams.

The Abuse policy needed to be reviewed and updated.

Personal Development Plans were being developed for each staff member.

The service needed to keep records of any late or missed visits and any action taken.

### **What the service has done since the last inspection**

The complaints procedure information and contact details for the service and Care Inspectorate had been amended in the written agreement as per the service's policy.

### **Conclusion**

The service user numbers had continued to increase since the last inspection. There was evidence of the service being responsive to service users needs. Very positive feedback was received from all service users and relatives about the level of care provided.

### **Who did this inspection**

Alison Mceleny

# 1 About the service we inspected

Tailor Maid Homecare is registered to provide support to adults living in their own homes. The service currently provides support to approximately 37 adults.

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.scswis.com](http://www.scswis.com). This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The home's philosophy is 'we firmly believe that home care offers a realistic opportunity for many people who require care to remain living in their own homes. It is our goal to ensure that those people who choose to take this option should receive the maximum information and support to enable them to lead their lives as independently as possible, in comfort and safety'.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 4 - Good**

**Quality of Staffing - Grade 4 - Good**

**Quality of Management and Leadership - Grade 4 - Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### **The level of inspection we carried out**

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### **What we did during the inspection**

This report was written following an unannounced inspection which was carried out on 22 October 2012 between 09:30 and 18:00. Feedback was provided to the management at the end of the visit. As no questionnaires had been returned prior to the inspection visit, more questionnaires for service users, relatives and staff were given to the management at the visit. The inspection completion date was extended to allow people time to complete and return the questionnaires. Three staff and six service user/relative questionnaires were returned.

As requested by us, the care service sent a self assessment and an annual return. In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents, including:

- Personal plans
- Questionnaires
- Staff training records
- Policies
- Discussions with management / staff.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

### **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

### **Taking the views of people using the care service into account**

Two questionnaires were returned from service users. They agreed that they were very happy with the overall quality of care received. No additional comments were received.

### **Taking carers' views into account**

Four questionnaires were returned from relatives. They all agreed that they were happy with the overall quality of care received. Additional comments received were:

'never had any complaints but if there were any my first point of contact would be to the management of care provider'.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

#### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service strengths

The service's self assessment stated that they 'encouraged full participation of their clients and families in assessing care needs and outlining options to best meet these'. This was to be achieved through involvement in care planning and a written agreement. Also regular contact with service users, their relatives and staff via telephones calls, emails, text and face to face meetings.

In the personal plans viewed, a written agreement was evident and the 'confirmation of instructions' was signed by either the service user or next of kin. This confirmed agreement with the individual care to be provided as well as the general terms and conditions of the service.

A copy of the personal plan and a communication diary were kept in the service user's home.

Communication between the service and relatives was evident through email records. These showed discussions about the day to day care provided and any concerns highlighted. Involvement in care reviews was also evident.

The service had issued a questionnaire to service users and their relatives in August 2012. Twenty-three out of thirty-six had been returned, results collated and an action plan developed. Overall responses and comments were very positive:

- 'extremely satisfied with carer'
- 'consistency with carer, update care plan and tick checklist'
- 'it is a joy to have the girls looking after my needs'

- 'like friendliness, flexibility and willingness of staff'
- 'all arrangements working well in some cases carer has gone beyond requirements'.

The service had a website which gave good information about the services provided as well as contact details of other relevant websites. Any enquirers would be sent a detailed brochure.

The majority of the Care Inspectorate questionnaires returned from service users following the inspection visit indicated that they had a support plan which detailed their support needs and preferences.

### **Areas for improvement**

Some areas for improvement, from the questionnaires, were not reflected on the action plan as the majority had responded positively. The service should consider responding to individual service users to improve their support.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 3**

We ensure that service users' health and wellbeing needs are met.

#### **Service strengths**

Three personal plans were viewed and reflected a good level of detail in risk assessments and care planning with any changes to care recorded. Personal information and preferences were detailed; additional instructions were person centred with the aims of each the package clearly recorded in the written agreement.

Any health issues were recorded along with the service user's health professional contacts.

Any assistance required with prompting medication and use of monies with shopping was recorded. The management of any finance was agreed on an individual basis with records and receipts kept.

Staff completed a checklist and communication dairy to reflect the time of the visit and the care carried out. Staff were emailed any updates on a weekly basis.

Photos of the staff team supporting the service user were also contained within the plan. Staff never provided care to a service user without first being introduced by a staff member that the service user knew.

The service had staff schedules which reflected the regular group of staff who

provided consistent support for each service user.

Care reviews had been carried out within six months in each plan viewed. The service had computer system which notified them of the forthcoming review date.

### **Areas for improvement**

Some information recorded within personal plans could have been more detailed about how each care need was to be met especially where the service was providing a full package of care and there was no social work input. Also where shopping or meal preparation is provided, the service user's food likes and dislikes should be clearly recorded (see Recommendation 1).

Not all the 'time plans' viewed reflected approximate time periods for each planned visit (see Recommendation 1).

As the service tried to provide a flexible service to meet the changing needs of some service users, the care and time allocation was not always reflected in the communication diary, on the planned day. There were also gaps in the communication diary for one service user as it was not recorded that they had been admitted to hospital. The service should review how records could reflect these changes (see Recommendation 1).

It was not clear if any of the staff updates information was reflected in service user's personal plan (see Recommendation 1).

Two personal plans reflected that staff were applying topical creams which is administration of medication (see Recommendation 2).

The service should ensure that following a care review that the date on the plan is changed and that the confirmation of instructions is signed by the service user or their representative.

The office landline answer machine was not always redirected to an on-call phone and no alternative number was given for contact. This needs to be reviewed to ensure that any service user can contact the service if needed.

The Abuse policy had been reviewed in April 2012 but did not reflect the up to date Protection of Vulnerable Adult procedures. It indicated that the service would carry out an investigation rather than Social Work being the first point of contact. There were no local contact details for the relevant departments although copies of Council procedures were evident (see Recommendation 3).

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 3

### Recommendations

1. The service should ensure that the information contained in personal plans reflects all current needs.  
National Care Standards for Care at Home: Standard 3 - Your personal plan;  
National Care Standards for Housing Support services: Standard 4 - Housing support planning.
2. Relevant training should be given to staff who are administering medication by applying topical creams.  
National Care Standards for Care at Home: Standard 8 - Keeping well - medication.
3. The Abuse policy should be reviewed and updated. National Care Standards for Care at Home: Standard 4 - Management and staffing; National Care Standards for Housing Support services: Standard 3 - Management and staffing arrangements.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 – Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

#### Service strengths

The methods of service user participation reported in statement 1.1 remain relevant for this statement.

Two service users had been involved in a recruitment day organised in January 2012.

The service's questionnaire had several questions which related to staffing as well as a request for involvement in interviewing staff. The majority of responses were very positive and one service user expressed an interest in being involved in interviewing staff.

All of the Care Inspectorate questionnaires returned from service users following the inspection visit indicated that:

- \* staff treated them with respect
- \* they were confident that the staff had the skills to support them
- \* they were given enough time to carry out the agreed care
- \* they knew the names of the staff who provide their support and care.

#### Areas for improvement

The areas for development reported in statement 1.1 remain relevant for this statement.

Service users should continue to be involved in the recruitment of staff and the service should also consider involvement in staff appraisals and training.

Some of the questionnaires responses, highlighted on the action plan, related to staff not arriving on time and changes in staff.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

#### Service strengths

The service's training plan identified when staff had received and were due mandatory training. Since the last inspection, some staff had received training in food hygiene, infection control, moving and assisting, personal care and first aid.

Two staff had completed SVQ level 2 recently. Another three staff were planned to commence either SVQ level 2 or 3 this year.

Training in relation to dementia and personalisation was also planned for 2013.

The service had close links with a local college which provided the majority of training for their staff.

Three staff supervision records were viewed. These highlighted any areas for development in relation to practice or training and reflected the action to be taken. Two meetings had taken place this year.

The service had issued a questionnaire to all staff in August 2012. Ten were returned and collated.

#### Areas for improvement

Some staff had not completed all mandatory training since commencing employment with this service but had received the training from their previous employers. The management were asked to obtain training certificates from staff for their records. We were told that they were prioritising these staff for training with dates for food hygiene, moving and assisting evident for November 2012. No dates were available yet for personal care, infection control and first aid.

Personal Development Plans were to be developed for each staff member.

Some areas for improvement had been highlighted for action in the staff questionnaires.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

#### Service strengths

The methods of service user participation reported in statement 1.1 remain relevant for this statement.

The complaints procedure information and contact details for the service and Care Inspectorate had been amended in the written agreement as per the service's policy.

Some service users had daily contact with the owners and management as they continued to provide care and support to some service users.

The service's questionnaire had a few questions which related to the management of the service. Responses were positive, indicating that management were efficient and effective in their delivery of the service.

The majority of the Care Inspectorate questionnaires returned from service users following the inspection visit indicated that the service asked for their opinions and they knew about the complaint procedures.

#### Areas for improvement

The areas for development reported in statement 1.1 remain relevant for this statement.

The service should consider involvement of service users and their relatives in the self assessment process.

Feedback from any health professionals which are involved with their service users should also be considered.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 4**

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

#### **Service strengths**

The service had a Quality Assurance policy which included the use of:

- \* client satisfaction surveys
- \* web-site access to offer immediate feedback on service delivery
- \* feedback from allied professionals and independent advocates
- \* regular peer reviews on care plans and care delivery in the form of supervision and appraisal of staff
- \* visits to a clients and observation of a staff working practices.

This had been reviewed in August 2012.

The service kept records of when the service user cancelled any visit.

The service took into account information from the UK Homecare Association (UKHCA), Scottish Social Services Council (SSSC) and the regulator Social Care and Social Work Improvement Scotland (SCSWIS). They also received support from East Renfrewshire Council in relation to business management.

An action plan had been developed following the last inspection to address areas highlighted.

The service had a data base which included the relevant service users' details including visit times, allocated staff and staff training. An alert system highlighted when training updates were due.

All policies had been reviewed in August 2012. A company of employment, health and safety consultants had also been appointed to review relevant policies and procedures.

#### **Areas for improvement**

The service did not keep records of when service user visits were delayed and the action taken. This occurred during the inspection visit and the service user was informed by the office staff. Management were informed of the need to keep records for any missed or late visits, in line with the new guidance, 'Records All Registered Care Services Must Keep' (see Recommendation 1).

The areas for improvement highlighted in the other Statements within this report relate to the management of the service, therefore this Statement and has been reflected in the grade awarded.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The service should keep records of any late or missed visits and any action taken.  
National Care Standards for Care at Home: Standard 4 - Management and staffing;  
National Care Standards for Housing Support services: Standard 3 - Management and staffing arrangements.

## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

None.

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 3	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Management and Leadership - 4 - Good</b>	
Statement 1	4 - Good
Statement 4	4 - Good

## 6 Inspection and grading history

Date	Type	Gradings
3 Jun 2011	Announced (Short Notice)	Care and support      4 - Good Staffing                      4 - Good Management and Leadership   4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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