Tynedale Care Ltd

Tynedale Care - Unit 1 Burnhaugh Estate

Inspection report

Unit 1 Burnhaugh Estate
Burn Lane
Hexham
Northumberland
NE46 3HS

Tel: 01434608503
Website: www.tynedalecare.com

Date of inspection visit:
16 February 2017
03 March 2017
06 March 2017

Date of publication:
11 April 2017

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?	Requires Improvement

Summary of findings

Overall summary

We last inspected this service in May and June 2016 where we found the provider was not meeting Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to good governance and staffing. The provider had no system in place to analyse accidents or ensure that suitable actions had been taken when accidents had occurred. There was not enough staff deployed and staff had not received suitable support and training to meet people's identified needs.

We asked the provider to send us an action plan to tell us how they would address these concerns and we returned to check the service was now meeting all of the regulations. This announced inspection took place on 16 February and 3 and 6 March 2017.

We confirmed the provider had made improvements to the issues we had raised but we considered further measures were required in other areas of governance.

At the time of our inspection Tynedale Care - Unit 1 Burnhaugh Estate provided home care and housing support (including shopping and sitting services) across Northumberland to 140 adults living in their own homes and meant staff covered over 1900 care and support hours per week to help these people. These figures will fluctuate due to the nature of the service.

The service had a registered manager 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.

There were safeguarding policies and procedures in place. Staff knew what actions they would take if abuse was suspected. The provider had dealt with any previous safeguarding concerns appropriately.

The provider had invested in a new medicines management system to the majority of people who used the service. This included the introduction of an electronic recording system for staff to use when administering people with their medicines and was seen as an improvement on the previous paper records used. People told us that staff managed their medicines well and they received them on time. Staff supported people to store and dispose of medicines safely.

Accidents and incidents were recorded and dealt with effectively by the provider. Where issues (including complaints) had occurred, actions had been taken and lessons learnt. Risks were identified and assessed to ensure people and the staff who supported them remained as safe as possible.

Staffing levels were maintained by timely and safe recruitment procedures. The provider had a system in place to ensure rota allocations were monitored so people received their care 'call' on time and staff were kept safe. The registered manager told us they tried to ensure people were visited by the same care staff but

that was not always possible due to sickness or holidays. Since the last inspection the provider had reduced the number of people they supported to ensure they had enough staff to support people fully.

Staff received an induction in line with the Care Certificate and completed appropriate training. The provider had spent time checking to ensure that all staff had received what they perceived as their own mandatory training programme and any additional training they thought was required. Staff told us they felt supported and had been provided with adequate supervision and had received annual appraisals, although we have made a recommendation about this.

The registered manager was fully aware of the Mental Capacity Act 2005, particularly in relation to the court of protection and lasting power of attorney. There were policies and procedures in place and staff had been trained. We saw one person had previously required the support of an advocate and the provider had supported this process.

Some people received support with eating and drinking as part of their care package and they told us staff supported them effectively. People were provided with meals they had chosen and preferred, and staff ensured drinks were left between visits for people if they required them. We saw that where people's nutrition and hydration was closely observed, that staff had completed monitoring charts to ensure correct levels were maintained.

Staff promoted people's independence and treated people with warmth and kindness in a respectful and dignified manner. People's likes and dislikes had been recorded and staff, including office staff, knew the people they supported. Care plans and associated documents were tailored around the individual and involved them, their family and professionals as necessary.

Yearly surveys were undertaken and we saw that this was due to take place in the near future.

There was a complaints procedure in place and people and their relatives told us they knew how to access it and said they would have no hesitation to use it should they need to.

People were supported to ensure they were not socially isolated, which included staff chatting with them during visits. Where activities were part of people's care package, staff supported them with activities they chose and enjoyed doing.

People knew how to complain and told us they would if they needed to with no hesitation.

The service had a dedicated registered manager in place, who was committed to providing a good service. The provider was open to improvements which could be made and had invested in new technologies to enhance the running of the service.

The provider told us they monitored missed calls and medication errors but we found this was not always easily evidenced and needed to be improved. We have made a recommendation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely and a new system was in place to support staff.

Accidents were monitored and analysed and risks were reduced as far as possible to ensure people were kept safe.

Safeguarding policies and procedures were in place and staff were aware what actions they would take if abuse was suspected.

Staffing levels were maintained by timely and safe recruitment procedures.

Is the service effective?

Good

The service was effective.

Staff were trained to meet the needs of the people in their care.

People received food and drink which met their nutritional and hydration needs.

The registered manager was aware of the Mental Capacity Act 2005, particularly in relation to the court of protection and lasting power of attorney.

Staff supported people with any additional healthcare needs, including appointments with GP or going to hospitals.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate. They treated people with dignity and respect and supported them to maintain their independence.

People confirmed surveys were sent out and calls received from the provider in order to gain their feedback.

Staff had previously supported people to use advocacy services where additional help was required.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care plans reviewed regularly with associated risk assessments put in place. Staff had recorded the personal likes and dislikes of people and knew the people they worked with well.

People were encouraged and supported to participate in a range of activities when this was part of their care package.

There was a clear complaints procedure in place and when people had complained historically, it had been dealt with effectively.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was a registered manager in place. She told us she was very committed to providing an excellent service to the people whom she worked for.

A range of audits and checks were in place to monitor the quality of the service provided, but we found improvements were required.

The provider had invested into improving systems within the organisation.

Tynedale Care - Unit 1 Burnhaugh Estate

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 16 February and 3 and 6 March 2017 and was announced. The provider was given 48 hours' notice because the location provides care services within people's homes and we needed to be sure that people would be aware that an inspection was taking place in the event we contacted them and also to be assured staff were available at the providers offices. The inspection was carried out by one inspector and one inspection manager who completed a yearly competency check on the inspector. There was also one expert by experience part of the inspection team. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider about serious injuries or safeguarding concerns. Prior to the inspection we contacted the local authority contracts teams and safeguarding officers. We also contacted the local Healthwatch organisation by email to obtain their opinion of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. None of the stakeholders who responded raised any concerns.

We contacted health and social care professionals by telephone before and following the inspection to seek their opinion of the service. These included community nurses, social workers, care managers from the local authority, occupational therapists and speech and language therapists. We used any responses to support our judgement.

We spoke with 12 people who used the service and three of their relatives or friends.

We contacted six care staff by telephone during the inspection. We also spoke with the registered manager, two directors of the organisation (one of whom was the nominated individual), the area manager, the infrastructure manager, one scheduler, the medicines coordinator and two office administrators.

We looked at a range of eight care records which included medicine records and the related IT recordings. We also checked the personnel records of six staff members. We looked at accident and incident records, training records, quality assurance checks, health and safety information, risk assessments, meeting minutes and previous surveys undertaken.

Good

Is the service safe?

Our findings

At the last inspection the provider was in breach of regulation 17 and 18. People were not fully protected because the provider did not always have enough staff in place to provide safe care and support to people who used the service. The provider also failed to have systems in place to fully record and monitor accidents and incidents which had occurred at the service.

The provider sent us an action plan of how they would address these concerns and we returned to check that they were now meeting all of the regulations.

We found the provider had addressed the concerns we had told them about, by improving their accident recording and monitoring procedures and showing us evidence that there were enough staff employed to meet people's care needs.

People told us they felt safe and relatives confirmed this. Comments included, "We take the dogs out, but only if we have two carers with us. A risk assessment has been done for this"; "Oh yes I'm safe"; "Our belongings are safe and secure"; "All the carers have been good and we feel safe. We consider them trustworthy and we've had no problems" and "I'm happy my belongings are safe with staff here."

The provider had safeguarding procedures in place. The registered manager was able to explain the process she would follow, including reporting concerns to the local authority safeguarding team and also to the Care Quality Commission. Where there had been safeguarding concerns, these had been dealt with appropriately by the registered manager. Staff confirmed they had received training in safeguarding and this was updated on a regular basis.

Staff were also familiar with whistleblowing procedures and each one we spoke with said they would report any concerns regarding poor practice they had to the registered manager or their line manager.

We were aware that a new electronic medicines management system had been introduced into the service with the aim of improving systems, including reducing errors. There had been a number of IT issues where staff had not been able to log onto the system due to the poor connection in the rural areas in which they worked and a further number of issues with staff getting used to the new system and recording information. Each member of care staff had a works phone which they used to access people's medicine records if the person was registered with the new medicines system the provider had installed. Phones had security measures in place to ensure that information was stored securely, including individual staff passwords.

People told us they had received their medicines as prescribed, so we were not concerned that people were at any risk. We asked people how staff supported them to safely administer their medicine. One person said, "The staff help me to take it, they get it out for me and make sure I have had it. I would probably forget otherwise" and "I'm happy with the medication regime"; "I have to take a lot of painkillers, so things have to be carefully managed" and "My medicines are in one of those made up containers…..you know what I mean. The girls make sure I have them and they are very good."

Staff ensured people's medicines were stored safely and discarded after 'use by' dates had been reached. One person was able to tell us that staff helped them with this. One person's records confirmed that their GP had been contacted over a query with their medicines. This meant staff were aware of the importance of ensuring that people received their prescribed medicines.

Medicines training was fully up to date and records confirmed this. We also saw staff had received competency assessments and spot checks to show they were suitable to administer medicines to people. People's medicines records detailed information on 'how people took their medicine', including information on allergies and detailed information on any 'as required' medicines. 'As required' medicines are medicines that are not administered at regular intervals, but only taken from time to time for specific issues, for example paracetamol for pain relief.

Risk support assessments were in place and regularly reviewed so the people who used the service were safeguarded from unnecessary hazards. For example, part of the assessment was around medicines risk. Where it was identified that people required assistance, a full 'medication risk assessment' was completed. The risk support assessments also covered other potential risk for the person or those due to the environment, including the possible risk to staff. For example, risks in connection with equipment used, pets, taking people out into the community and staff lone working. Where people had mobility needs a moving and handling assessment was in place provided by an occupational therapist.

The provider had given each person a risk rating as part of their severe weather plans which would be used in the event of severe weather or other natural disaster. For example, those people who were living in rural or remote accommodation or those where access to their property was via farm tracks or untreated roads were placed at high risk and those people where staff could walk short distances to visit, were low risk. The provider had also gathered information to support these events, such as recording if family members were living nearby and able to support or if a neighbour could assist at these times. This meant the provider had planned ahead for unforeseen circumstances to ensure that people remained safe.

We looked at accident and incident reporting and saw these were monitored for any trends forming, although there had only been one accident recorded since the last inspection. We saw actions had been taken, which included contact with district nurses to support with the change of dressings.

The provider had enough staff to cover the care visits required for the people registered with their service. The registered manager told us that they had reduced the number of people receiving care and support from two members of care staff. They told us they currently had only one person who received this level of support. They said it meant staffing levels were now easier to manage. We viewed the providers IT system to check staff rotas and to see if there had been any missed calls. We asked for a print out from the last inspection to the current date of any missed calls logged on the system. Administration staff showed us a print out of nine events in that time. We saw a description of the reason why the call had been missed, for example, "Staff phone not updated." However, others just stated, "AM call missed this morning" with no reason. We asked people about any missed calls they may have experienced. They told us, "99% of the time they turn up on time. On the odd occasion when they have not turned up, it's been because of the weather"; "We are happy with the staffing levels. They always attend and they are always on time"; "I get one carer through the day and two in the morning. Yes I'm happy with everyone here. I always have enough carers." We spoke with the provider about what we had found and they said they would ensure that full details of the reasons and actions taken were recorded in the future.

There was an emergency out of hour's number and procedures that both people and staff could activate. For example, we saw staff had called the out of hour's number early in the morning to alert the provider to a

reason they could not come into work. We followed one example on the system and saw that another member of care staff had been allocated to the people who would have been visited by the absent member of care staff. This meant that the provider had responded to ensure all care calls were made.

The provider, like many in rural areas, found it difficult to attract new care staff to the organisation. They however tried a variety of ways to attract interest. They advertised locally and used various forms of media, including their own newsletters to encourage new staff to come and work with them; by offering current staff and incentive if they introduced potential new staff to them. Where the provider had employed new staff, we found appropriate checks had been undertaken to ensure staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Staff records confirmed potential employees had to complete an application form from which their employment history had been checked. Suitable references had been provided and taken up in order to confirm this. Eligibility checks had been carried out and proof of identification had been provided.

Good

Is the service effective?

Our findings

At the last inspection the provider was in breach of regulation 18. People were not fully protected because the provider had not always provided staff with suitable training and supervision opportunities.

The provider sent us an action plan of how they would address these concerns and we returned to check that they were now meeting all of the regulations.

We found the provider had made improvements to the concerns we had told them about, although we have made a further recommendation.

We confirmed through records and by talking to staff and health professionals, the provider had supported staff to become up to date. Staff also received training considered mandatory by the provider, and additional appropriate training when the needs of people changed. One member of staff whom we spoke with was able to describe what actions they would need to take in connection with dietary requirements for people with diabetes, while another member of staff was able to describe different types of dementia people lived with. One staff member explained they were enrolled on a health and social care training course which would lead to a level two certificate and included areas of training such as, safeguarding, food hygiene and how to care for vulnerable people. Other staff we spoke with told us they completed regular training which supported them to fulfil their caring responsibilities. Overall, we were satisfied the provider had worked hard to achieve good levels of training.

The way staff were supported had improved. Most staff confirmed support meetings (supervision) were held with their supervisors to discuss work related issues and any other concerns that they may have, although the small number of staff who said they had not received regular supervision told us they felt supported. Staff told us they could ask to meet their line manager at any time if they felt they needed to speak with them. Staff meetings were held across various venues within the Northumberland area to accommodate staff working in different parts of the county and yearly observations of staff were completed which also gave an opportunity for staff to discuss any support they may have required. Newsletters were sent out to further keep in touch with staff and provide support via collective measures. We saw appraisals took place every year and both the staff member and their supervisor were involved in recording information about their progress. When we viewed the supervision and related policies, we saw that the provider was not following their own policies and procedures. The policy stating that staff should receive supervisory meetings every two months.

We recommend that the provider reviews their policy and procedures in connection with supervision and ensures that all staff receive supervisory meetings regularly.

People comments included; "I don't think the carers get enough credit, I think they are all highly skilled"; "All the ones I have met, seem skilled and experienced"; "I think all the staff have been trained properly"; "They are all older people [care staff] and they all have experience; they know what they are doing"; "I have a very complex condition and the carers are trained to work with me, I know the carers courses are always kept up

to date" and "Staff will chat and talk to me, they are quite good company."

Staff had told us the induction they completed was good, staff assured us they were following the Care Certificate standards. The Care Certificate was introduced on 1 April 2015 as a framework of good practice and is a set of standards that social care and health workers stick to in their daily working life. We spoke with one staff member who was relatively new to the service. They said they had completed an induction programme, which included shadowing more experience members of the care staff team. We viewed the induction programme which staff followed and confirmed it was in line with the Care Certificate.

The registered manager said communication between health care professionals and staff was usually very good. Staff had made appropriate contact with healthcare professionals when the need arose to seek further advice or guidance. For example, when one person had swallowing difficulties, the speech and language team had been involved. The speech and language team support people who may be at risk of choking. We also saw referrals to district nurses and GP's.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The organisation would refer to the Court of Protection with any concerns relating to a person's capacity or consent in order to keep them safe from harm. The organisation had not been required to make any referrals to the Court of Protection. The registered manager was able to explain what involvement the court of protection may have with people, if that was applicable. The Court of Protection in English law is a superior court of record created under the Mental Capacity Act 2005 (MCA). It has jurisdiction over the property, financial affairs and personal welfare of people who it claims lack mental capacity to make decisions for themselves. We discussed people's capacity with the registered manager and they had a good understanding of the implications of the MCA.

Many staff supported people in their own homes with the preparation of meals. Comments people made included, "They sort my meals out"; "I'm diabetic so they all know my diet"; "Staff do help me with food and drink. I have no special diet though"; "Carers are aware of my dietary needs as my [relative] explained it to them [care staff]" and "They [care staff] are very patient and feed me. The carers cut my food up as they know that I can have problems swallowing."

From care records we saw that one person had difficulty communicating due to their health condition, but we confirmed from their records that their likes and dislikes were known with regards to food intake. Staff provided a wide range of foods appropriate to the person's needs and had involved health care professionals to support them with their dietary requirements. From daily records we saw staff had checked people were left with drinks if they required them between their visits. One person, who, from time to time had their fluids monitored more closely was seen to have fluid charts in place for staff to complete. This ensured the person was having the daily recommended intake of liquids. We noted that some older charts did not have targets or totals detailed on the form. We discussed this with the registered manager and they told us that any charts in future would have this level of detail.

"My health needs are met", one person confirmed. Another person said they had received support from

other healthcare professionals, both in their own home and at other venues, including hospitals. They said, "I have had visits from the doctor, chiropodist, district nurse, OT [occupational therapist] and nurse, but I manage to go to the dentist and any hospital appointment because the carers come with me." This meant staff supported people with their health needs and ensured they were able to access appointments with a variety of healthcare professionals when the need arose.

Good

Is the service caring?

Our findings

People told us that care staff were caring, kind and compassionate. Comments included, "Every member of staff is approachable. They could not do more for me. Please give them a glowing report because they deserve it"; "We know them and they know us. They take time to talk; we always end up talking about food, it's a very nice atmosphere"; "They sit and talk to me and you can't have them back…. they are mine!"; "Every member of staff is approachable. They only send the staff and carers I know and like"; "The staff are good, day and night, fabulous for me but not for them! I have the same carers all the time, I know them all; they all know me and they all live locally. I have known most of them before they came here…It's more like a family here"; "I consider myself very lucky to have the carers I have" and "The staff are all lovely."

Records were kept of people's birthdays and the provider told us that they always send out birthday cards to all of the people they provide care for. The provider also confirmed Christmas cards were also sent.

Staff told us they had attended people's funerals after they had passed away. They said it was a mark of respect.

People said staff were respectful and treated them with dignity and always asked permission before completing a task. Comments from people included; "They are so thoughtful like that"; They [care staff] ask my permission."; "They [care staff] listen and take notice and talk to me the right way. The staff let themselves in but with our consent"; "They ask me before they do things. We are still getting to know each other"; "They listen and take notice and talk to me the right way"; "I'm certainly treated with respect"; "I'm treated with dignity and respect and they respect my privacy" and "They look after my dignity and respect, and are always polite."

One relative told us, "On the whole it's been pretty good. [Relatives] views and needs are respected. [Relative's] dignity and privacy are respected."

One healthcare professional said, "Staff promote people's dignity, they don't talk about the person in front of them and don't talk over them." Another healthcare professional said, "I believe that staff are caring and have the service user's best interests at heart."

Staff spoke about people in a positive and respectful way and it was clear staff cared about the people they were supporting. One person said, "I like to have a bit carry on [meaning a joke] and they [staff] are good at cheering me up." Staff said they really cared about the people they visited. One staff member said, "This work is not easy, everyone works really hard to do the best for people they work with."

The vast majority of people told us that staff had explained their agreed care plans to them and felt involved. Commenting, "They [care staff and management] have explained my care plan"; "We have a copy of the care plan and the manager came out and discussed it with us. We are definitely kept informed"; "The social worker, OT, carers, nurses and the doctor have meetings and I'm always involved" and "Care Plan has been thoroughly explained." However one person felt they had not had their care plan explained to them, "I have

not had my care plan explained thoroughly", but continued to explain their care needs were met and said, "Yes indeed, my care needs are met." One relative told us, "Carers inform me and my relative about any changes in treatment or any action we should take." This meant all meant that people and their family members were actively supported to be involved and included in decisions about their care and treatment

People told us they were supported to remain as independent as they could be. One person said, "They help me have as much independence as possible." Another person told us, "Staff help me to do things for myself rather than just take over….I don't want to end up totally useless, which is why they do it."

People said they had received surveys from the provider but could not remember exactly when. One person said, "I have received a form to fill in asking what I think, cannot remember when though …..must have been a while ago now. I have nothing to add really….the staff are smashing." We saw that yearly surveys had been completed to allow people who used the service to express their views and the current year was due to be sent out in the near future. Questions asked, included, 'do you feel staff have enough time to meet your care needs' and 'are all tasks completed to your standard'. We saw people had responded positively. We noted that people's names had been placed on the form before they were sent out. This meant that people could not remain anonymous if they so wished. We discussed this with the provider who said they would review this process to ensure that people had an option to add their name if they wished.

From records, we noted one person had accessed advocates when the need had arisen. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. The provider had involved the advocate to help support the person with particular issues they had.

Good

Is the service responsive?

Our findings

People thought the service was responsive. People's comments included; "Staff look after me the way I prefer. They sit and talk to me and you can't have them back; they are mine!"; "The staff are very responsive and I'm happy with that"; "Yes I'm happy with everyone [care staff] here. Everyone is very very gentle with me and understanding"; "The service is good and covers everything we need" and "They [staff at the office] told me that if my condition gets worse or I am struggling then I should call them."

One person told us, "Some staff are brilliant, some have to be guided or nothing gets done." They referred to care staff who were not their regular carers. Office schedulers tried to maintain consistency to people by providing the same care staff to attend their care calls and when we looked at the electronic rota system we saw this, as people had (in the majority of cases) the same member of care staff allocated to them. Even though the provider tried to ensure people received continuity of care from the same staff members, we recognised this was not always possible due to the type of service, hours of cover required and care staff circumstances which included holidays and sickness or part time working hours.

People's needs had been assessed and care plans put in place and reviewed regularly with associated risk assessments completed to mitigate against hazards identified. We noted, where professionals had been involved, this was recorded and included documentation. People said they were involved in their care and where people were unable to, as they did not have capacity due to living with dementia for example; relatives, staff and healthcare professionals had made best interest decisions on their behalf. One relative told us, "Manager has been through [person's] care package and has checked everything is ok." Evidence on people's care records showed the provider aimed to tailor support in a person centred way. For example, care plans described outcomes and the way in which the outcome would be achieved. People's likes and dislikes were listed and what involvement people wanted from their family.

There was an example in the daily records of one person, where staff had responded positively to an identified change in need. Records had been updated and systems put in place to ensure the person was safe and the need met.

Due to the nature of the service, some people did not have recreation or activities as part of their 'care package'. Where they did, staff supported people to participate in a variety of activities. People confirmed they attended day centres, went out for fresh air and went shopping. People told us, "We take the dogs out, but only if we have two carers with us"; "The staff take me out to any social events. They take me out to Tynedale, I can keep in contact with my family and friends" and "They [care staff] help me exercise."

People said they knew how to complain and would if they felt they needed to. Copies of the provider's complaints procedures were held within people's records kept in their homes and people confirmed they knew information was there and which numbers they would use. People's comments included, "We know how to complain and we know the manager, but we have nothing to complain about.", "No complaints about the staff. Some are very good, some not so. You have to take the rough with the smooth"; "I know how to complain and I'm not frightened to do so" and "They will soon know and find out if I'm not happy. Any

complaints…..would go straight to the top." We examined the complaints records and found two complaints which had been dealt with appropriately and in acceptable timescales. This had included visits to the person in their home and a review of their care records. One person was recorded to have confirmed that the issue had been resolved and 'things were now better'.

People told us they had choice in how they received their care. One person told us, "Our choices are respected. Staff do things our way."

Compliments had been received at the provider's office, including cards expressing the gratitude of people and their relatives after they had received good quality care and support. We had also seen notices in the local weekly newspaper from relatives giving their thanks for the care provided after a loved one had passed away. One compliment read, "They were absolutely outstanding and I can't praise them enough. They became more our friends than carers, which made the whole situation easier to bear." This relative went on to write they particularly wanted to give special thanks to 'night carers'.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection the provider was in breach of part of Regulation 17. There was no system in place to analyse accident and incident records to identify themes and trends and to support risk management and prevention.

The provider sent us an action plan of how they would address these concerns and we returned to check that they were now meeting all of the regulations. We found the provider had addressed the concerns we had told them about.

Accidents were logged in hard copy format and also recorded as part of the normal daily logs on the providers IT system. Although there had only been one accident/incident recorded in hard copy format, we were able to confirm its entry onto the providers IT system. We were also able to see that appropriate actions had been taken and they had been signed off by the registered manager. Staff explained the process they would follow to monitor these types of incidents and we were confident that should the rate of accidents increase, these would be closely monitored by the provider for any trends forming and to ensure that people and staff remained as safe as possible.

We asked office staff if any people had not received their scheduled visit and they confirmed a small number had not. They were able to show us how this was monitored and what actions had been taken to stop it happening again. However, we found that even though the providers system could produce details of missed calls when requested, this was not recorded as having been monitored by the registered manager or provider, although they assured us it was; and were able to navigate through the system to show us how they checked.

We checked the monitoring of the providers new medicines management system and asked staff their views. Staff told us, "I think the system is good, it's just a case of getting used to it and doing things slightly differently. No more hand written records, which is much better." The medicines coordinator monitored the system on a daily basis and checked for any issues or errors in recording. This all meant that the provider had implemented a system to improve the management of medicines and reduce the possibility of people being without their medicines or an error occurring. However, we found office staff were overwhelmed with potential errors, due to issues with logging in, internet coverage or staff not following correct recording procedures on their phones. Most of the issues we were shown had been rectified and the reasons recorded on a separate spreadsheet, however, there were some errors which had no conclusion; although office staff could recall speaking with staff and gaining reassurances. We discussed these concerns with the provider and they said they would look into the issues we had raised.

We recommend the provider reviews their monitoring systems, particularly in relation to missed calls and medicines to ensure that all checks and audits, including actions and conclusions are recorded.

There was a registered manager in post. She had worked for the provider since 2012 in various roles having previously worked in adult social care older people's services for over 20 years. She said she was very

committed to providing an excellent quality service to the people who she worked for.

We received positive comments from people we spoke with about the management of the service. Including, "I ring up from time to time, I get an immediate response"; "The manager is very helpful and I get calls to see if everything is ok" and "It must be difficult operating a service like this…they [management] seem to do a good job."

We received one negative comment about the management of the service, "Tyndale's management are only interested in profit", and continued, "The staff will go the extra mile but not the owners." However, we found that in practice this was not the case; as the provider had recently spent a considerable amount of money on a new medicines management system to better support staff with the safe administration of medicines to people using the service.

The provider had seven company and 11 pool cars available for staff to use who provided care to people in the community. The provider not only monitored the training and performance of staff but also all HR (human resource) related tasks. For example, the provider monitored the car insurance and driving licences of their staff members who used a car for work purposes. We checked these records and found that they were mostly in order and when we found two that needed confirmation paperwork, the staff were immediately contacted and arrangements were made for the new detailed paperwork to be brought to the office. In the interim we were shown how checks were made via the DVLA by the provider to ensure that motor vehicles used by staff were insured appropriately. We discussed monitoring of driving licences and insurances with the provider and they agreed to consider doing this as part of the staff members yearly appraisal which would make the process of collecting copies of their paperwork easier to manage.

One of the issues raised during the last inspection by some staff was that communication was not as good as it could have been. The provider had held various staff meetings to enable better communication across the dispersed team of care staff across the county. Staff were able to confirm that these meetings took place. We saw evidence to confirm that when care staff were not able to attend that management contacted each member of the team individually to pass on information from the meeting. Minutes were available for staff to view. It was recorded that a range of issues were discussed, including changes to paperwork, personal care needs, company cars and communication systems. We were told that these meetings would continue to be developed to ensure all staff were able to attend regularly.

During one of the meeting minutes we saw the registered manager had raised an issue with care staff about ensuring people's records, particularly, daily notes were written correctly. This issue had been found by senior staff after regular checks of care records had taken place and they found some staff had written inappropriate comments at times. We found no evidence of this when we checked records, but noted that a small number of staff had not followed best practice recording procedures and had crossed words out making them illegible. We raised this with the provider and they said they would address this issue.

The provider produced a staff newsletter every month. This kept staff up to date with relevant changes or updates within the organisation, including new care staff starting employment, training needs, updates on systems, including medicines, and asking staff to check their car for roadworthiness. This demonstrated the provider wanted to promote an inclusive culture within the staffing team.

Office staff provided the senior management team with a daily log of events which were collated from the out of hours contacts made. These included, staff calling in sick and other staff related issues. From this information actions were taken to address the issue by, for example, replacing the sick member of care staff with another.

The provider completed care needs audits to support them in monitoring the service and to ensure people were provided with care that met their needs. Observations of staff practice were carried out by senior managers to confirm care staff were supporting people correctly. These checks included monitoring of procedures, such as administration of medicine and how staff moved and handled people. These were completed yearly and monitored by the provider via a spreadsheet which was updated via office administration staff. We saw 2017 observations recorded, some of which had already taken place and others which were planned throughout the year.

The provider had a management team in place to oversee the operation of the service. Staff knew what their responsibilities were. One care staff member said, "Make sure people are happy with what I do." Office staff were able to tell us how they managed their day and the responsibilities they had in relation to the smooth running of the day to day organisation. All of the staff we spoke with indicated they enjoyed working for the organisation. One said, "I like working here."

The provider worked with other agencies, including the local authority care managers. We were told by one care manager that they contacted the service when people's individual reviews are due to take place. They said staff were always keen to attend to ensure that all information is shared and the best service possible is provided to each individual.

The registered manager ensured all notifications to the Care Quality Commission (CQC) were made.