T.N.P. Homecare (Uk) Limited

TNP Homecare (UK) Limited

Inspection report

TNP House
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Tamworth
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 12 November 2015. The inspection was unannounced and was undertaken by one inspector. At our last inspection on 27 June 2015 we found the provider needed to improve people's choice of food, the recording of food and fluid intake and ensure people were supported to maintain a healthy weight. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

TNP House provides residential care for up to 12 older people who may be living with dementia. There was 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.

People were given a choice of food and drinks which met their needs and preferences. Staff did not complete records people's food, drinks and care as it was provided. The registered manager was not monitoring some aspects of care to identify what could be improved and ensure records were completed fully.

Summary of findings

Staff understood the importance of gaining consent from people but did not record how they made decisions for people who did not have the ability to do this for themselves.

Staff understood their role in protecting people from abuse and the actions they should take if they had concerns. People who presented with behaviour that challenged their own safety and that of others were supported by staff who understood how to support them with consistency.

People were supported by staff with the skills and knowledge they needed to care for people effectively. Referrals were made to specialist health care professionals to support people's health and well-being.

Staff were kind and polite to people. Staff recognised people's individual needs and provided care which met their preferences. People's dignity and privacy was promoted. People were supported to maintain the relationships which were important to them. People were supported to take part in social activities. If people or relatives were unhappy with the care or service they felt empowered to raise their concerns directly with the registered manager who kept a frequent presence in the home. People, relatives and health care professionals were encouraged to share their views about the home. The registered manager was not auditing some aspects of the care to improve the service for people. The registered manager was not assessing people's level of dependency to plan the number of staff required. Staff felt well supported by the registered manager.

Summary of findings

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. Staff understood how people might be at risk of abuse and how to escalate their concerns. Risks to people's health had been assessed and management plans put in place to reduce harm. People's prescribed medicines were administered safely.

Good

Is the service effective?
The service was not consistently effective. People received food and drinks which met their needs. Staff understood the importance of gaining consent from people prior to providing care but did not reflect how they supported people who were unable to make decisions for themselves. People had access to health care professionals to support their health and wellbeing.

Requires improvement

Is the service caring?
The service was caring. People were treated with kindness and compassion. Staff promoted people's dignity and recognised their right to privacy. People were supported to maintain their important relationships.

Good

Is the service responsive?
The service was responsive. People received the care they preferred because staff understood their likes and dislikes. People were protected from becoming socially isolated as they were provided with opportunities to socialise with staff and each other. When complaints or concerns were raised people and their relatives felt they were listened to and appropriate actions were taken.

Good

Is the service well-led?
The service was not consistently well-led. The registered manager was not using an audit programme to monitor the service and make improvements when shortfalls, including completion of care records, were identified. The staffing levels were not based on people's needs. Staff felt well supported by the registered manager.

Requires improvement

TNP Homecare (UK) Limited

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 12 November 2015 and was unannounced. The inspection was carried out by one inspector.

We looked at the information we held about the service and the provider, including notifications the provider had sent us about significant events at the home.

We spoke with four people who used the service, three relatives, one visitor, a visiting health care professional, three members of the care staff, the cook and the registered manager. We did this to gain views about the care and to check that the standards were being met. We observed care in the communal areas of the home so that we could understand people's experience of living in the home.

We looked at three care plans to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks, training records and staff rotas.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. A relative told us, "I know [The person who used the service] is safe here, I have no doubts". Staff we spoke with understood how to protect people from harm and recognise potential abuse. One member of staff said, "We have a person centred approach and people trust us. This means they're more confident about telling us anything that's worrying them". A visiting healthcare professional told us, "I've never had any safeguarding concerns at this home".

Risks associated with people's care and support had been identified and there were plans in place to reduce the potential for harm. For example, some people needed to be moved using specialist equipment. Staff told us they had received training in the operation of the hoist and we saw them supporting people to move safely, in line with their individual risk assessment. Staff reassured people whilst they were being moved and we saw that people looked at ease and chatted to staff during the manoeuvre. This demonstrated people had confidence that they were being supported safely. We saw that the risk assessments were reviewed regularly and updated to reflect any change in circumstances which occurred.

People were supported when they presented with behaviours which challenged. Staff told us they would support people in the same way so that there was consistency in their approach. One member of staff said, "We always try and calm them first, but sometimes people just need time to settle themselves". The care plans contained information specifying the best way for staff to support people when they were unsettled which reflected what staff told us. We saw whenever incidents associated with challenging behaviour occurred staff documented what had happened, including, if it were known, what had triggered the incident. This meant they tried to identify what had caused the incident so that they could avoid it in future.

People told us the staff responded quickly to them when they needed assistance. One person said, "They come when I press the buzzer. They're very good". A relative said, "There always staff flitting around if you want something". Staff told us they could always call the registered manager when additional staff were required and one member of staff said, "We manage really well".

We saw that there were arrangements in place to manage people's medicines. We observed staff administering the medicines and saw this was completed in a safe manner. We looked at the medication administration records (MAR) and saw they were completed appropriately by staff. Staff told us they had received training in medicine administration and were observed by the registered manager to ensure they remained competent to do so.

We spoke with staff about the recruitment processes. Staff told us new staff were interviewed and asked to provide references and complete a disclosure and barring check before they began working in the home. The Disclosure and Barring Service (DBS) is a national agency which holds information about criminal convictions. This demonstrated there was a process in place to ensure staff were suitable to work in a caring environment.

Requires improvement

Is the service effective?

Our findings

At our last inspection on 27 June 2014 we found the staff were not recording all of people's food and fluid intake when this was required. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and we judged it had a minor impact on people. At this inspection we found that improvements had been made.

We saw that people's weights were monitored regularly. We saw that staff referred people with specific dietary needs to specialists to ensure they were supported to maintain a healthy weight. A relative told us, "[The person who used the service] has their food pureed and the staff offer them what they like to tempt them". People were provided with a varied diet and a choice of food and drinks. One person said, "The food is good. We can have what we want". Another person said, "I like the food, it's always tasty". There was one choice for lunch but people told us and we saw they could have alternatives if they preferred. For example, one person was offered yoghurt as they didn't want the hot pudding. We heard staff encouraging people to eat. One person said they didn't want any pudding. A member of staff said, "Okay, why don't you just try a little and see if you like it, and we saw the person finished their dessert. Staff ensured that people were able to eat their meals without support and offered help whenever it was necessary. One member of staff said, "Shall I give you a hand with that?", when they saw a person struggling to cut their food. This demonstrated that people were supported to have a pleasant mealtime experience.

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. Staff recognised when people needed support. One member of staff said, "We must always ask for consent". There were capacity assessments in place for those who needed them and further advice was sought when people's ability to make decisions altered. However, when decisions were made in people's best interests there was no information to demonstrate why and how this had been agreed to show it was in their best interest. Staff recognised that some people would not be safe to leave the home without support even if the wanted to. Therefore applications for deprivation of liberty assessment were required. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us the staff knew how to care for them. One person said, "They know what they're doing". A relative told us, "The staff know how to look after [The person who used the service]. They look so much better". Staff told us they were given opportunities to enhance their skills and knowledge by attending training. One member of staff told us, "Having refresher training recently has really built my confidence. There's always something new to learn in care". There were induction arrangements in place to support new staff. Another member of staff told us, "New staff shadow then work with experienced staff until they have completed training". The registered manager told us they observed how staff provided care to ensure they met people's needs. Staff told us they felt very well supported by the registered manager and received occasional supervision to discuss their performance and development. One member of staff said, "I just go straight to the manager if I want to discuss anything".

We read that people had access to care from health care professionals to support their wellbeing. A relative told us, "They get the GP and district nurses in whenever they're needed". A visiting health care professional told us, "They're very good, on the ball. They contact us as soon as there's a problem".

Good

Is the service caring?

Our findings

People and their relatives told us they were happy and were complimentary about the care. One person said, "I'm at home here". Another person said, "We are looked after very well. The staff are so kind". A relative told us, "We're absolutely delighted with the care here". We observed the staff speaking with people in a kind and considerate manner. Staff offered frequent gestures of support, for example holding a person's hand whilst they chatted. We saw staff checking people's welfare and heard one member of staff say, "Are you feeling okay? Would you like a glass of water?" whilst at the same time stroking their hand. Another relative said, "I hear the staff speaking with people and they always speak nicely and kindly". A member of staff told us, "You have to care to be a carer. I'll shed a tear sometimes".

We heard gentle banter between people and the staff. A relative told us, "There is always a smile and a laugh here. The staff are lovely and jolly. It lifts people's mood". One person when told by staff that their hair looked good replied, "I always look good", a comment which made everyone laugh. We heard the staff reminiscing with people about their earlier life and their family relationships. One person spoke of going to dances and another about their life living on a farm. People joined in the conversations offering their own stories. A relative told us, "We like swopping stories and the staff join in too".

We saw that when staff offered care, the person's dignity was promoted. Staff spoke discreetly with people and responded to their requests for personal care promptly. A professional visitor to the home told us, "The care is lovely, always dignified". We saw that personal care was delivered behind closed doors and for people who shared a bedroom there was a curtain to provide a private area when required. A relative told us, "The staff are really gentle with [The person who used the service] when they are providing personal care". We saw that staff respected people's private space and knocked on their bedroom doors before entering. One relative told us, "I told the staff you don't need to knock but they said yes we do, it's your privacy".

We saw that attention was paid to people's appearance and comfort. Everyone looked smart and was appropriately dressed. A relative told us, Whenever I visit, everyone looks smart and is nicely turned out". People sitting in the communal rooms had blankets over their knees to keep them cosy and their personal items, for example, magazines and sweets, close to hand. People told us they could choose how they spent their time. We saw some people liked to spend time together in communal areas and other's preferred to stay in their bedrooms. One person said, "You can spend your time in your bedroom if you want but I prefer to come downstairs".

People were supported to maintain important relationships with their friends and families. One relative told us, "I'm made to feel very welcome by the staff". Another visitor told us, "I call in regularly and I recommended this home when my own family were looking".

Good

Is the service responsive?

Our findings

People were provided with personalised care which reflected their preferences. We saw where people were unable to provide information about their likes and dislikes for themselves their relatives had been consulted. People's life histories and information about their important relationships were also recorded in their care plans in documents entitled, 'What's important to me' and 'How to support me'. One person said, "They know what I like. They know when I like to go to bed and ask me if I'd like a cup of tea before settling down. If I wanted to stay up later it wouldn't be a problem". A member of staff told us, "We know people. We fill in the care plans every day so we can read about them if we're not sure about something". We saw that people's care was reviewed regularly to ensure it met their needs.

People were offered opportunities to socialise together or, if they preferred, spend time doing what they enjoyed. During the morning we saw staff playing dominoes with people. One member of staff said, "You beat me the last time we played didn't you!" Another person had a manicure and we heard staff admiring their nails. We saw staff took time to sit with people and chat. We saw that staff kept records of the activities and pastimes they had done with people which included an observation of the enjoyment they had gained from it.

There was a member of staff employed for two days a week specifically to support people to socialise together. One person said, "We have different shows. We're having a fashion show today". We saw during the afternoon that people were supported by their relatives and staff to look at the clothes and decide if they wanted to buy anything. One person showed us a jumper they had tried on and said, "I bought this to wear over Christmas".

People told us they would be happy to raise complaints or concerns if necessary. One person said, "I'd speak to the staff. Another person told us, "You can have a chat if you're worried about something". A relative said, "I have no complaints. I wouldn't want them to be anywhere else". Another relative told us, "I had to raise a concern with the manager and I really felt she listened to me. It was sorted out straight away". There was a complaint system in place and we saw the registered manager considered the circumstances of the complaint before providing a response. Staff told us they were informed about the complaints received so that they could learn from them. For example, we saw there had been a concern raised by a relative about damp laundry in a person's wardrobe and staff had been asked to ensure they checked in future before putting laundry away.

Requires improvement

Is the service well-led?

Our findings

There were some audits in place to monitor the quality of the service, including the accuracy of medicine recording. However some aspects of care, for example the accuracy of care plan entries and checks on the health and safety of the environment were not being recorded. We found that where monitoring charts were in place these were not completed until sometime after the food, drink or care had been provided. Staff told us they would write in the records before they went off their shift. This meant staff were not recording people's care immediately which is considered to be best practice to ensure the record is not forgotten or completed inaccurately. We saw that when people were involved in accidents, for example falls, the incident was recorded but there was no analysis undertaken to identify trends, for example if there was a peak at certain times of the day or in a particular location within the home. The identification of trends could be used to reduce the prevalence of incidents.

From the rotas we saw that there were two carers working throughout the day and night. Three people living in the home needed to be moved with a hoist which requires two members of staff working together to operate it safely. The registered manager did not plan the number of staff available to people based on their care needs and dependencies which meant that at times, other people living in the home would have to wait for support. The registered manager recognised that people dependency levels were increasing but had not taken action to plan future staffing levels to reflect this.

An open and inclusive atmosphere was promoted. People told us they knew who the registered manager was. One person said, "There she is, the head lady". We saw that people's opinions on the service were sought on an annual basis as were those of relatives and professionals involved with the home. We saw that most of the comments had been positive and that a request for an increase in social activities had been noted and acted upon by increasing staff opportunities to spend time with people.

Staff told us they felt well supported and felt empowered to speak with the registered manager. One member of staff said, "I really enjoy working here. There's a lovely atmosphere and the manager is very approachable". We saw the registered manager worked alongside staff and chatted with people as she did so. The registered manager told us, "I like to spend time working with staff. It gives me an opportunity to make sure the care is good".