

Tender Lasting Care Services Limited

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Inspection report

St. Albans House Enterprise Centre
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Ratings

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

Summary of findings

Overall summary

This inspection took place on 1 September 2016 and was announced. This was the provider's first inspection since registration in 2013.

Tender Lasting Care Services provided personal care and support to people in their own homes. Some people who used the service had complex health needs which required specialist support. At the time of the inspection there were 18 people who used the service.

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 protected from abuse and the risk of abuse as staff knew what constituted abuse and who they should report it to if they thought someone had been abused.

Risks to people were assessed and minimised through the effective use of risk assessment and staff knowledge of people and their risks. There were sufficient numbers of suitably trained staff to keep people safe. Staff had been employed using safe recruitment procedures.

People's medicines were administered safely by trained staff who had been assessed as competent to do this.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The provider worked within the guidelines of the MCA ensured that people consented to their care, treatment and support or were supported to consent with their representatives if they lacked capacity.

People received care that was personalised and met their individual needs and preferences. The provider had a complaints procedure and people knew how to use it.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people, which was kept up to date.

People were supported to eat and drink sufficient amounts to maintain a healthy lifestyle dependent on their specific needs.

When people became unwell staff responded and sought the appropriate support. The provider worked with other health care agencies to meet people's needs.

People told us that staff were kind and caring. Staff felt supported and motivated to fulfil their role. They knew how to whistle blow and felt assured their concerns would be taken seriously.

The provider had systems in place to monitor the quality of the service. When improvements were required these were made in a timely manner.

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.

People who used the service were protected from harm and the risk of abuse.

Risk of harm to people were assessed and minimised.

There were sufficient staff who had been recruited using safe recruitment procedures to meet people's needs safely.

People were supported with their medicines by medication trained staff.

Is the service effective?

Good ●

The service was effective.

People had consented or were supported to consent to their care by their representative.

Staff felt supported and had received training to be able to fulfil their role effectively.

People were supported to maintain a healthy diet.

The provider worked with health care agencies to ensure people's health care needs were met.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People and their representatives were involved in decisions about their care.

People's privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised and reflected their current care needs.

People knew how to complain and they had confidence that their complaint would be dealt with in a timely manner.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post who was respected by people, relatives and staff.

The management team promoted an open, inclusive and positive culture.

There were systems in place to monitor and improve the quality of service.

Tender Lasting Care Services 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 1 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to facilitate the inspection.

The inspection was undertaken by one inspector.

We looked at information we hold on the service including any notifications the provider is required send us. We received feedback on the service from two health care professionals.

We spoke to and had contact with one person who used the service and three relatives. We spoke with the registered manager, director, team leader and two care staff.

We looked at three people's care records, three staff recruitment files and the systems the provider had in place to monitor the quality of the service.

Is the service safe?

Our findings

People who used the service were protected from abuse. A relative told us: "Yes I feel my relative is safe". The manager had a safeguarding procedure and knew their responsibilities in relation to reporting and investigating incidents of suspected abuse. Staff we spoke with told us they would report any suspected abuse to the manager and they had confidence that they would deal with it. The manager told us there had been no reportable incidents of suspected abuse since the service had begun providing care and support to people.

Risks to people were assessed and plans were put in place to minimise the risk of harm whilst promoting their independence. One person's care records stated they like to use garden machinery. We saw a clear and comprehensive risk assessment informing staff how to support the person whilst they enjoyed their gardening tasks. We saw risk assessments were in place to support people if they became anxious and required support to remain calm. The risk assessments were clear and comprehensive and staff we spoke with knew what to do at these times to keep people safe.

There were sufficient staff available to meet people's needs in a safe way. People and their relatives told us that they always received the care they needed at the right times. A relative told us: "Yes, the care staff always arrive on time". We looked to see if the manager was following safe recruitment procedures when employing staff prior to offering them a position. We found that the manager undertook pre-employment checks to ensure that prospective staff were fit to work with people. These checks included disclosure and barring service (DBS) checks. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

People who used the service needed minimal support with their medicines. Some people only required reminding to take their medicine. All staff had received training in how to administer medicines safely. We saw that when staff identified issues with people's medicines these were dealt with promptly. For example, one person's plan for taking an 'as required' (PRN) medication was out of date and had not been reviewed by a health professional as is required. This meant that the staff could not be sure when the person should be administered their PRN medicine. The provider had sought advice from the health agency who had implemented the protocol and changed their risk assessment for staff supporting this person at times when they would have normally required the PRN medication until the protocol had been reviewed.

Is the service effective?

Our findings

People who used the service had consented to or were supported to consent to their care and support. 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. People we spoke with told us that they had been involved in the planning of their care. We saw records that confirmed that the person or their representatives had been involved in the planning of their care and had agreed to it.

People we spoke with told us that they felt that staff were effective and competent in their role. One person told us: "The staff are really good workers, the best I've ever had". We saw that staff had undertaken an induction and the manager told us that staff were not expected to work alone with people until deemed competent. Staff told us and we saw records that confirmed that staff were receiving regular support and supervision from a senior member of staff. These consisted of one to one meetings with the individual staff member, staff meetings and covert or overt checks. These checks were undertaken throughout the year and checked the performance of the staff member whilst on a planned care call.

People were supported to maintain a healthy diet. Some people required minimal support with their nutritional needs, whilst other people required staff to support them to eat and drink as they were unable to do this for themselves. The staff we spoke with had knowledge of people's individual needs and the support they required. Some people were on soft diets and needed their drinks thickened, the management team told us that staff were assessed as competent in all areas of the person's care needs including eating and drinking prior to delivering care alone. We saw when people's food and fluid intake needed monitoring this was completed to ensure people's nutritional needs were met.

The manager and staff worked with other health care agencies to support people with their health care needs, such as occupational therapists and consultants. A health professional told us: "The staff provide thorough feedback and documentation when requested which contributes to the overall support the person needs with regards to their health". We were told that the staff had discussed with one relative about the change in health needs of their relative and advised that professional health support was gained. We saw in the person's care records that they had received the support of a dietician and speech and language therapist and their needs were now being met more effectively. When people had complex health needs such as 'epilepsy' we saw that staff were trained and plans were in place to support the person during an epileptic seizure. We saw that staff recognised and acted when people became unwell. We saw a record of an incident where a staff member had recognised that the person they were supporting had become unwell. We saw they had called an ambulance, informed the family and acted swiftly to maintain the person's health.

Is the service caring?

Our findings

People who used the service and their relatives told us that they were treated with dignity and respect by the staff and management of the service. One person told us: "The staff and managers are absolutely brilliant, it's the best care I have ever had". One relative told us: "The providers understand our emotional needs as they have had personal experience of caring for a loved one who required the support of a care service". Another relative told us: "The answer to your question about do the staff care is 'yes' and I would recommend them and have done". The registered manager told us: "If we can't make a difference in a person's life we won't sign up to support people, it's all about making a difference in a person's life". This showed that the providers and staff cared for people in a kind and respectful manner.

The management and staff involved people and their representatives in decisions and discussions about their care. The management team had regular contact with people and their relatives either in person or by telephone. The manager told us how they had supported someone in gaining the support of an advocate as they were unable to make valued choices and decisions for themselves. A health professional told us: "I believe TLC to be a good service who do strive to always do the best for individuals". This meant that people were being respected and listened to in relation to the care they received.

People told us that staff respected their right to privacy. A person who used the service told us: "The management care and that is reflected in the care that I receive, I'm always treated kindly and the staff respect my privacy by knocking before coming into my room".

Is the service responsive?

Our findings

Prior to offering people a service the manager met people and their relatives to complete an assessment to ensure they were able to meet their needs. A health professional told us: "TLC provide a very holistic/bespoke service to support the person and always contact others where appropriate if there are any concerns or if they need information to help them to deliver the care appropriately". Care plans and risk assessments were written following the initial assessment and consultation with others. The care records we saw were personalised and detailed people's individual needs and preferences and were kept under review.

We saw when people's needs changed that staff and management took action. The relevant support was gained and action was taken to ensure care being delivered was still relevant. The manager told us and we saw records that confirmed that they had advised a relative of one person to seek dietician support as the person appeared to be having difficulty in swallowing. We saw the relative had taken the advice and the person was now being offered a specialist diet and was responding well. This showed that the staff and provider recognised and responded to people's changing needs.

We saw that staff were recruited specifically to meet a person's needs and preferences. When identifying staff to support people, individual job descriptions were drawn up with specific information which would ensure that the right person would be employed to meet the person's needs. The manager told us that prospective staff were invited to be introduced to the person they may be supporting, This was to ensure that the person took to and liked the prospective new staff before they were offered employment.

The provider had a complaints procedure and we saw that they acted upon any complaints or issues that had been raised with them. We saw that the when a person or their representative contacted the management, a client contact record was completed. We saw several contact records that confirmed that action had been taken following the initial contact, for example we saw one person had rang to complain about hygiene issues with certain staff members. We saw that a manager had taken action and addressed the issue with the person and the staff. A health professional told us; "The staff always address any concerns in a very professional manner and are open to training and support".

Is the service well-led?

Our findings

The provider was also the registered manager. People, their relatives and staff told us they liked and respected the manager and the management team. A person who used the service told us: "TLC are the best care I've had and the management are very approachable".

Staff received regularly training, support and supervision. There were staff newsletters which kept staff up to date with the service delivery and any issues which needed communicating. We saw that checks were regularly carried out by the management team to ensure that staff were competent in their role.

The manager had developed policies and procedures to ensure that they were working within the legal framework required to manage and run a care service. This included a safeguarding and whistleblowing procedure. Staff we spoke with knew about whistle blowing and told us they were confident that the manager would deal with any issues raised with them.

Quality monitoring systems were being developed to help the manager monitor and improve the service. The management team had begun to meet together to discuss our (CQC) requirements and we saw minutes of these meetings. Quality surveys had been sent out to all people who used the service and feedback gained. There had been no negative comments to act upon.

Daily records and medication administration records were brought back into the office monthly and audited by the manager to ensure they were of good quality and that there were no gaps in care delivery. The manager had plans to analyse and accidents and incidents, however at the time of the inspections there had been none to report.