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Tendercare

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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on the 26th January 2017. Tendercare provides personal care to people living in their own homes in Gloucestershire. It has been operating for 19 years. At the time of our inspection there were ten people receiving personal care from the service. The registered manager provided most of the personal care and support herself and was helped by three members of staff when needed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was also the owner of Tendercare.

At our last inspection on 24 November 2015 this service was rated as requires improvement overall. We asked the provider to take action to make improvements to:

- ☐ recording decisions made in people's best interests where they lacked the capacity to make decisions about their care
 - ☐ submitting notifications to CQC about incidents which must be notified
- and we found these actions had been met.

People enjoyed the benefits of receiving a service from a small agency. They liked the fact that they knew all the staff and had continuity of care. Staff understood them well and recognised when there were changes to their health or well-being. They were able to respond quickly and immediately to any requested changes to the service being provided. The registered manager had agreed to be the first contact point for a person's life line overnight. People were involved in planning their care and support. Their preferences, routines and needs were clearly identified in their care records, which were reviewed and kept up to date. People's lifestyle choices were respected and the personal care and support delivered reflected people's wishes.

People felt safe with the care provided and with the staff supporting them. They knew how to raise concerns and make a complaint. Their relatives and health care professionals were happy with the service they received and were kept informed. When people were unable to make decisions about their care, they had the appropriate assessments in place and decisions were made in the best interests. Any hazards people faced in their day to day lives had been assessed and action had been taken to reduce these keeping them as safe as possible. Staff had received training and knew how to use any equipment provided to people, how to administer medicines safely and how to move and position people. Staff were supported in their roles with individual meetings and annual appraisals to reflect on their roles and review their training needs.

The service was well managed. Communication was open and transparent between people, staff and their relatives. Information had been provided to people which was accessible and easy to read. People's views

were sought to ensure the quality of the service was being maintained. Positive feedback had been received which included, "You are little treasures, I would be lost without you", "Brightens my week" and "Over the moon with the visits, thank you."

The provider had displayed their rating in the office and on their website.

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 rights were protected and they felt safe with the service provided.

People were protected against the risks of harm. Any potential hazards were minimised.

People were supported by staff who had been recruited as suitable to meet their needs. They were supported by the same staff, who stayed for the correct length of time.

Medicines were managed and administered safely.

Is the service effective?

Good ●

The service was effective. People were supported to make decisions and choices in line with the recommendations of the Mental Capacity Act 2005. People unable to make decisions about their care had mental capacity assessments in place and decisions were made in their best interests.

People were supported by staff who had access to training and support to maintain their skills and knowledge.

People's health and well-being was promoted through access to food and fluids and through good communication with health care professionals.

Is the service caring?

Good ●

The service was caring. People were supported by staff who had developed caring relationships with them. They were treated with dignity and respect and staff understood people well.

People had information about the service they received and expressed their views about their care and support.

Is the service responsive?

Good ●

The service was responsive. People received individualised and personalised care which reflected their individual assessed needs and their wishes and preferences. People's care was

closely monitored and amendments made to their care records when their needs changed.

People knew how to make a complaint and were confident any concerns would be listened to and action taken to address them.

Is the service well-led?

Good ●

The service was well-led. People were encouraged to give feedback about the service they received each month, at reviews of their care and informally on a day to day basis.

The service was well managed and able as a small company to provide individualised care which was closely monitored on a daily basis. The visions of the service were promoted by all staff and valued by people receiving a service.

The registered manager was aware of her responsibilities with respect to regulation. She strove to maintain the quality of care and to support staff to help achieve this.

Tendercare

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.

The inspection took place on 26 January 2017 and was announced. One inspector carried out this inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with one person using the service and had feedback from one relative. We received feedback from five people, four relatives and one health care professional in response to questionnaires we sent out. We spoke with the registered manager and had feedback from three care staff. We reviewed the care records for three people including their medicines records. We also looked at the recruitment records for one new member of staff, staff training records and policies and procedures. We received feedback from three health and social care professionals.

Is the service safe?

Our findings

People's rights were upheld and the service being provided made them feel safe. A person told us, "I couldn't live at home without them; they make sure I am safe. It's important for me to feel safe." Feedback from people in response to our questionnaires indicated everyone felt people were safe from abuse and harm. Staff had completed training in the safeguarding of adults and had access to information about local procedures. People had been given with information provided by the local authority safeguarding team in the form of an "Alerters guide". The registered manager was aware of her responsibilities to raise concerns about people's safety and well-being and who should be contacted and kept informed. This included notifying the Care Quality Commission. The registered manager confirmed there had been no safeguarding issues to report.

People were kept safe from the risks of harm. During an assessment of their needs prior to receiving a service, risk assessments had been carried out to make sure staff would be working in a safe environment. Risks people faced in their day to day lives were identified, such as the risk of falling or becoming unwell due to diabetes. Risk assessments listed what actions had been taken to reduce these hazards such as providing a hoist and sling, walking aids and ensuring staff knew which medicines people were taking and why. Some people also had alarm systems in place. The registered manager had agreed to be the point of call for one person. Their relative who did not live nearby said, "[Name] also covers the life link call out overnight, which is such peace of mind for me and my wife." Processes were in place to record and monitor accidents and incidents although there had been none involving people using the service. The appropriate action had been taken in response to an accident involving staff and the registered manager was aware of the appropriate authorities to inform if needed.

People were safeguarded against the risks of emergencies. The registered manager spoke about strategies she had put in place in case she became unwell. A member of staff had agreed to cover last minute sickness and annual leave. Contact had been made with other local agencies to see if they would work with Tendercare if needed in an emergency. This had unfortunately not been successful. The registered manager said they were advertising for additional bank (relief) staff just in case they were needed. An out of hour's system was in place whereby people, staff and relatives knew they could contact the registered manager at any time.

People were supported by sufficient staff to meet their individual needs. Some people required two staff to help them with moving and positioning. This had been scheduled into the rota and staff confirmed this was taking place. A member of staff told us, "I enjoy working the double ups, most of the time it's with [Name]." A relative confirmed there were arrangements in place to cover annual leave and sickness. They said, "When [Name] is off, the other girls come in, and they are lovely too, but mum always asks for [Name]." The registered manager said there were currently three staff employed to help out either on a regular basis or as relief staff. People confirmed they knew the staff well and always had the same staff. People told the registered manager, "Great to have constant carers" and "We have the continuity we so desperately need." One person told us staff stayed for the correct length of time and there were no missed visits. Everyone who responded to our questionnaires said they received consistent care and support from staff they knew. Staff

stayed for the correct length of time and completed all the tasks they needed to during visits. The registered manager confirmed there were disciplinary procedures in place but these had not been used.

People were protected against the risk of employing unsuitable staff because thorough recruitment processes were in place. Records for a member of staff recruited within the last 12 months provided a full employment history. They had been asked to explain any gaps in their employment history and this had been provided. The reference request asked why they left former employment with children or adults. The registered manager had spoken with a referee prior to receipt of their reference. A satisfactory Disclosure and Barring Service check had been completed before the new member of staff started work. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that was reasonably considered relevant to the post applied for. Evidence of identity had been provided as well as copies of certificates of any previous training the applicant had completed.

People's medicines were administered safely. People had given their consent for their medicines to be administered by staff. Staff had completed medicines training and were observed managing and administering medicines to confirm their competency. Medicine administration records (MAR) clearly identified the medicines prescribed and staff had signed these to either confirm they had given them to people or they had prompted people to take their medicines. Additional charts were in place when staff had to apply creams or give eye drops. People's care records clearly identified the roles and responsibilities of staff to administer, physically prompt or remind people to have their medicines.

Is the service effective?

Our findings

At our inspection of 24 November 2015 we found consideration had not been given to people unable to make decisions about their care in line with the Mental Capacity Act. The provider told us they would address these issues and had put an action plan in place to describe how this would be achieved. 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.

At our inspection of 26 January 2017 we found the provider had taken action to address these issues. We checked whether the service was working within the principles of the MCA. People who were unable to make decisions about their care and welfare had been assessed in line with the principles of the MCA and there was evidence when decisions had been made in their best interests for example, administering their medicines or providing care and support. People who had appointed lasting powers of attorney had provided evidence of this. One person told us, "My son has power of attorney for my health." People had signed their care records giving consent for their medicines to be administered and agreeing with the care and support as described in their care records. The registered manager said one person had a do not attempt cardiopulmonary resuscitation (DNACPR) order in place. DNACPR orders are a decision made in advance should a person suffer a cardiac or respiratory arrest about whether they wish to be resuscitated.

People were supported by staff who had access to training to keep their knowledge and skills up to date. The registered manager confirmed she was qualified as a trainer in the lifelong learning sector to deliver training and vocational education to staff. She said this training was due to be refreshed. Some external courses had also been accessed such as safeguarding and first aid. New staff were completing the new care certificate and existing staff had also completed this award giving them the opportunity to refresh their knowledge, as well as training considered mandatory such as moving and handling. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. Everyone who responded to our questionnaires confirmed staff had the knowledge and skills to support them and meet their needs. Staff told us, "I have enjoyed the training and [Name] has supported me through it" and "I have enjoyed the training we have been on and completing my care certificate."

People benefited from staff who had been supported to develop in their roles. They had individual meetings (supervisions) with the registered manager and an annual appraisal. Records confirmed these had been carried out every three months to include an observation of staff performing tasks such as administering medicines, moving and positioning and delivering personal care. Staff told us, "[Name] is very patient with me and goes through everything with me until we are happy. She responds to all my needs", "She has helped me a lot with my personal issues that have been on going, which has resulted in me cutting down my hours" and "She responds to my needs as they arise, and adapts where needed. She has supported me so much and helped where she can."

People's health and well-being were promoted. People were encouraged and prompted to eat and drink by staff. Staff took care to make sure people had access to fluids and food before they left them. People's personal likes and dislikes were identified in their care records such as their preferences for breakfast, lunch and tea. Staff were directed to leave cold drinks within reach as well as providing people with their choice of hot drink. The provider information return (PIR) stated, "We take time to ensure all care is provided before leaving. Service users are not rushed. Meals are prepped and cooked to how they want it. Constant encouragement of fluids." The registered manager confirmed they kept in close touch with health care professionals particularly community nurses and the person's GP where appropriate. There was evidence they had raised any changes in people's health or well-being quickly with relatives and health care professionals. For example, if it was noted people had not been drinking enough and potentially had a urine infection. Health care professionals said they were confident the registered manager would take action to address any recommendations they made and they kept them fully informed.

Is the service caring?

Our findings

A person told us, "[Name] is wonderful to me; she is like a mother." Another person told the registered manager, "I enjoy the laughing and joking each visit." Everyone who responded to our questionnaires said they were happy with the care and support they received and had been introduced to staff before they provided their care. Feedback received by the service included, "You are little treasures, I would be lost without you", "Brightens my week" and "Over the moon with the visits, thank you." A relative commented, "Mum gets on wonderfully with [Name], and looks forward to her three visits per day. My mother was naturally initially apprehensive in having a new care company look after her but she has never been happier with the care and attention she receives from [Name] and her team. Both my parents look forward to the visits." A member of staff reflected, "I enjoy the work and the people we look after."

People's backgrounds and personal histories were understood by staff. The registered manager had introduced a new easy to read summary of people's lifestyle, preferences and routines important to them. These provided a snapshot of anything important to people which staff could talk with them about and ensure the service they delivered was personalised and reflected the way they wished to be cared for. For example, if people had particular dietary needs due to diabetes or if they had any spiritual or religious beliefs. People's preferences for the way they were addressed were identified and respected using their preferred names or titles. People's rights to family life, confidentiality and privacy were considered and staff took into account the preferred routines of people and also those of their partner or spouse. Staff had completed equality and diversity training and had access to recently reviewed policies and procedures.

People were encouraged to be as independent as possible. One relative told the registered manager, "Mum has been able to maintain a level of independence with your help." A person commented, "My life has been so much better since you and your team have been in." People's care records clearly stated what they could do for themselves and what they needed help with. Staff were guided to prompt people rather than doing everything for them.

People had been given information about Tendercare and what they could expect. They had individual copies of the statement of purpose and service user guide as well as their individual contracts confirming the frequency and length of visits. People's personal information was stored securely in the office. A person told us, "We discuss my needs and care plans; [Name] helps me so much."

People were treated with dignity and respect. Care plans directed staff about how to enter and greet people. For example, one person would be "snoozing in bed" and staff were prompted to call out a greeting and her name on arrival. One relative told us, "I have been reassured knowing they treated Mum with respect." A person told the registered manager, "You and your team are little angels." Feedback from people in response to our questionnaires indicated everyone was treated with dignity and respect and staff were caring.

Is the service responsive?

Our findings

People's care was individualised and reflected their wishes, likes and dislikes and how they wanted their care and support to be delivered. Care records clearly identified people's routines and noted their preferences for how they liked to dress, what toiletries they liked to use and how to ensure their safety when using equipment which had been provided. People living with dementia or with diabetes had additional information in their care records explaining how their conditions impacted on their day to day lives. Staff were aware of any changes they should look for and to raise these with family, the registered manager and health care professionals. For example, changes in a person's mood or their physical health. Everyone who responded to our questionnaires said they were involved in the planning of their care. Care records were monitored monthly and a short summary provided an overview of any changes. Reviews had taken place annually or sooner if needed. They identified any changes to the service provided and care records had been updated to reflect these.

Each person's needs had been assessed prior to receiving a service to make sure their needs could be met and Tendercare was able to provide the right number of staff, for the correct length of time and for the requested number of visits. The registered manager described how careful consideration was given to each new referral to make sure their needs and wishes could be respected. This also needed to take into account the possibility of changes in people's needs which could impact on the level of the service they received. For example, a person's relatives requested an additional lunch time visit due to deterioration in their health and well-being. The service was able to meet this request. The provider information return stated, "I [registered manager] can respond immediately to any changes that arise or are needed. Staff inform me of any changes and I can adjust accordingly with immediate effect." Relatives verified this saying, "[Name] responds straight away to any issues, or concerns with mum, and always informs me" and "You are so vigilant and on the ball."

People's needs were closely monitored and any changes were discussed with them, their relatives and health care professionals. Staff were creative when assessing how to react to changes in people's needs. For instance, one person's memory was getting worse and so staff had found ways to remind them when they had taken their medicines. This decreased their anxiety as well as reassuring their relatives who commented, "It's lovely not to have the phone going all the time with problems." Another relative acknowledged how the registered manager had gone over and above their contracted hours. They said, "Mum was in hospital this month following a fall, she stayed in one night for observation and was sent home with no need for follow up aftercare. I asked [Name] if she could stay overnight with mum (as she has on occasions before), and [Name] willingly did this with only eight hours' notice and it was the night she was due to go off for a few days."

People had access to a complaints process. People, in response to our questionnaires, confirmed they knew how to make a complaint and the service responded well to any issues they raised. A person told us, "[Name] always asks if I have any problems and talks with my son about any concerns. He knows [Name] and has no worries about my care." Compliments had been paid to the registered manager and her team which included, "Job well done", "Thank you for your help" and "Thank you for sending [Name] in to look

after me."

Is the service well-led?

Our findings

At our inspection of 24 November 2015 we found the provider had not submitted statutory notifications when required. The provider told us they would address this and had put an action plan in place to make sure we were notified of any incidents when needed. Although no notifications had been received since this inspection, the registered manager confirmed their understanding of what they needed to inform us about. There had been no incidents which needed to be notified to CQC since November 2015. The registered manager was aware of her responsibilities with respect to the Care Quality Commission and had for example, displayed the rating for Tendercare in the office and on the website.

People were asked for their views and opinions about the service they received in a variety of ways. Each month the registered manager asked them for feedback which was recorded indicating people's satisfaction with the service they received. Over the past 12 months no complaints had been received. Comments included, "I can't thank her enough for what she does for my mum", "Very happy with a local small company" and "Love having a small team." People were also asked for feedback during observations of staff carrying out their duties and during reviews of their care. In response to our questionnaires, people said they had been asked for their views about the service they received. Staff confirmed communication was good; they kept in touch by telephone, texts or face to face. The registered manager described improvements which had been made to the service including introducing a new summary easy to read document about people's needs and preferences. Professionals said they thought the service was well managed and had actively made improvements to the service when needed.

The registered manager was passionate about the service provided by Tendercare and maintaining the standards of care to people. This was confirmed by people, staff and relatives who commented, "[Name] is very passionate about her work", "Fair play to [Name], she has been a gem, she has a heart of gold this woman" and "She will do anything for you." A relative also said, "In my view [Name] deserves a medal and more recognition for what she does each day." The registered manager maintained their own professional development and kept up to date with changes in legislation and care through subscription to social care magazines, social care television and accessing websites to local and national organisations. They made sure policies and procedures were reviewed each year.

The registered manager recognised the challenges of maintaining a staff team who had the skills to meet people's needs and who were able to provide a consistent service. The vision to provide continuity of care to people was achievable because they were a small company, "passionate and caring about individual service users" and able to respond to any changes immediately. Tendercare's philosophy of care was to "strive to preserve and maintain the dignity, independence and privacy of service users and in doing so to be sensitive to the service user's ever changing needs." The registered manager said the compliments they received reflected that this had been achieved. For example, "What attracted me to Tendercare was their care/mission statement and my subsequent email conversations with the proprietor, so I understood the care she (my relative) needed was being provided."

People, relatives and other stakeholders benefited from open and accessible communication. Everyone

who responded to our questionnaires said they knew who to contact if they needed to and said information provided to them was accessible and easy to understand. Commissioners commented, "From a commissioning point of view the provider is on our framework and has therefore met the quality element of our home care framework. We have commissioned care from this provider this year and I know my experience has been a positive one."