

Teapot Home Care Ltd

Teapot Home Care

Inspection report

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27 February 2020

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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

About the service

Teapot Home Care is a domiciliary care agency providing personal care. At the time of the inspection they were supporting 21 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe and well cared for. Staff knew how to keep people safe from harm and when to raise any concerns they may have had. Sufficient numbers of appropriately recruited staff were available to meet people's needs. Risks to people's health and welfare were identified and actions taken. People received their prescribed medicines safely from staff who were appropriately trained. Staff followed the provider's infection control policy and used the appropriate protective equipment and clothing, when required.

Staff felt supported by management and received appropriate training to carry out their role. When people required support from the service an assessment was carried out, and care was provided in line with recognised good practise. People were supported to access health care services when required. Where people needed help with eating and drinking staff assisted them with this.

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.

People were cared for by a staff team who treated them with kindness and respect. People were involved in developing their care and their views and wishes were respected. People said staff respected their privacy, dignity and confidentiality. Staff demonstrated a passionate and enthusiastic approach to caring for people and had formed meaningful relationships which people valued.

People were given enough information to make their own decisions and were given choices and support to follow their routines. People and relatives felt able to raise concerns or complaints and were confident these would be responded to.

The service had an open, honest and positive culture with transparent management and leadership. Quality assurance systems were in place and were being developed further to help monitor the quality of the service and identify any areas which might require improvement. Staff told us they enjoyed working at the service and that they were well supported by the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 10 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Teapot Home Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by one inspector.

Service and service type

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

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

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

Inspection activity started on 07 February 2020. We visited the location on 27 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last 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.

During the inspection

We spoke with two people who used the service. We spoke with four members of staff, the registered manager and deputy manager.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment. 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. We looked at development plans for the service and quality assurance records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe using the service. One person told us, "I feel safe with them. Everyone is really kind and respectful."
- Staff knew how to keep people safe from harm and how to raise any concerns they may have. Staff received safeguarding training and records confirmed this. One staff member said, "Safeguarding is to protect against harm and abuse. I would report any malpractice from a staff member, or any danger."
- Policies were in place to keep people safe, such as safeguarding and whistleblowing. The registered manager was updating the local safeguarding policy at the time to ensure their practise was current.
- Any accidents, incidents or injuries recorded were reviewed by the management team. Where necessary, people's care was reviewed and referrals sent to relevant health professionals as a result.
- Staff told us they regularly discussed and reviewed incidents to better understand the concerns and learn lessons. One staff member said, "We had a meeting last week and discussed a recent decline in a person, and what their care needs will be. We talk about our own experiences of supporting [Person] and how we can do things differently sometimes."
- All staff spoken with were able to describe how the manager used meetings to learn lessons. However, the registered manager did not formally document these discussions, or review themes and trends that may have emerged from these.

Assessing risk, safety monitoring and management

- Risks to people's health were identified and actions taken to mitigate the risk. These included the risks associated with skin damage, medicines and weight loss. Staff quickly reported any changing needs to management who swiftly referred to other health or social care professionals. One relative said, "Management as well as staff responds promptly to any queries or concerns, we may have. For example, I took a picture of [Person's] feet and asked their advice and they call the GP."
- All staff demonstrated a comprehensive understanding of people's changing needs to them safely. In addition to assessing risks to people health, staff also carried out environmental assessments. This helped to ensure people and staff were safe in the persons home to provide care.

Staffing and recruitment

- Sufficient, suitable staff were available to meet people's needs. One person's relative told us, "[Person] is absolutely safe with staff and they visit three times a day. They never let us down and they know how important is for them to be on time."
- Staff confirmed the service had enough staff to meet people's needs. One staff member said, "There has always been enough staff. There always seems to be a bit of an issue around half term, but we sort things

out and get on with it. It's very much a team here, we pull together."

- The registered manager told us they had recruited a team they were happy with, that provided consistent support. They said they had a number of people on their waiting list but would keep the service to a manageable level, to ensure they could provide safe staffing levels. This approach helped ensure staff had sufficient time to spend with people.
- A thorough staff recruitment process was in place. Records demonstrated that references were sought from recent employers and Disclosure and Barring service security checks were carried out prior to staff starting in post.

Using medicines safely

- People were supported to manage their own medicines where this was possible. Where people were unable to do this, staff supported them to take their medicines as prescribed and managed them safely.
- Staff completed medicines training and senior staff undertook competency checks. Managers completed regular spot checks of medicines and accurate completion of records. A staff member took a lead role with medicines and organised areas such as ordering, delivery and auditing. If any errors were identified, these were followed up, referred to the prescriber and discussed with staff.

Preventing and controlling infection

- Peoples personal care was provided by staff who had received training for infection prevention and control.
- Staff received training in infection control and had access to sufficient personal protective equipment such as disposable gloves and aprons.
- Managers monitored that infection control policies and procedures were followed as part of their regular spot checks.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed prior to care being provided. Assessments included the views of the person, their relatives and any health professionals relevant.
- People all told us they received effective care and support from staff who knew how they liked things done.
- Staff demonstrated a good understanding of people's needs and the support they needed. The registered manager and deputy manager used their skills from their previous professional registration to ensure care was provided in line with nationally recognised standards.

Staff support: induction, training, skills and experience

- People told us staff were competent and trained to meet their needs. One person told us, "I am very happy with the service. I am now with them for a number of years and when I hear other people talking about services they receive from other agencies I cannot tell myself how lucky I am. They are so good."
- Newly employed staff completed an induction that provided them with the skills and knowledge to carry out their role effectively. Staff undertook a period of shadowing senior staff to introduce them to people and demonstrate how to provide care effectively.
- Staff told us they received regular supervision of their development and performance. Staff told us they felt supported by the management team and received an appraisal of their skills. One staff member said, "All the staff are like team workers, I find them easy to work for. If I have any personal problems they are on it and help as much as they can. I feel really valued here, they make me feel important. It was my first job in care, away from my family and I didn't know if I could do it. But they have helped me realise a dream."
- Staff received training in key areas and training was up to date. Staff were able to develop their skills further, for example by becoming a champion in certain areas, such as skin integrity. This enabled them to take a lead role. The registered manager was developing a training program with a local training organisation to ensure staff training remained up to date.

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

- People were supported to prepare their food where this was required. Staff prepared meals according to people's preferences but also encouraged people to make healthy choices.
- Risks associated with poor nutrition, dehydration or other medical conditions were known and responded to appropriately. Staff were aware of particular dietary needs or allergies and supported people to maintain a balanced diet.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Staff worked well as a team to provide consistent, timely care and support to people that achieved good outcomes. People all told us that without the support and intervention of Teapot Homecare, they felt they would not be able to maintain their healthy life, living in a place of their choosing. One person's relative said, "They really look after [Person] well and without their support they could not live in their home. They are so good in giving advice or communicating their concerns."
- Staff worked well with other organisations. Staff described how their effective liaison with other health and social care professionals and other care services supported people's health and well-being. For example, managing a person's skin integrity to encourage this to heal. Staff referred the person for equipment and nursing support before the skin became damaged. This preventative approach ensured the person's skin integrity was maintained.

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.

- People told us they had consented to the care and support and were aware of the information written in their care records.
- Staff we spoke with understood their responsibilities regarding the MCA. The registered manager was developing their policies in response to nationwide changes, to how consent arrangements will be managed, for people who lack capacity.

Is the service caring?

Our findings

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

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

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

- People said staff were kind, sensitive and treated them well. One person said, " Everyone is really kind and respectful. They give me the time I need to wash and put some clothing on and after they help me, so I feel my dignity is promoted."
- Staff built relationships with people over time, getting to know them well and developing friendships. "My clients are like my friends, we have that type of relationship, I love them and my job."
- When staff spoke about people they did so with passion and affection. Staff knew people's personal preferences and small things that mattered to people. A relative said, "We are so lucky to have Teapot look after [Person]. They seem to just know instinctively what [Person] wants, the care is very good and we as a family are very happy."
- People's diverse needs were met and staff were able to tell us how they supported these.

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

- People and their relatives were involved in the reviewing and developing their care and support. One person told us, "I am grateful to [Staff] that they are dealing with my GP and I don't have to. I just need to call and say this is what I need, and they will sort it out." A relative said, "The care plan is there [in persons home], we go through it all together if there are any changes so staff can provide the care [Person] needs."
- The registered manager and staff understood the importance of involving people in decision making. Discussions were held with people when their wishes or needs changed that clearly sought to meet their expectations and preferences.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said they thought staff treated people with respect and promoted their privacy and dignity. One person's relative told us, "Dignity and treating [Person] in a respectful and sensitive way is definitely what they are about."
- People's care plans promoted their independence and staff encouraged people. One person told us, "I am an independent person and they know that. Everything they do supports me to keep doing the things I am doing."
- People's confidential information was stored securely.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care.

- People received personalised care that met their individual needs as agreed at assessment or review. One person said, "I am very happy with the service. It doesn't matter what changes or what extra help I need from time to time I always get the right care."
- Staff had a very thorough and up to date awareness of people's needs and preferences. People's care plans recorded their decisions, the tasks they required support with and preferred daily routines. They also highlighted areas where staff could encourage people to be independent.
- People's care was regularly reviewed and involved them and their relatives in planning and reviewing their care.
- No person at the time of the inspection required end of life care.
- Staff were aware of people's end of life wishes and had received support from the registered manager and a local hospice. Care plans however did not document people's last wishes or end of life requirements.

Meeting people's communication needs

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

- The registered manager considered people's varying communication at the point of assessment.
- Staff described the different ways they communicated with people, including those people with limited communication or hearing impairments.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of the complaints process and knew how to use it. However, there had been only one complaint received since the previous inspection. People told us they were able to raise concerns with the registered manager at the earliest opportunity to avoid needing to make a complaint.
- One person said, "I can report anything to any staff member or the manager and they will listen and sort things out."
- The registered managers approach and visibility ensured that all complaints would be responded to promptly.

Is the service well-led?

Our findings

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

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

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

- People received care that was followed by a caring ethos embedded into the staff culture from the leadership team. Staff felt engaged, had positive morale and were committed to ensuring people came first. This enabled staff to achieve good outcomes for people. One staff member said, "I was the first carer for Teapot and it has the same feel today as it did when we started. We care, and that's across the company and comes from [Registered manager]."
- Management were open, honest and positive. The vision and values were clearly set out, ensuring people were at the heart of the care they provided. The registered manager had a caring and supportive approach to their staff. They took time to understand their staff and how to support them well to achieve a productive and inclusive workplace.
- Meetings discussed ideas from staff to develop the service and all staff felt their opinions mattered. There was a commitment from the whole staff team to maintain standards and make further improvements for people using the service.

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

- There was a clear management structure within the service. The registered manager was highly visible and provided clear and direct leadership. One person said, "[Registered manager] and [Deputy manager] work with us as part of the team. They know what it takes to do the job and are always on hand to help. They are a good team."
- The management team had the skills, knowledge, and experience to lead effectively. Regular checks were in place to maintain quality and safety. Action was taken where needed following checks on quality of the care provided. A service development plan captured the areas for continual improvement and was shared with staff. For example, the registered manager was in the process of updating care records and reviewing their approach to safeguarding. They had also identified the need to provide specialist training in areas such as dementia and were updating their training at the time of inspection.
- At this inspection there were clear quality assurance and governance processes in place, which were effectively operated by the registered manager. The registered manager had contacted a local support organisation to further develop their governance structure.
- The registered manager was aware of their responsibilities to report significant events to the Care Quality Commission (CQC) and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

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 was fully aware of their responsibilities under the duty of candour. They understood the importance of honesty and transparency, when investigating something that went wrong.
- The service had good processes in place to communicate with families, the Care Quality Commission (CQC) and other relevant agencies.
- The registered manager and staff were determined to get the care they provided right. When lessons could be learned, the service did so and made the necessary improvements.

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

- People and their relatives felt engaged with the service. One relative told us, "We know the manager well. They are very responsive and knowledgeable. I am confident in raising anything and they listen. We are involved in everything."
- People and their relatives were encouraged to express their views, and this was confirmed by those we spoke with.
- People and relatives views about the quality of care were sought, via telephone interviews, visits to people, and feedback questionnaires and surveys. The registered manager planned to develop their survey to capture the views of staff and professionals.
- All staff told us the registered manager valued their views. Staff were actively encouraged to share their opinions during supervisions, team meetings and at any time they needed to talk.

Working in partnership with others

- The service worked closely with other professionals and services to promote positive outcomes for people.
- Staff worked together to ensure that people received consistent, coordinated care and support.
- People consistently praised the support they received when being referred to healthcare professionals and when being admitted or discharged from hospital.