

Tender-Hearted Limited

Arena Business Centre

Inspection report

Unit B8
Arena Business Centre, 9 Nimrod Way, East Dorset Trade
Park
Wimborne
BH21 7UH

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Tel: 01202862690

Website: www.tender-heartedcare.com

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Arena Business Centre is also known as Tender-Hearted Care. Tender-Hearted Care is a domiciliary care agency and provides personal care to adults living in their own homes. 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. 18 people were receiving personal care at the time we inspected.

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

People told us the registered manager and staff were kind, caring and their needs were met. One person told us, "Best care I have ever had. The staff are so caring, so hands on, they would do anything to help."

The provider, also the registered manager was open and transparent throughout the inspection. They told us their focus had been providing hands on care to people using the service and working with new staff to Tender-Hearted Care. This meant they were unable to oversee the running of the service. We found the lack of oversight and governance had led to our inspection identifying areas of improvements.

People had been recruited into the service without complete background checks. Systems were not in place to robustly check the recruitment process.

Medicines were not managed safely. Medication administration charts (MAR) had not been completed and showed people did not always get their medicines as prescribed. Systems and processes had failed to identify MAR were not completed.

We found that people who lacked capacity had not always been assessed and reviewed within the principles of the Mental Capacity Act 2005 (MCA). This meant, people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Systems and processes were not robust to ensure good governance of the service. Frameworks were not in place to ensure good quality care could be delivered consistently. Audits were either not in place or not robust to identify any concerns. There was not a robust accident and incident reporting system in place. This meant any areas of improvements were not identified, themes and trends were not identified and placed people at risk of not having their care needs met and safeguarded against.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning

disability and or who are autistic.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support:

People were not supported to have maximum choice and control of their lives, this meant staff were unable to supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Right Care:

People's care, treatment and support plans had not always been updated and did not show how people had been involved. The service had identified care plans were not up to date and were in the process of updating them.

Staff had training on how to recognise and report abuse and they knew how to apply it. Systems and processes needed to be improved to ensure the service identified and protected people from abuse.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

Right Culture:

The quality of the care people received had not always been monitored and reviewed to ensure people's needs were met.

People and those important to them, including advocates, were involved in planning their care.

Staff had access to personal protective equipment (PPE) and people told us staff wore this appropriately, kept their homes clean and were regularly observed to wash their hands.

Staff knew how to recognise signs and symptoms of abuse and who to report their concerns to. People told us they felt safe with staff.

Staff felt valued, supported and appreciated by the registered manager. Staff told us they felt proud to work for Tender-Hearted Care and felt people received good care.

People had their needs assessed before care was delivered. The service had good working relationships with social workers and arranged healthcare professionals as required.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 December 2021). The service remains rated requires improvement.

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 the provider remained in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 17 November 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what

they would do and by when to improve safe recruitment of staff into the service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Arena Business Centre on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the management of medicines, good governance of the service, safe recruitment of staff into the service and the making of appropriate statutory notifications to CQC.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Arena Business Centre

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 5 January 2023 and ended on 11 January 2023. We visited the location's office on 5 January 2023 and 11 January 2023.

What we did before the inspection

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

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, office manager, and care workers. We reviewed a range of records. This included six people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including governance audits, policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Staffing and recruitment

At our last inspection the provider had failed to robustly check staff employment history and references prior to employing staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation

- Staff were not always recruited safely into Tender-Hearted Care. Staff had not always been assessed as fit and proper before commencing employment. For example, one member of staff did not have a full employment history, and one member of staff did not have references and reasons for leaving a previous job role in health and social care. This meant the provider was unable to assess if staff were of good character.
- Staff health had not always been reviewed to ensure any reasonable adjustments had been considered to support them to carry out their role. For example, one member of staff had disclosed a medical condition which could impact their ability to work. This had not been risk assessed by the provider for reasonable adjustments to be made.
- The provider did not keep records to demonstrate staff were assessed as competent before they worked unsupervised however, told us staff were regularly observed by the management team. Staff told us, "I have not had any spot checks but have worked with [registered manager] in the field sometimes, giving me guidance."

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection the provider completed appropriate checks to ensure staff were of good character and complete risk assessments to ensure staff were fit to work with reasonable adjustments if required.
- Appropriate Disclosure and Barring Service (DBS) checks had been made. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet the needs of people using the service.

- A call monitoring system was in place to notify office staff when calls were late to ensure calls were not missed.

Using medicines safely

- Medicines were not always managed safely. Three people's electronic medication administration records (MAR) had not been signed daily by staff to confirm the administration of medicines. We found staff had regularly recorded "no visit", used a question mark or recorded as "not taken." For one person medicines had not been signed as administered for 30 days.
- We discussed this with the registered manager and staff member overseeing medicines management. They were not aware of the concerns we found. The registered manager did not start their incident process for near missed or missed medicines which meant they did not investigate what happened, why it happened, confirm if medicines were administered as prescribed and prevent any future occurrences. This placed people at risk of harm. We informed the local safeguarding team about these incidents.
- The registered manager told us staff medicines competencies were regularly checked as part of a medicines observation audit. We asked to see these records, we asked on the first and second day of inspection. The registered manager told us they were unable to find the records to show us. We asked staff if they received spot checks. One member of staff said, "I have not yet experienced this."

Medicines were not always managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received medicines training as part of their induction.
- Since the inspection the registered manager has spoken with the management team to improve the daily checking of medicines and has established a monthly audit of medicines.
- The registered manager is working with the local authority to investigate why medicines were not administered as prescribed and learn lessons to mitigate a future occurrence.

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

- There was not a robust system and process in place to safeguard people from abuse. We asked to review accidents and incidents. The registered manager showed us accidents and incidents were last recorded in 2021. The registered manager told us they did not believe any accidents and incidents had occurred since this date.
- During the inspection we were informed about an incident that occurred two months ago. A person had been admitted into hospital after not taking medicines as prescribed. Tender-Hearted Care was responsible for the person's medicines. We requested to see the records from the incident, the registered manager told us incident paperwork had not been completed and a safeguarding referral had not been made. This meant the service could not identify any themes and trends and external scrutiny was not possible to ensure people were safe.
- The registered manager told us, staff verbally reported concerns but these were not always recorded. This meant the service was not always able to identify potential abuse and learn lessons when things go wrong.

Systems and processes were not robust to identify where quality and/or safety was being compromised and appropriate safeguarding action taken. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our inspection the registered manager has started to put systems in place and is working on embedding the process into the service to ensure people are safe and safeguarded from abuse.
- Staff had received appropriate training on safeguarding adults and children. Staff understood their role in

protecting people from abuse.

- Staff knew how to recognise the signs and symptoms of abuse and told us who they would report concerns to both internally and externally.

Assessing risk, safety monitoring and management

- Assessments had been carried out to identify risks to people's health and welfare. This included environmental risks in people's homes and any risks in relation to people's care and support needs such as falls, skin integrity and specific medical conditions.
- Staff had received safety related training including basic first aid, moving and handling and fire safety.
- People told us they felt safe with staff caring for them. One relative said, "The care is very good, the carers do seem to know what they are doing, and it makes us all feel safe, [person] feels so much better."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff competency checks included this.
- We were assured that the provider was promoting safety through good hand hygiene. This also formed part of staff competency checks.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff had received training in food hygiene.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

- Mental capacity assessments and best interest decisions had not been completed in accordance with the requirements of the MCA. Two people had been assessed as not having capacity, but no best interest decision had been completed.
- One person had CCTV in operation at their home. Tender-Hearted Care had not sought their consent or assessed their mental capacity to consent. A best interest decision had not been completed.
- We discussed the requirements of the MCA with the registered manager who told us they understood people's capacity could only be assessed by healthcare professionals. This showed a lack of understanding for their role and responsibilities to people using the service with a mental impairment for the requirements of the MCA.
- The registered manager confirmed they last completed MCA training in 2019, this meant their training was out of date and they were not aware of the most up to date guidance to fulfil their role.

Systems and processes were not robust to maintain accurate, complete and contemporaneous records regarding decisions taken in relation to the care and treatment provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the registered manager told us they were arranging refresher MCA training.
- Staff had received training and understood their roles and responsibilities to support people in making their own decisions.

Staff support: induction, training, skills and experience

- Staff told us they felt appreciated and supported by the manager however had not received regular

supervision and appraisals. One staff member said, "There are too many ongoing tasks that need [registered manager's] attention to allow [them] to display the appreciation that I am certain they would like to."

- Staff received training specific to their role and there was a robust induction in place. Some staff training was out of date. We discussed this with the registered manager who explained they were organising the refresher training for staff to complete.
- Staff had attended specific training to support autistic people and people with learning disabilities.
- People told us they were supported by staff who had the skills and knowledge to care for them effectively. One person said, "Very good skills indeed and well trained."

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

- People's care needs, and choices were assessed before the service started to provide any care or support. This included working with other health and social care professionals to complete their initial assessments.
- Care plans were reviewed regularly or when changes occurred. The outcomes from the assessments of people's needs had not always been transferred into the care plans to instruct staff how to meet the person's needs. We discussed this with the management who acted promptly to ensure care plans provided enough details for staff.

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

- At the time of inspection, Tender-Hearted Care was not supporting anyone to eat and drink. Previously, Tender-Hearted Care had worked with community speech and language therapists and provided specific training to staff to ensure they met the person's needs.
- Where assessed as a need, staff provided meals to people that had already been prepared by their families.

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

- Tender-Hearted Care sought appropriate healthcare professionals' support. For example, one person required a nurse to assist with wounds on their legs. Staff followed the nurse instructions by applying prescribed cream to prevent further skin deterioration.
- We received positive feedback from social workers and assessment and support co-ordinators from the local authority. One healthcare professional told us, "The care provided by [registered manager] and her team was simply invaluable. I was continually impressed with how responsive they were, the compassion shown and the constant contact they maintained to keep us updated."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers and staff were not always clear about their roles and staff did not always know what was expected of them. One staff member told us, "Roles are not clearly defined."
- The registered manager told us they had been focusing on providing hands on care to people and there were no staff consistently in the office, this had led to a lack of oversight of the service. One staff member said, "It is never really made clear who is responsible for what within management."
- System and processes were either not in place or effective at identifying areas of improvement we found throughout this inspection. This meant quality performance had not been assessed, potential risks to people not identified and any lessons learned to drive improvements.
- Medicines management systems and processes were not robust and had failed to identify and explore reasons medicines were not administered. Near misses and/or missed medicines had not been recorded as incidents, this meant the service was unable to identify any risk to people's health and welfare and had placed people at risk of harm.
- Staff recruitment systems and processes had not been effective and robust to ensure staff had been recruited safely into the service. This had led to a repeated breach of regulation in this inspection.
- Quality assurances, for example from surveys, had not been sought and recorded from people and staff. This meant the quality of the service had not been assessed, themes and trends recognised, and areas of improvement identified.

Systems and processes had not been established and operated to ensure robust governance and oversight of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service failed to notify CQC of notifiable incidents as part of their regulatory requirements. This meant external scrutiny was not possible to ensure people were not being neglected or receiving care or treatment that would place them at risk of harm.

The provider had failed to ensure notifiable incidents had been reported to CQC. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Since our inspection the registered manager has met with staff to clearly define their roles, established an

audit routine and put themselves forward for further training to help them meet the regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 told us they promoted a positive culture placing people at the heart of everything they did. People told us they had a good relationship with the registered manager and felt comfortable to raise any concerns. Comments from people included, "I have a very good relationship with the care manager", "The manager is very on it and everything is clearly explained" and, "I can speak directly to the manager."
- Staff told us they felt supported and could speak openly with the registered manager, comments included, "[Registered manager] is approachable and a good listener", "Cares so much for her staff and clients" and "Is a truly caring manager who is passionate about delivering the highest quality of care."
- The registered manager was open and honest throughout the inspection and told us they knew their skills were better at providing hands on care to people. One staff member told us, "I feel there is need for a manager to oversee things on behalf of the registered manager, sometimes it feels like [registered manager] is overwhelmed."
- Since our inspection the registered manager, who is also the provider, has placed an advert for a new member of staff to manage Tender-Hearted Care.

Working in partnership with others

- Tender-Hearted Care worked in partnership with others to help ensure the best possible outcomes for people. This included maintaining good working relationships with health and social care professionals and with commissioners. We received positive feedback from commissioners who told us they were pleased with the support Tender-Hearted Care provided.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC about events that is their regulatory requirement to do so.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure staff were recruited safely into the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure good governance of the service

The enforcement action we took:

We have issued a warning notice to the provider requiring them to be compliant by the deadline set.