

Tailor Maid Homecare Housing Support Service

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Type of inspection:
Unannounced

Completed on:
2 February 2024

Service provided by:
Tailor Maid Homecare Ltd.

Service provider number:
SP2010010906

Service no:
CS2010273048

About the service

Tailor Maid Homecare is a family owned business registered to provide care at home and housing support to adults living in their own homes with various care needs; including physical disability, and dementia. The provider is Tailor Maid Homecare Ltd and provides support to people living in their own homes across East Renfrewshire.

Sixty-two people were receiving support from the service at the time of our inspection.

About the inspection

This was an unannounced inspection which took place from 31 January to 2 February 2024. The inspection was carried out by two inspectors 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 12 people using the service and 10 of their family
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Tailor Maid provides high quality care at home services.
- The service has embedded an ethos of supporting people to engage in physical activity.
- The views of people who use the service are used to make changes and improvements.

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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

All of the feedback we received from the people we visited, and their families was positive. One person said, 'I couldn't fault it in any way, the carers are very attentive' and this sentiment appeared to be shared by everyone we spoke to. People told us they were treated well and supported with dignity and kindness. We observed staff when they were providing support and saw that gentle encouragement was used to get people to do things, in accordance with their care plan, that they were reluctant to do e.g. eat, get out of bed, do their exercises. This meant that people were supported by staff who had their wellbeing in mind but understood that people also had choice.

The service had an electronic system for care planning. This ensured that staff were kept up to date with changes to a person's care plan and had the information they needed to provide care. This system ensured that staff could not log out of a property without recording medications given. This provided assurances that medication was managed appropriately.

Staff recruitment was done safely and included values-based questions at interview and where possible people who used the service were included in interviews by providing questions for the interview panel or attending interviews. This meant that people could be confident that staff were recruited well and in line with best practice guidance.

Staff received regular training. This ensured they were competent in their roles. The training manager had developed a thorough induction programme for new starts. When a person supported by the service's condition changed, training was provided to ensure staff had the knowledge they needed to continue to support that person. Families were also offered opportunities to receive training focussed on the needs of a person with dementia. This meant that families of people with dementia were also supported by the service.

We saw that some people had support in place for socialising, physical activity, or to support them to cook nutritious meals. This support was enhanced by the service's focus on the Care Inspectorate's 'Care About Physical Activity' (CAPA) initiative. This was embedded in the service from the point of induction and reinforced through; staff member champions, staff pledges taken at team meetings and regular reminders. This focus on CAPA encourages an ethos of supporting people to do things for themselves when they can. This is a positive approach to supporting people's health and wellbeing. We saw this was well embedded into everyday care and support and recorded in daily notes. Staff members encouraged walks during social visits, perhaps attending a coffee shop, local park or going shopping. This supported people with their physical activity as well as offering opportunities to engage in the community. Staff member comments indicated that they understood the value in encouraging physical activity and that the focus on this had changed how they think about their role. Staff members we spoke to saw their role as enabling people to maintain independence rather than to do things for them. Embedding CAPA into people's care meant their health, wellbeing and independence was encouraged.

The service also had an 'Eat Well Age Well' programme which was put in place to support people with their nutritional intake. This was in an earlier stage of development than the work on CAPA. The service identified people from their customer base who would benefit from additional support with meeting their nutritional needs who were included in the project. People who had been referred into the programme had shown improvements to their weights and their nutritional intake.

Care plans were of a high standard and person centred. They were reviewed regularly to ensure that information was up to date and reflected changes to people's condition. People's support was personalised and focussed on what the individual needed and wanted at that time. The service took guidance from other professionals, for example staff incorporated exercise routines provided by physiotherapists into people's care plans. Some contained a great deal more detail and information about the person's life story and routine. They would benefit from all being to this very high standard, so that in the event of an unknown member of staff having to provide care they have the information required to provide the same quality and consistent care to the person as their regular staff.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service had developed good quality assurance methods. These included mock inspections and audits focussed on areas such as moving and assisting, missed visits, and care plans. Periodic spot checks were carried out on care staff and discussed with staff at their appraisals. The views of people were also gathered prior to appraisals. These processes provided management with oversight of the quality of care being provided and ensured that standards were consistent.

Team meetings were arranged regularly, and content often focussed on learning and development of staff. These were often not well attended however, and we discussed possible ways to improve attendance with the provider. Improving attendance at these would support staff learning and development even further.

We asked the provider to consider support and supervision sessions in addition to the existing methods of supervising staff. This would allow staff a safe space to share any concerns or issues they have that impacts their work. This would provide additional support for staff as well as being a useful tool for staff development. A written recording of these discussions could also be of benefit to management should issues with staff arise.

The service regularly asked for feedback from staff, family, and the people who received care. This feedback along with information gathered by the audits were used to drive improvements to the service. There were detailed improvement plans in place for different aspects of the service as well as an aspirational overarching development plan. Along with self-assessment showing what the provider thought they were already doing well, this meant that the provider had developed a culture of continuous improvement.

People and their families shared very few examples of having to contact the office. People said that when they had called about any issues, these were minor and they felt heard and respected. One family member said that there had been a clash of personality with one worker but that the management team had been responsive and taken this person off their rota. This meant that people who are supported by Tailor Maid Homecare felt they were supported by a service who responded to their concerns.

We reviewed the services accident and incident records and found that these had been recorded and responded to well by management within the service. We could see that steps had been taken to prevent repeat incidents and that action had been taken when required included further training for staff. We discussed these with the provider and found that they had not been sure when to report these to the Care Inspectorate. We were reassured that missing reports were due to lack of knowledge and that all other required actions had been taken. We are confident the service will make reports as appropriate in future.

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
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	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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