

T2Z Care Services Ltd

# T2Z Care Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

T2Z Care Services is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 20 people at the time of the inspection.

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.

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

T2Z Care Services registered with CQC in November 2019. Since registration, the registered manager had concentrated on building up the service and developing a stable staff and management team.

The management team assisted the registered manager in monitoring the care people received through feedback from people and observations of staff care practices. However further quality assurance checks were needed to ensure the service fully complied with the legal requirements. Staff did not have access to completed records of people's care and risk management plans to guide them in the best ways to support people and assist in mitigating people's risks. Systems to manage people's COVID-19 risks, consent to care and end of life wishes had not been consistently implemented. The actions that had been taken when staff raised alerts about people's care was not always clearly recorded.

However, the provider had created an action plan to help focus their objectives of providing good quality care. For example, progress was being made in the development and recruitment of staff. The provider had engaged with external support to assist them in monitoring the service and driving improvements.

The registered manager and management team were passionate about delivering good quality care to people. Staff told us they were supportive and were always open to making improvements to the service. People and staff complimented the registered manager and told us they were approachable and very kind.

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. However, the assessment and outcome of people's mental capacity to consent to their care and support had not been fully implemented using the principles of the Mental Capacity Act (2005). We have made a recommendation about the management of people's lawful consent to care.

People were supported by a small staff team who were familiar with their needs. People told us that staff promoted their independence and were always respectful and polite. People also confirmed they received personalised care which was responsive to their needs and told us staff were kind and caring.

Staff recorded any concerns of abuse, accidents, incidents and near misses on the provider's electronic care

management system. People's feedback was used as a source to drive improvement. Staff worked closely with people's relatives to monitor people's well-being and had referred people appropriately to relevant health care services when their needs had changed.

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

This service was registered with us on 28 November 2019 and this is the first inspection.

#### Why we inspected

This service had not been inspected since their registration in November 2019, therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of people's risks, people's care records and the quality monitoring of the service at this inspection.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# T2Z Care Services

## 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

The inspection was carried out by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 9 February 2021 and ended on 16 February 2021. We visited the office location on 9 February 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. During and after the inspection we spoke with the registered manager, care manager, human resources (HR) manager and three staff.

We reviewed a range of records. This included nine people's care records and medication records. We looked at staff files 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 and we also continued to review a sample of people's care records on the providers two electronic care management systems.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- Some people were at risk of not receiving safe care, because comprehensive assessments and risk management plans of people's individual risks had not always been completed to direct staff in delivering safe care and support and how to mitigate people's risks.
- The local authority's assessment of people's support requirements and the providers initial assessments provided staff with some information of people's support requirements. However, further detailed and personalised risk assessments and management plans were needed to direct staff in the support required to mitigate people's risks and when and where to escalate any concerns. For example, risk management and escalation plans were not always in place for people who use invasive medical and continence devices such as catheters. One person was at risk of not receiving the recommended amount of fluid as the management of their fluid requirements had not been recorded or being monitored. More information was needed to describe how staff should support people with their mobility, hoist transfers and the actions that were required if people experienced a fall or incident relating to their medical condition.
- Some people received a package of integrated care and support from other agencies, family members and T2Z healthcare services. However, people may be at risk of not receiving the correct level of care as clear care management and medicines care plans were not in place describing everyone's responsibilities when there were joint and shared arrangements in managing people's medicines and care.
- People could not be fully assured that they were protected from the risk relating to COVID-19 as the staff had not received regular COVID-19 testing in line with government guidance which meant staff may be transmitting the virus if they were asymptomatic.
- People were at risk of not receiving their medicines as prescribed. Risk management plans and protocols relating to people who were supported or prompted to self-medicate, receive time specific medicines, covert medicines or medicines to be used 'as required' were not detailed. For example, clear protocols were not in place to guide staff in the administration of 'as required' medicinal creams, constipation and pain medicines.
- Staff did not have access to guidance in the application of medicinal creams such as protocols and body charts to direct them in the correct administration of people's medicinal creams.
- Changes in people's well-being was at risk of being missed and not appropriately managed. Staff recorded any concerns or incidents on the providers electronic care management system which alerted the management team of any missed medicines, incidents or concerns. However, it was not clear from the electronic system that the alerts raised by staff had been reviewed and effectively managed by the managers in a timely manner.

We found no evidence that people had been harmed. However, effective control measures had not been put into place to manage people's risks, medicines and incidents placing them at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, from speaking to people, we found no impact on people as staff knew people well and raised alerts when they observed changes in people's health, or the provision of care was not fully delivered such as someone refusing aspects of their care.
- Staff had been trained in medicines management and were observed as being competent before supporting people with their medicines.
- The registered manager told us they encouraged staff to be open when mistakes had been made, so that necessary learning could be used to improve the safety and quality of people's care.

#### Staffing and recruitment

- People were supported by enough staff who had been assessed by the registered manager and HR manager as being fit and safe to support them.
- The staffing levels were determined by the needs of people and their requirement for support. People told us they were supported by a regular staff team who were familiar with their support requirements.
- Employment and criminal background checks of new staff had been carried out.
- The registered manager and HR manager assured us that they vetted all new staff to ensure they were of good character and health to support people and carry out their role. However more details of their decisions to employ some staff were needed to evidence that they had robustly explored the previous employment histories of staff.
- The registered manager had completed risk assessments when there had been any discrepancies in staff backgrounds.

#### Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection. The provider had implemented a number of additional infection control measures in response to the coronavirus pandemic to ensure people and staff remained safe.
- Staff had access to appropriate personal protective equipment (PPE) which was supplied from the office. People confirmed staff wore the appropriate PPE and were observed using effective hand washing techniques before and after providing personal care.
- Staff had been trained in infection prevention and control and told us they received regular reminders about good infection control practices from the registered manager and care manager.

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

- Safeguarding processes and policies were in place to protect people from abuse and harm.
- People and relatives told us they experienced safe care and support from regular staff who knew them well. One person told us, "They are very good, I feel very safe with them all." Relatives told us they were happy with the safety and quality of care delivered by regular staff.
- Staff had been trained and understood their responsibilities to report any safeguarding concerns. They told us they would whistle blow to the local authority safeguarding team or CQC if they felt the provider had not acted upon their concerns or observed poor practices.
- The registered manager stated they would be looking into providing information to people to enable and empower them to recognise abuse and where to report any concerns.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 care in line with their care and support requirements and current practices.
- People and their relatives were involved in their assessment of needs to ensure their care package fully met their needs and to assist staff in understanding their support requirements, specific preferences and routines.
- Staff had access to the providers electronic care management systems which enabled them to view people's care records and document the support they had provided. This system provided the registered manager with real time information about people's well-being and staff interventions.

Staff support: induction, training, skills and experience

- New staff received an induction programme of shadowing experienced staff and completing a range of training in health and social care in line with the standards required by the Care Certificate. One staff member told us they were new to the sector but had received enough training and support to deliver care with confidence.
- Staff told us they felt trained and supported to carry out their role and could approach the managers if they had further training needs or enrol in national health and social care qualifications. The provider sent guidance and newsletters to remind staff of good practices.
- A system to support staff had been implemented which included regular staff supervisions, yearly appraisal, staff meetings and informal chats.
- The provider was reviewing the systems to further develop their competency assessments of staff to ensure they had the skills to support people according to their needs including competencies in medicines and medical continence devices.

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

- People's choices and preferences for food and drinks were assessed and known by staff. Staff were aware of people's specific nutritional and hydration requirements and supported them accordingly. This was confirmed by people and their relatives.
- People told us they were happy with the support provided for food and drinks and told us staff supported them to make their own snack and meal choices.

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

- The service worked collaboratively with health and social care agencies to ensure people received coordinated and effective care in a timely manner.

- The care manager provided examples of when they had referred people to health care services for additional support and advice to enable staff to better understand the management of people's risks and health conditions.
- Progress was being made in the development and implementation of hospital passports so key information about people could be shared with relevant professionals.

#### 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.

- All staff had received training about the MCA and were aware of how to support people to make decisions about their care or provide care in people's best interest if they lacked mental capacity.
- People told us that staff always involved them in making decision about their care and support or involved relevant key people or health care professionals as required.
- The provider told us they had been guided by the local authority assessments of people's mental capacity to agree with the provision of care.
- It was not clear that people's lawful consent to care from the provider had been obtained as the assessment of people's mental capacity on the provider's electronic care management system was not in line with the principles of the MCA.
- We discussed this concern with the registered manager who told us they would review their documentation and consent to care processes.

We recommend that the service seeks advice and guidance from a reputable source in relation to mental capacity assessments, best interest decisions and the lawful consent to care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 felt they were treated well, and that staff were caring and respectful. One person said, "Yeah they are good, I like them." Relatives were also complementary about the caring nature of staff. We received comments such as "I think they are a good service, very attentive. They do everything for us as well as help me also" and "They are excellent – can't do anything more for us. They are all very caring."
- Staff knew about people well and understood their personal preferences and routines. People told us they valued being supported by regular staff members.
- People told us they were treated equally. The managers were aware of the importance of ensuring staff were trained in equality and diversity and that people received care without discrimination or judgment.

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

- Staff understood people's personal needs and preferences. They supported people to make decisions about their care and had built working relationships with significant people such as family members and shared any concerns in people's well-being with them. One relative said, "They always contact me if there are any problems. Communication between us is good."
- People and their relatives told us they felt listened to and did not feel rushed during their care visits.
- Staff alerted the managers if they found a change in people's needs.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt comfortable around staff and that staff respected their privacy and dignity.
- Where possible people were encouraged and supported to retain levels of independence in aspects of their personal care and daily living. Staff told us they encouraged people to maintain their independence and to do as much as they could for themselves where possible and make their own decisions.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People received care which was personalised and responsive to their needs. Staff had access to the providers electronic care management system which provided them details of people's initial assessments, supporting documents and care plans.
- People told staff were very attentive to their needs and ensured that all their support requirements had been completed before they left. Details about the support provided during the visit was logged on the electronic care management system which gave staff and the managers a 'real time' understanding of people's wellbeing.
- However, the registered manager and care manager shared with us that they had recognised that people's care records needed to be in more detail to reflect their support requirements and risks. This would ensure that staff had access to personalised records which would provide them with key information, people's preferences and how they should support people with the care needs and risks.

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.

- Some care plans had identified people's communication needs and preferences. However, more details about how people's sight, hearing and speech may affect their ability to communicate and express their needs was needed to assist staff in understanding people's communication needs and preferences.

Improving care quality in response to complaints or concerns

- People and relatives knew they could raise concerns with the management team and were confident their issues would be addressed.
- The provider held a complaints and compliments log. They told us any complaints were be managed in line with their complaints policy and they would learn from any complaints and make reasonable adjustments to resolve any concerns.

End of life care and support

- The registered manager stated that they were reviewing their end of life systems, care planning and staff training to ensure that they could respond effectively and safely to people who may require end of life support and care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The systems and working arrangements being used to monitor the quality of care being provided had not always been effective or fully implemented to assist the registered manager in identifying concerns and driving improvement across the service.
- Whilst the managers were aware of the alerts raised by staff on the electronic systems, it was not clear how they had responded to individual alerts or if they had identified any patterns or trends and the action taken to address late visits, concerns or incidents.
- The provider did not operate an effective system to monitor the COVID-19 testing and vaccination of staff to ensure all reasonable measures to protect people from the virus had been put into place.
- People's care records on the provider's electronic care management system were not always completed in detail to reflect their care and medicines requirements and assessments. Further improvement was needed in the documentation of people's consent to care and end of life decisions and care planning and the measures required to protect staff while lone working.

We found no evidence that people had been harmed, however effective systems had not been fully established to assess and monitor the service being provided and accurate records of people's care requirements had not been always been maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had implemented some systems to monitor the service, however further time was needed to improve the effectiveness of their systems to drive improvement. For example, the provider had developed a medicine management audit tool to check the MAR charts on a monthly basis, however it had not been effective in ensuring that medicines administration codes were continually used when medicines were administered, not given or refused or identifying medicines errors. Some progress had been made in the systems used to monitor safe recruitment and competency assessments of staff.
- The provider planned to review their policies and business continuity plan to reflect their current practices and the arrangements that had been put into place to address any emergencies which may affect the running of the service. Arrangements had been put into place to enable the service to continue delivering care in adverse weather conditions, however a system to identify people who were of the highest need and required priority visits would support this practice.
- The provider had engaged with an external consultancy service to help them monitor the service and

identify areas which required further development. The registered manager stated they aimed to focus on quality assurance, assessing and monitoring the service moving forward. They had created an action plan which had been developed as a result of the consultant's report and the provider's audits.

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

- The provider had a clear vision of how they wanted to develop the service to achieve good outcomes for people and their staff team. It was clear that the registered manager valued and considered the well-being of staff and people who used the service and was passionate about delivering good quality care.
- Staff told us their morale was good and they felt supported by the managers. One staff member told us they were appreciative of the relationships they had developed with the managers and other staff members and felt everyone was supportive.
- People and their relatives complimented the service and told us they had developed good relationships with their regular care staff and were confident in raising any issues with the registered manager.
- Staff felt the management team had the skills and experience needed to lead effectively.

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; Continuous learning and improving care

- The registered manager understood their and their responsibilities around the duty of candour and to share the outcomes of incidents and accidents with relevant people.
- Staff were aware of the importance of reporting any concerns, accidents and near misses promptly.
- The registered manager and the management team were keen to learn and improve the service. Their approach was open and transparent throughout the inspection. The registered manager said, "We welcome any feedback to help us run the best care agency in this area."

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

- The managers had remained in regular virtual contact with staff and people during the COVID-19 pandemic and restrictions. They had recently started to implement social distancing team meetings and supervisions with staff. Staff told us they felt their feedback was sought and valued.
- There was regular contact with people and their relatives to gain their views on the service they received. Relatives told us the management team were very approachable and always dealt with any concerns respectfully. The registered manager told us they used all types of feedback as an opportunity to recognise and strengthen good practices and improve the services.

Working in partnership with others

- The provider worked openly with other stakeholders and commissioners to ensure people received joined up care.
- Staff worked in partnership with people, their families and community health and social care professionals to maintain people's health and well-being and to achieve positive outcomes for them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Effective control measures had not been put into place to manage and monitor people's risks, medicines and incidents placing them at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective systems had not been fully established to assess and monitor the service being provided. Accurate records of people's care requirements had not been maintained.