

TayCare at Home Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
TayCare at Home Limited

Service provider number:
SP2012011996

Service no:
CS2012314220

About the service

TayCare at Home is a privately owned service which was established in 2013 and provides a range of care and support to older people in their own home. Support packages are designed to meet individual needs. The service delivers a service to older people who choose to take a direct payment and receive money to arrange their own support (self directed support).

The service is managed from a main office base in Dundee. The director and manager are responsible for overseeing the day to day running of service delivery to clients and the supervision of staff.

About the inspection

This was an unannounced inspection which took place between Tuesday 13/12/22 and Monday 19/12/22. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with five people using the service and three relatives of three other supported people. We also spoke with two members of the management team and four members of staff. We observed practice by shadowing three home visits and spoke with two external professionals who worked alongside the service.

We looked through seven case files and support plans of people using the service, and a further three folders held within supported people's homes. We sampled the training records of six staff, supervision records of a further six staff and four further appraisal records. We read a comprehensive Development Plan for the service and associated quality assurance questionnaires.

Key messages

Very good relationships between staff and those they support.

One person receiving a service commented, 'They're like a ray of sunshine in the morning'.

Although recruitment remains difficult, people commented that consistency of staff was good.

Clearly very person-centred in staff interactions and documentation.

The service is responsive to changes in the health and well-being of those they support.

Staff looked for opportunities to maintain the independence of those they support.

Infection prevention and control measures were of a high standard.

There was good consultation with stakeholders, but efforts could be made to include staff more effectively. We suggested that re-introducing team meetings, or equivalent, may be of benefit.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as very good. There were major strengths supporting positive outcomes for people.

We undertook a series of home visits to speak to people supported by the service and observed staff conducting their duties. Through these visits we saw that relationships were warm, encouraging and positive. For example, we heard staff talk about family visits the supported person was expecting and they clearly knew the dynamics of the wider family.

The support and encouragement shown through these visits also promoted the person's independence, dignity, and privacy. Examples, ranged from if the person would prefer a shower or body-wash, to if they wished the carer to write a Christmas card for them. All interaction was done respectfully. By encouraging and supporting independence in mobility and domestic tasks we heard how this enhanced people's wellbeing and sense of worth. There was clear choice about the outcomes the person wished to pursue and their preference to how this was done.

We would expect consistent staff to support people in their homes so that a trusting relationship was established and to comply with associated care standards. People told us that they knew who was coming to provide support as a rota was posted or emailed. People also told us that, despite difficulties in recruitment, staff that came to support them were generally consistent. People found that there was a small core group of staff that covered each other as necessary. If there were any changes to who was attending, times or delays, the person receiving support would be notified of this change or delay, at the earliest opportunity. All we spoke to were very happy with the staff, their professionalism and courtesy, yet fun approach.

We heard that the service was in the process of moving to a digital process of recording and document storage, and although we found that the current paper-based systems were adequate, we could see that the process and contents could be improved. In our discussions with the manager we were reassured that they would be taking the necessary steps and evaluations to ensure that the new system met their high standards and the necessary legal requirements.

This service was very person-centred and clearly puts the needs of the person at the forefront of any decision. Background knowledge, the person's skills and interests were well documented and provided an essential foundation for building a relationship with a supported person, to take an interest in the things that interest them, even if simply for topics of conversation.

Staff in the service understood their role in supporting people's health and wellbeing, but this was done in a subtle way so that personal pride and dignity was not compromised.

We heard of several examples where staff recognised changing health needs and shared this information quickly with the right people. This was particularly important supporting people through palliative care.

We read many examples of people being fully involved in making decisions about their physical and emotional wellbeing through their personal plans, including long-term conditions such as Alzheimers. Staff employed creative approaches to promoting and supporting people's choices, such as who was to receive Christmas cards and if the supported person felt able to sign them. These may appear insignificant details

but we saw that staff looked for opportunities to promote independence, problem-solve or improve muscle-tone. By carers being present on a regular basis they can listen to health concerns and if they cannot do something about it themselves they make sure the information reaches someone who can. This was backed up by the professionals we spoke to within our inspection.

Staff told us that they had received specific training, on such conditions as dementia, and they felt that this had equipped them to provide more person-centred support based around specific health needs. They added that they could request particular training through the regular support and formal supervisions that they received.

People were assisted to keep safe as there were suitable arrangements and processes to minimise the risk of infection within people's homes. The service had decided to retain the practice of wearing facemasks while visiting people and established regular monitoring checks for infection prevention and control (IPC) practices.

We found that there were good supplies of personal protective equipment (PPE) and hand sanitiser. Stock was available at the office and staff were responsible for maintaining their own supply.

In the course of our inspection, all staff were observed to be wearing PPE properly as required within people's homes. Staff had suitable knowledge, guidance and had undertaken training on IPC. Management had systems in place, such as competency checks and observations of practice, to check that staff practice was safe. People can have confidence in their staff's practice.

The service did not intrude on people's lifestyles so did not clean or tidy unless part of an assessed need or specifically requested by the person receiving support. However, we saw that staff were very conscientious about clearing away after themselves. We also observed the respectful practice of not depositing used PPE within the supported person's home and employed the good practice of taking it away with them when they left.

How good is our leadership?

5 - Very Good

We evaluated this key question as very good. There were major strengths supporting positive outcomes for people.

The service was in the process of transitioning from paper-based care planning and record keeping to computer based systems. This had been tried and tested and was close to being formally established at the time of our inspection.

Staff continually evaluated people's experiences to ensure that, as far as possible, people who were being supported by the service were provided with the right care and support at the right time, in the right place, to meet their outcomes. The new digital system will allow any changes to best practice or individual needs, choices and wishes, to be made instantly around the team. This will also ensure that a consistent delivery is achieved.

We saw that there were mechanisms in place to obtain the views of others on how the service was performing and if there were areas that could be improved. This was done through the formal review process and a specific questionnaire. We felt that the re-introduction of team meetings may assist in this discussion with staff, although we appreciate that getting staff together within a Care at Home service can

be difficult. Other opportunities for reflection and suggestions for service development could be considered.

We saw within the documentation that people kept at home, that there was comprehensive information about the service and what standards they should expect from their care and the support they received.

Staff, supported people and their relatives were confident in giving feedback and raising any concerns because they knew leaders would act quickly and use the information to help improve the service. All these stakeholders told us that they found management, at all levels, to be approachable and accessible.

Although the service had received no internal complaints, we were confident that when things go wrong with a person's care or support, leaders would offer a genuine apology and take action to learn from mistakes. This evaluation is based upon the positive comments we received regarding management. Such comments included, 'management were the first carers we had coming to the house', and 'happy to contact management if I need to'. Learning from complaints is central to quality assurance processes and fully inform the dynamic approach to quality improvement in all areas.

Leaders demonstrate a clear understanding about what is working well and what improvements are needed. We found this to be the case as staff reflected management awareness of recruitment difficulties. However, it was very clear from comments received from those the service supported, and their relatives, that the quality of service delivery had not been adversely affected by this national issue. They ensured that the outcomes and wishes of people who are using the service were the primary drivers for change.

The management of the service monitors their comprehensive development plan on an on-going basis. As the supportive and consultative process of team meetings, is re-introduced, thought should be given to how other stakeholders are empowered to become involved in the implementation, and evaluation, of this plan and future improvements.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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