

Tetra Care Limited

Tetra Live - in Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 March 2018 and was announced. The provider was given 48 hours' notice as they are a small service providing care to people in their own homes, we needed to be sure someone would be in.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults with spinal cord injuries. At the time of our inspection they were providing care to four people.

The service was last inspected in June 2016 but was not rated because there was only one person using and we could not make a judgement about the care provided.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider did not have robust recruitment practices in place to ensure staff were suitable for working in the caring profession. The provider had not always obtained an employment history, proof of identity and up to date criminal record checks for staff. Staff did not always receive refresher training in line with the provider's requirements.

People managed their own medicines and had signed a consent form stating staff would not record the medicines administered on medicine administration records. However as staff supported some people to dispense medication from their container we have recommended the service follow NICE medication guidelines in recording this type of support.

The provider was not set up in a way that promoted safe care through effective quality monitoring because the service's audits had not highlighted and addressed the concerns we found during the inspection.

People and staff told us there were sufficient staff to ensure people's needs were met by a consistent team and they felt safe and were protected from the risk of potential abuse. People were protected from risks to their health and wellbeing because risk assessments to guide staff provided sufficient detail for staff about how to manage specific risks.

People told us they were supported to get enough to eat and drink and were supported to attend appointments with healthcare professionals if they were unwell. Staff were provided with gloves and aprons to prevent the spread of infection.

People told us staff developed good relationships with them and respected their diversity and privacy.

People were involved in planning their care and care records included information about people's likes and dislikes and promoting their independence. People's consent to care was recorded in their care plans.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding recruitment and governance. You can see what action we told the provider to take at the back of the full version of this report.

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. Risks to people's health and wellbeing were identified and detailed plans about how to manage the risk were in place.

People managed their own medicines at the service and consent and capacity forms had been completed confirming this. Staff support was required to dispense medicine from their container and we have recommended the service follow NICE medicine guidance in recording this support.

Staff were not always recruited safely.

There were enough staff to ensure people's needs were met consistently.

People felt safe with their care workers.

Staff were provided with personal protective equipment to ensure people were protected by the prevention and control of infection.

Requires Improvement ●

Is the service effective?

The service was effective. Staff received support to carry out their roles and overdue training had been booked for the near future.

People's needs were assessed before the service began providing support.

The service supported people to eat and drink in line with their preferences.

People told us they were supported to access healthcare services.

Consent to care was obtained from people and the service worked within the principles of the Mental Capacity Act 2005.

Good ●

Is the service caring?

The service was caring. People were supported by regular

Good ●

personal assistants who had established compassionate relationships with those they supported.

Staff supported people with respect and promoted their dignity.

Care plans captured people's religion and cultural requirements.

Is the service responsive?

Good ●

The service was responsive. Care plans were personalised and regularly reviewed.

People knew how to make complaints and felt confident to do so.

The service had an end of life policy in place to guide staff if this was needed.

Is the service well-led?

Requires Improvement ●

The service was not always well led. Monitoring systems were in place but these were not effective in identifying shortfalls in relation to staff recruitment.

There was a positive culture at the service.

The provider worked in partnership with other organisations.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 March 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults; we needed to be sure that someone would be in.

The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. A notification is information about important events which the service is required to send us by law.

We spoke with the local authority monitoring team to get their views about the service.

During the inspection we reviewed three people's care files. We looked at three staff files including recruitment, training and supervision records. We looked at various documents, policies and procedures relevant to the management of the service. During the inspection we spoke with the director of the service.

After the inspection we spoke with one person who used the service and one personal assistant by telephone.

Is the service safe?

Our findings

The provider did not have a robust process to ensure staff were suitable for working in the caring profession. We reviewed three staff files and found one staff member's criminal record checks related to their previous employment. None of the staff members had an application with an employment history on file. This meant that the provider could not be assured that all staff were suitable for working in the caring profession.

The issues above relate to a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with how their medicines were managed and had not encountered any problems. Staff we spoke with were knowledgeable about the side effects of medicines and worked well with people to provide them with medicines in a way they were comfortable with.

People told us they felt safe while receiving care. One person said, "Yes, I definitely feel safe." Records confirmed staff underwent training in safeguarding adults from abuse when they started working at the service in order to know what to do if they suspected any incident of abuse had occurred. There had been no safeguarding incidents since the last inspection and the local authority confirmed this.

Risk assessments were undertaken to guide staff about how to manage specific risks such as those relating to chest care and tissue viability. People told us that they were satisfied with how the risks they faced were managed by staff. This meant people were protected from risks to their health and wellbeing.

People told us there were sufficient numbers of staff to meet their needs. Staff lived with people for a number of weeks on and a number of weeks off on a scheduled basis. People told us "I needed consistent care and that is what they promised and that is what I've got. They are very reliable. Even when I've had different people in an emergency cover was arranged properly." Staff told us they were provided with an out of hours' number and were encouraged to call the director anytime if they needed support should an emergency situation arise.

The director told us they provided gloves and aprons for staff to wear during personal care tasks. Care plans stated that staff should wear personal protective equipment to prevent the spread of infection. Staff were supported by an adequate infection prevention and control policy which included information on preventing and controlling infection. This meant people were protected by the prevention and control of infection.

The director told us they had not had any incidents since their last inspection. People we spoke with confirmed this and also told us they were confident appropriate action would be taken if any incidents occurred. The provider had a policy regarding incidents to ensure lessons were learnt to reduce the risk of recurrence. This meant there was a system to ensure lessons were learnt if incidents occurred.

People at the service were wholly responsible for the management of their own medicines. People had

capacity and had signed consent forms stating staff would not record medicines taken on a Medicine Administration Record. However people required staff support in the dispensing of medicine from their respective containers due to the nature of their injury but no other support was required.

We recommend the service follow NICE medication guidelines in the recording of dispensing support given to people.

Is the service effective?

Our findings

Staff did not always receive refresher training in line with the provider's requirements. The director confirmed that three staff members' training in their mandatory topics such as safeguarding training was two years out of date. The director said that this had been booked for the following month. Staff were not provided with regular supervision sessions because they lived in people's homes for weeks at a time and therefore coordination was difficult. Staff confirmed that they were able speak with the registered manager or director about their work and training requirements during telephone catch up calls. However, these were not recorded. Annual appraisals for staff to discuss their professional development were not conducted. This meant staff did not always receive the training and support needed to carry out their roles.

It was noted that staff received specialised training in spinal cord injuries which was provided by a senior nurse practitioner. Newly appointed staff underwent an induction period that included shadowing more experienced staff members. People and staff told us this was useful in order to understand people's needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

No one at the service was deprived of their liberty and people were supported to live their lives in the way they chose. People told us they made decisions about their care and they were listened to. Staff received training about how the MCA applied to their roles. We noted that people had signed their care records after a discussion about their care to imply consent.

Before people started to receive a service the provider completed a comprehensive assessment of their needs over a period of days spent with the person. This considered people's needs in relation to various aspects of care including washing, moving and handling and continence care. People told us they were fully included in this process. The care plans created reflected people's preferences and choices for their care. This meant people's needs were assessed and personalised care plans created as a result.

People told us they were supported eat meals and drink beverages in line with their preferences. One person said, "They cook for me. I'm in control of what and when I eat and drink." Care plans contained information for staff to follow where people needed support to eat safely.

Care files contained information about people's health conditions and the support they needed to maintain their health and access healthcare services. People's GP contact details were included in care files and were

easily accessible to staff. Where people received regular support from healthcare professionals, such as district nurses, this was clearly recorded. For example, one person's care file contained information that district nurses visited to support them with their healthcare conditions. People's medical condition including skin conditions and dysreflexia were available for care workers to refer to and details about people's spinal cord injury, how it was being treated and any ongoing check-ups and physiotherapy required were also recorded. People told us they were supported to access healthcare services when this was necessary. One person said, "They will come along with me and ask questions and support me."

Records showed the service worked with other agencies involved in people's care, including social services and healthcare professionals. Staff told us they spoke with other professionals involved in people's care and followed their instructions.

Is the service caring?

Our findings

People told us they had established positive, caring relationships with their regular care workers. One person said, "[My personal assistant] is absolutely brilliant the best in the world." People and relatives recorded feedback were positive about staff interactions. People told us that the service would work to make improvements or change staff where personal assistants were not a good fit for them. This meant that regular care staff members strove to develop caring relationships with those whom they supported.

People told us they felt supported to express their views and were involved in making decisions about their day to day care. A person said, "I am completely in control of my care." Care plans prompted staff to give people choices. For example, one person's care plan stated, '[Person] will advise what time [they] would like to get up in the morning the night before.' People's communication needs were captured in their care plans and informed staff about how best to communicate with them.

People told us they were treated with respect and dignity which was particularly important when the staff member was living on their premises. One person said, "Yes, we have a good understanding of enjoying my own time in the evening if I've got people round. They are very discrete if needs be." A staff member said, "I don't talk about anything about client to anyone. I make sure they are well covered. I'm always keeping the person clean to high level. Anything to do with leg bag privacy is number one." People told us how the staff worked with them to promote their independence which meant they were able to access the community as much as possible.

People's diversity was respected. People's cultural and religious preferences were included in their care plans and staff gave examples of how treated everybody equally. One staff member said, "I'm neutral, I don't discuss anything unless they do. My job is to look after them not to judge them." The director told us any wishes in respect to sexual orientation or gender identity, or religion would be respected. This was supported by their equality and diversity policy which ensured non-discriminatory practice. This meant the person's views and beliefs were respected in their care.

Is the service responsive?

Our findings

People's care and support needs were written in plans to ensure staff had appropriate information available to meet people's needs. People were involved in planning their own care. Care records were detailed and contained details of their personal preferences and circumstances. People had signed them to evidence their involvement.

Care plans were regularly reviewed on a six monthly basis or when there was a change in need which was in line with the provider's own policy. People told us, "The care plans get reviewed every six months." People and staff gave examples of how the care provided was adapted based on a change in someone's health and support needs. A person told us, "Anything else I need, I contact them and it's done." Records confirmed that the provider contacted social services in order to provide more assistance to someone when their needs changed.

Care was tailored to people's needs and preferences. Details in care records about how people wished to be supported were personalised and information was provided about which type of products the person liked to use. Important current events in people's lives were captured and celebrated. The care plans contained comprehensive information about people's backgrounds and their likes and dislikes and who was important to them.

People told us they knew how to make complaints and that they would be listened to. A person told us, "I have once [made a complaint]. [The director] was excellent, I emailed the concerns. We had a meeting, he sorted it out quickly." There had not been any formal complaints since the last inspection but there was a complaints procedure in place meaning there was a robust system that would be followed in the event of a complaint.

At the time of our inspection no one was receiving end of life care however, there was a policy in place about supporting people at the end of their lives to guide staff if this was needed. The director demonstrated understanding of how to implement care for people at the end of their life with spinal cord injuries. This meant the provider had systems in place to ensure people were supported at the end of their lives to have a comfortable and pain free death.

Is the service well-led?

Our findings

The provider was not set up in a way that always promoted safe care through effective quality monitoring systems. There was not a system of audits that were to be completed and therefore the shortfalls we found had not been identified and there were no plans to make improvements in these areas. For example staffing records had not been appropriately maintained. The registered manager did not have copies of verified references and proof of identity for all staff members. This meant the provider had not appropriately maintained the records required of them. Spot checks of staff were not completed to ensure they were working in line with the provider's requirements.

The above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The director and registered manager worked well together to run the service. People told us they were approachable and easy to contact. One person said, "I have a very good working relationship with [the director]. He understands my care needs." People told us they felt consulted about the standard of care that was being provided and feedback was captured and used to update people's care plans.

Staff reported that the manager was approachable. One staff member said, "There is a happy atmosphere at [the service]. It's the best company I've worked for." As staff members lived in people's homes for long stretches of time, it was difficult to arrange full staff meetings. However, telephone and emails were used to discuss issues that were important to the service-wide delivery of care and to update staff on best practice in service delivery. A staff member told us, "We work well as a team."

The director had a clear set of values of the service which were communicated to people and staff. The director said, "I lead this by example." A member of staff told us, "I'm a person who cares so want to work for a company who cares for the client. [The director] is incredible and the values are good. I'm really happy working for him." There was a clear focus on ensuring the culture of the service was person centred.

The director had fostered relationships with other organisations to ensure service delivery was in line with best practice. For example, the director attended and conducted talks at a hospital and worked with a number of spinal cord injury charities.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems were not robust. The provider had not maintained appropriate records of staff recruitment. Regulation 17(1)(2)(a)(b)(c)(d)(i)(ii).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have robust recruitment procedures to ensure that persons employed had provided a full employment history and had relevant criminal record checks. Regulation 19(2)(a)(b)(3)(a)(b).</p>