

T-Bot Care Dynamics Limited

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## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

T-Bot Care Dynamics Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, the service was providing support to 9 people with 4 people receiving personal care.

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 and their relatives told us they felt safe with the staff who supported them. They told us staff were kind, treated them with dignity and respected their privacy.

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 received an initial care needs assessment when they first joined the service, which formed part of their person-centred care plan. Risk assessments were carried out to identify and mitigate risk and were reviewed regularly to ensure they continued to meet people's needs.

Medicines were managed safely, and audits showed that people received medicines as prescribed. Infection prevention and control measures were in place and the registered manager ensured staff were working within the latest COVID-19 government guidelines. Staff had enough stock of personal protective equipment (PPE) and people told us staff always wore PPE. Staffs' COVID-19 swab testing and vaccination status were recorded.

Staff recruitment and induction had improved since the last inspection and the service now followed an effective recruitment process. Staff recruitment files contained interview notes, application forms and the necessary checks to ensure staff were safe to work within the care sector.

Staff completed an induction and followed the Care Certificate standards through online training and face to face training for practical subjects such as moving and handling. People told us staff were skilful and they felt confident with them.

Quality assurance processes were in place and the registered manager carried out regular audits. Staff told us the registered manager was approachable and often conducted spot checks to ensure they were competent in their role. The service worked closely with health and social care professionals.

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 and update:

The last rating for this service was Requires Improvement (published 20 June 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

The decision to inspect was prompted due to the previous rating. We carried out an announced comprehensive inspection of this service on 16 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve for staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for T-Bot Care Dynamics Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# T-Bot Care Dynamics Limited

## **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 team consisted of two inspectors. To support the inspection, one inspector reviewed records and documentation. They conducted telephone calls to people, their relatives, staff and professionals to gain their view of the service. One inspector visited the service location.

#### 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. For this service the provider was registered as the registered manager.

#### Notice of inspection

We gave the service a short notice period of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 13 May 2021 and ended on 21 May 2021. We visited the office location on 19 May 2021.

### 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 and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager and care staff.

We reviewed a range of records. This included two people's care records and medication records. We looked at two 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. We looked at training data and quality assurance records. We spoke with one professional who regularly communicates with the service.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider failed to have a robust recruitment and induction system in place. They had not assured themselves that staff had the right skills and knowledge. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Since the last inspection, the registered manager had reviewed the service's recruitment policy and procedures. The service now had an effective recruitment process in place.
- The staff recruitment files reviewed contained application forms and interview notes. The necessary checks to ensure safe staff recruitment included photographic identification, references and Disclosure and Barring Service (DBS) documents. The DBS is a national agency that holds information about criminal records.
- The service employed enough staff to meet the needs of the people using the service.

### Using medicines safely

At our last inspection we recommended the provider ensured staff had the appropriate training to meet people's medicine needs, should a person require administration of medicines. The provider had made improvements.

- Staff had completed medicine administration training. The registered manager carried out observation assessments to make sure staff were competent to support people safely with their medicines.
- We reviewed medication administration record (MAR) charts. They provided staff with clear guidance on when and how people should take their medicines.
- The registered manager carried out regular audits of people's medicines. This included checking how medicines were stored and tallying medicines to ensure there were the correct amount. MAR charts were reviewed to ensure people received the medicines as prescribed.
- The service had a medicine management policy in place which was comprehensive and referred to legislation.
- The registered manager liaised regularly with the local pharmacist and contacted them if they required any information.

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

- The service had systems and processes in place to identify potential risks to keep people safe. Staff had received safeguarding training and were aware of the process to follow to report an allegation of abuse.
- People and their relatives told us they felt safe with the staff and confident to raise any concerns to the registered manager.
- The registered manager was aware of their responsibility to raise safeguarding alerts to the local authority.

#### Assessing risk, safety monitoring and management

- Risk assessments were completed and provided good mitigation strategies to ensure people's safety. These included the environment and care needs such as moving and handling, falls and medicine administration.
- Systems were in place to monitor safety. The registered manager was hands on and worked alongside staff which provided an opportunity to monitor the care assessments to ensure they met the person's need as part of the quality assurance process.
- The registered manager undertook spot checks to ensure staff were following correct procedures and to assess any further training needs.
- Regular audits were undertaken by the registered manager, these were analysed and actions taken to improve the service.

#### Preventing and controlling infection

- The service had an infection prevention and control policy in place which had been updated to include guidance on the management of the COVID-19 pandemic. Staff were kept informed of government updates and changes relating to the pandemic to ensure their practice was current.
- At the start of the pandemic the registered manager had put an action plan in place together with a COVID-19 risk assessment tool which was used to mitigate the risks for those who were more vulnerable.
- Staff told us they had enough stock of personal protective equipment (PPE). People and relatives said that staff always wore PPE.
- Staff had undertaken infection prevention and control training including donning and doffing of PPE. To ensure staff were aware of the correct infection prevention and control procedures and the use of PPE, the registered manager carried out observational competency assessments.
- COVID-19 swab testing for staff was carried out regularly and results recorded. The registered manager maintained a record of when staff had received their COVID-19 vaccination.

#### Learning lessons when things go wrong

- The previous inspection raised some issues which the registered manager acted upon to improve practice. An administrator had been employed by the service who was assisting the registered manager to maintain and monitor the service.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to have a robust recruitment and induction system in place. They had not assured themselves that staff had the right skills and knowledge. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18

- Improvements had been made to the induction programme for new staff since the last inspection. The two-day induction programme provided a foundation to care practices including the service's mandatory training. This was followed by new staff shadowing experienced staff. Staff told us that the registered manager often worked alongside them, guiding and supporting.
- We saw that staff completed the Care Certificate standards. The Care Certificate is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
- Staff received online training and face to face training for practical skills including moving and handling. Competency observations were undertaken by the registered manager to ensure training was embedded into practice.
- Staff told us the training they received was informative. One staff member told us, "I received training when I first started. I was very well supported. We did practical moving and handling and the registered manager frequently observes my practice through spot checks." Staff confirmed they received supervision.

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

- Initial assessment was carried out by the registered manager to ensure the service could meet the person's needs.
- People and their relatives told us they were involved in their care planning. The care plans were comprehensive and person-centred, providing staff with clear guidance.
- Staff completed the daily notes at each visit, clearly recording the support they had provided.
- Staff told us they offered people choice at each visit and people confirmed this.
- Care plan reviews were undertaken as part of the quality assurance auditing process and to ensure they reflected the current needs of the person.

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

- People were assessed for their nutrition and hydration needs.
- Risk assessments were in place to guide staff about how people took their diet, highlighting any risks with eating and drinking.
- Where there were concerns around malnutrition and weight loss, staff maintained food and drink charts. Instructions for staff to encourage prescribed supplements was seen in one care plan.
- Staff had received training in food safety and people told us they always left their kitchen clean and tidy.

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

- People were supported to access health and social care facilities such as the GP and district nurses.
- Staff told us they were confident to call for healthcare assistance if required. Staff said they were listened to and any concerns they had around a person's needs would be reviewed by the registered manager.
- The registered manager worked closely with health care professionals. One health and social care professional told us, "The registered manager is well organised and communication with the service was excellent. People are well looked after, and the care is excellent."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity was assessed at the initial assessment to evaluate what support the person needed to enable them to make decisions about their care.
- Staff understood the principles of MCA and knew what was required to ensure decisions were taken in people's best interest. Where people had full capacity and chose to make unwise decisions, they were supported to manage risks.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider failed to have a robust system in place to monitor the quality of the service provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17

- Improvements had been made since the last inspection in the quality assurance process. The registered manager had introduced a good governance planner which clearly identified when audits were due and completed. We checked and audits had been undertaken. The outcome was analysed, and action taken to improve care practices.
- The registered manager was experienced and understood their role. They were hands-on, working alongside staff attending to people's needs. This provided people with an opportunity to talk directly to the registered manager.
- To support the registered manager, the service had recruited an administrator. The registered manager was in the process of planning to recruit a senior person to support the operational management of the service.
- Staff were clear about their role and spoke positively about the service. One staff member told us, "It is a good place to work. I like the people we care for and the registered manager if fair, kind and organised."

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

- The care plans were person-centred. Staff told us care plans were easy to follow and provided guidance on how to support people to achieve good outcomes.
- People and their relatives spoke positively about the service. People told us, "The manager is brilliant, really good" and, "The service is very good." Another told us they appreciated the flexibility of the service which suited their needs.
- The registered manager promoted continuous learning and development. They received government updates in relation to COVID-19 pandemic to ensure infection prevention and control practices were current.

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

- The registered manager understood their legal responsibility and were open and honest. People and relatives told us, the registered manager was approachable, and any concerns raised were dealt with appropriately.
- The service had a complaints policy and process in place. The registered manager told us they had not received any complaints. People and their relatives were aware of how to make a complaint. One person told us, "I am 100% happy with the service, I have no complaints but would know how to raise one if I had."

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

- The service had systems in place to involve people and their relatives through surveys and telephone calls to monitor the care provision.
- The staff were part of a WhatsApp group where staff could communicate with each other and management. This technology was not used for sensitive material but provided a useful link to ensure all staff were aware of changes and care updates.
- People and relatives told us they were treated with respect and dignity and staff always consulted with them to provide choice. We saw from the care plans that people were supported to exercise their rights.

Working in partnership with others

- The registered manager worked alongside external stakeholders and had a good working relationship with the mental health team and other health professionals.
- One health and social care professional told us that the service was reliable and flexible and gave examples of when the service accepted people at short notice when care provision was urgently required. They described the registered manager as supportive and going above and beyond.