

Miss Claire Louise Webber

# Tendring Care

## Inspection report

170 Old Road  
Clacton-on-sea  
CO15 3AY

Tel: 01255317071

Date of inspection visit:  
19 November 2021  
26 November 2021

Date of publication:  
06 January 2022

### 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Tendring Care is a domiciliary care agency providing care and support to people living in their own homes. At the time of inspection, the service was supporting 14 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Nine people were being supported with personal care.

### People's experience of using this service and what we found

Recruitment practice was carried out safely, although some minor improvements were required.

We have made a recommendation about embedding safe recruitment practices.

People were supported with their medicines safely and as prescribed. Whilst we received feedback about some late visits, this was due to a small staff team covering one another. Infection prevention and control measures were effective, including the safe management of COVID-19. Systems and processes worked to safeguard people from the risk of abuse. Learning was shared following any incidents.

People received an assessment before joining the service and told us their care plans were regularly reviewed and updated. Staff received supervision, appraisal and training to support them in their roles. Support was given with people's meals, including choice and preference. People told us they were supported to access health and other services as required, such as district nurses. Consent was considered as part of the care provided.

People told us they were treated as individuals and with dignity and respect. Systems and processes supported a consistently caring service. People were able to make decisions about their care, including future planning, and what they would like to continue to do for themselves to maintain their independence. People and their relatives told us Tendring Care were kind, caring and compassionate.

Care planning was personalised and regularly reviewed. The Accessible Information Standard (AIS) had been considered. Measures were established to reduce the risk of social isolation. People told us they did not have cause to complain but knew how to do so if required. The provider worked in partnership with other professionals to support people to have a comfortable and dignified death.

Systems and processes were in place to ensure oversight and governance of the service, including a range of regular audits. People told us they found the office and management approachable. There was a positive and open culture. A Duty of Candour policy was in place. People's feedback on care was sought through reviews and surveys. The provider worked effectively with other professionals such as GPs, social workers and district nurses, as well as with people and their families.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 26 March 2019).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding to test the reliability of our new monitoring approach.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Tendring Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by one inspector and one 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

We gave a short period notice of the inspection, due to the majority of the inspection being carried out remotely to reduce the risks of COVID-19. Inspection activity started on 19 November 2021 and ended on 2 December 2021. We visited the office location on 26 November 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the provider's representative (who is also the manager of the service), the care-co-ordinator and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff recruitment checks were completed including referencing and disclosure and barring service (DBS) checks, although minor improvements were required to clearly record the reason behind any gaps in employment history. The provider's representative told us they would follow this up to ensure the file was complete.

We recommend the provider embeds processes to ensure the safe recruitment of new staff.

- An electronic call monitoring system was in place to allow the provider to check for any late or missed visits, to reduce the risk of people not receiving support in line with their assessed care and support needs.
- One person told us, "Sometimes they are late arriving, but they do let me know. I don't mind too much because I know how busy they are and sometimes there are emergencies that have to be dealt with." Another person's relative said, "They sometimes are a little bit late, but within 5-10 minutes, that's all."
- The provider's representative told us there could sometimes be an impact on punctuality due to having a small staff team covering each other, but they worked to reduce the impact of this wherever possible. One staff member told us, "If calls need covering, we would go out and help each other out. There has never been a missed call."

### Assessing risk, safety monitoring and management; Using medicines safely

- Assessments were carried out to reduce risk to people using the service in a number of areas, such as the home environment, falls, nutrition and hydration, pressure ulcers, fire safety and COVID-19.
- One person's care plan did not clearly reflect the level of support they were receiving with their medicines. We raised this with the provider's representative who told us the person's needs had recently changed and they would update their records.
- However, medicines were being given safely and as prescribed, and any support provided recorded on people's medication administration records (MARs). These records were regularly audited to check they were correct and there were no errors or gaps.
- Staff received regular medication competency assessments to check their practice, covering areas such as good record keeping and seeking people's consent.
- People's skin integrity was supported by care workers through the application of topical creams. One person's relative told us, "They cream [person's] skin and tell me whenever [person] is running low on cream so I can order more. They care very well for [person's] skin, they notice any redness or soreness and make a note of the condition and record progress of it healing."

### Preventing and controlling infection

- At the time of inspection, the provider's COVID-19 policy was not up to date. We raised this with the provider's representative who told us they would update it straight away.
- Despite this, we found the service was following best practice government guidance in the safe management of COVID-19, including supporting staff to complete regular testing and to access vaccinations.
- Staff received training in infection prevention control (IPC) and COVID-19 and received an ample supply of PPE. One staff member told us, "We have always, always had PPE. We have never had a problem; we only have to ask."
- People and their relatives told us staff wore personal protective equipment (PPE). One person told us, "They always wear their PPE, wash their hands and the carers are vaccinated." Another person's relative told us, "They wear their PPE. They clean up as they go along too which is good."

#### Systems and processes to safeguard people from the risk of abuse

- Staff felt comfortable to raise any concerns and felt they would be looked into and escalated if required. One staff member told us, "If we feel there is a safeguarding to be raised then we will speak to [the provider's representative]; they would assess it as well and it would be raised."
- People and their relatives felt safe with care workers, and people's properties were left secure. One person's relative told us, "I trust them [the care workers] to care for [person] safely." Another person's relative said, "They always lock up on leaving and keep [person] safe."

#### Learning lessons when things go wrong

- Staff had the opportunity to learn from any incidents to reduce the risk of reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment prior to joining the service and their care plans were subject to regular review. One person told us, "I have a blue folder with my care plan in and it is adapted and updated as needed." Another person's relative said, "We have a care plan which is updated monthly."
- People's care plans recorded their preferences and care and support needs. A copy was held in the office and a duplicate in people's homes for staff to access, so they had information on how to meet people's assessed needs.

Staff support: induction, training, skills and experience

- An induction process was in place for new staff, including training and shadowing of other care workers to promote understanding of the role.
- Records showed staff received regular supervisions and appraisals, providing an opportunity to discuss their work and any development plans. One staff member said, "They (supervisions) are regular and I had an appraisal this year."
- Staff received regular training in areas such as infection prevention and control, food safety, first aid and practical moving and handling. Staff also received additional training to support people with specific healthcare needs, such as diabetes, epilepsy and catheter care.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with cooking and eating meals where required. One person's relative told us, "If I am going to be out, I leave food for [person] and they [care workers] help [person] to eat it and they make [person] a drink."
- Information was included in people's care plans about their likes and dislikes, and how they preferred their meals to be served. For example, one person's care plan said, "I like my food served on a lap tray in a large pasta bowl."
- The risks to people of poor nutrition or dehydration had been considered in their care records, and plans put in place.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Tendring Care worked with people to support them to access support from healthcare services, such as GPs and district nurses, as well as emergency healthcare if needed.
- One person's relative told us, "If we needed an ambulance; they [Tendring Care] would call one. If my [person] has a sore heel; which [person] does from time to time; they will inform the district nurse who will

come out to look and treat it."

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Training was provided to staff on how to work within the principles of the MCA.
- Staff told us they asked for people's consent before supporting them, respecting people's decisions. One staff member said, "It is person-centred care, it's their choice. If we feel someone is making a choice we wouldn't agree with, they still have the right to make that choice."
- Care plans recorded how people may communicate choices and preferences for staff to follow. For example, one person's care plan said, "When I don't want a cup of tea or meal, I will shake my head. When I want to go to another room, I will point my head in that direction."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were caring, compassionate and kind. One person said, "I don't know what I'd do without them [Tendring Care]. They do for me what I cannot do for myself." Another person said, "The care is very good. They are excellent and give good service."
- We also received feedback staff supported people's family members more widely. One person's relative told us, "They [the care workers] also support me emotionally, if I'm having a tough day, they listen to me and this helps me a lot."
- Care plans recorded information about people's equality and diversity characteristics, including religion and ethnicity. Information was also included on people's relationships and support networks.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in regular reviews of care plans.
- The provider sent out satisfaction surveys for people to complete to check they were happy with the quality of the care and support provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us care and support was provided in a way which was respectful of people's privacy and dignity.
- One person's relative told us, "They [the care workers] treat [my person] as an individual not just another person that they visit. I trust them enough to leave [person] with them and go out. They respect [person's] privacy and dignity by closing the door and curtains when doing personal care."
- We also received feedback care workers supported people to maintain their independence, whilst also being in control of planning for their future. One person said, "I sort out my own meals at the moment but they [Tendring Care] have said I can have more help if and when I come to need it."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us Tendring Care was responsive to their changing needs. One person said, "I am happy with everything they [the care workers] do for me; they're prepared to help me and much more. They are planning and helping me to think about the future when I may need more care."
- Records showed people had been involved in planning their care, and they or their relatives had signed to show they were satisfied with the contents of their file.
- Staff interacted with people to reduce the risk of social isolation. One person told us, "They support me when I am down. I have had a rough time recently and they have always been there for me. I can't ask for more, can I?" Another person's relative told us, "My [person] has a good rapport with the carers and they have a laugh and joke, they know [my person] well."
- The provider's representative told us how they supported people to be involved in celebrations, such as preparing for Christmas.
- The rota had been arranged to ensure staff could support people during the holidays. One staff member told us they enjoyed ensuring people were safe and well, telling us, "When you signed up for this job it's 365 days a year, people still need to be looked after."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had considered how to ensure information was accessible to people. The provider's representative explained, "All our policies and procedures, care plans, contracts and consent to care and treatment forms are available on request as a paper copy in large print and easy read, in braille or audio."
- One person's relative told us, "They [care workers] sit and talk to [person] even though [person's] speech is very limited." Another person's relative said, "My [person] is used to [care worker] who comes in, they chat to my [person] and sing to them, which is nice."

### Improving care quality in response to complaints or concerns

- People told us they did not have cause to complain but knew how to do so if required and felt confident their concerns would be followed up. One person's relative said, "We're very pleased with them. They're fabulous. We have no complaints." Another person told us, "Any problems I'd talk to a carer and the

manager, who is very responsive, would be told and would do something to sort it out."

#### End of life care and support

- The provider's representative told us the service worked alongside other healthcare professionals such as the district nursing team to support people at the end of their lives. They told us, "We have made people comfortable, holding their hand."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Other than some feedback we received about punctuality, people and their relatives told us they were pleased with the quality of the care being provided. One person said, "My family are happy that they [Tendring Care] are caring so well for me, and I'm being looked after properly. I would give them a gold star and a big smile."
- Staff were knowledgeable about people and their care and support needs, including the provider's representative who also completed support visits. They told us, "It's more personal. There are a couple of people with no next of kin, they know they can ring me if they need milk or bread or they are feeling unwell."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A Duty of Candour policy was in place at the time of inspection, setting out the aims of the service to be open and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A range of quality assurance audits were being carried out in areas such as care plans, infection control and medicines. Other monitoring processes such as spot checks, surveys and reviews were also in place.
- The provider recognised the potential impact of the COVID-19 pandemic and had decided to remain a small team to ensure the safety and quality of care, until they were able to once again grow and expand the service. One staff member told us, "We have a small set of clients we look after because of the pandemic."
- The provider's representative was aware of their obligation to send statutory notifications to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were able to engage positively with the management team, including through surveys and other quality assurance measures. One person's relative told us, "They [Tendring Care] have never let us down. If I have a question, I ask the carer, if they cannot help, I will call the office. They do act on suggestions following surveys."
- Staff told us they felt supported and valued in their roles. One staff member said, "I love my job and I love the company I work for; they care about people and their staff." Another staff member told us, "It's really good. I like the staff and the clients and the job."

- At the time of inspection, there were no staff who required a risk assessment relating to the increased risk of COVID-19 to people from Black and minority ethnic groups. However, the provider was aware this would need to be put in place should the position change.

Continuous learning and improving care; Working in partnership with others

- Staff told us they felt able to raise suggestions about the running of the service with the management team. One staff member told us, "I talk to them [management] and say what I want to improve, and they are supportive."
- Tendring Care worked in partnership with other professionals, such as GPs, district nurses and social workers.