

Tutelacare Ltd

Tutelacare

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service:

Tutelacare is a newly registered [July 2022] domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection it provided a service for 4 people but only one person received personal care. The Care Quality Commission (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.

At the time of this inspection the nominated individual and the registered manager were the only staff employed by the provider and they provided the support to the 1 person who used the service. In this report we have used the term 'staff' to represent the nominated individual and the registered manager and 'people' for the 1 person and their relative using the service.

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

The person using the service and their relative [people] said communications from the office were good. They said they were informed if the senior managers [staff] were going to be late or if the person's care needs changed.

People told us they felt safe and were protected from the risk of abuse. The service had appropriate safeguarding procedures. Staff told us they received regular training and they knew how to safeguard people from abuse and the processes that should be followed where concerns arose.

Risk assessments and risk management strategies were in place as part of the assessment and support planning process. This meant risks to people and to staff were minimised.

There were robust recruitment practices in place and sufficient staff levels to meet people's needs.

There were appropriate policies and procedures in place to ensure people received their medicines safely. At the time of this inspection people did not receive assistance with this. However appropriate training was available for staff on the safe administration of medicines. This together with appropriate supervision and monitoring meant when required people received their medicines safely and staff had clear guidance to follow.

The provider had ensured that appropriate training and supervision was available for staff. This included understanding and how to manage best practice for infection control and the use of PPE.

There were systems in place to ensure that accidents, incidents and risks were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of events occurring in the future.

Assessments were thorough and expected outcomes were identified. Support plans were reviewed and updated as people's needs changed.

People were supported by staff who knew them well and were able to identify their likes and dislikes. They were supported to eat and drink according to their dietary requirements taking into consideration their preferences.

People told us they received good quality care from kind and caring staff. They said their care was delivered by regular staff and this provided the consistency and continuity they needed. They told us they were treated with dignity and respect. They told us staff had the right skills to deliver appropriate care and support.

Staff were able to communicate with people well.

People were confident that any concerns would be addressed appropriately and resolved by the registered manager. They told us the registered manager welcomed feedback.

People told us they thought the service was well led and that they were very happy with the support they received.

There were effective systems in place to monitor the quality of the service provided to people which ensured good governance. The service had systems in place to notify the appropriate authorities where concerns were identified. The culture of the service was positive, open and person centred.

Due to the service currently only supporting one person we were unable to rate the service because there was insufficient evidence available for us to do so. The registered manager told us they were hoping to expand the service and provide support to more people which would enable us to rate the service at the next inspection.

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:

This service was registered with us on 07 July 2022 and this was the first inspection.

Why we inspected:

This inspection was prompted by a review of the information we held about this service.

Follow up:

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?

Inspected but not rated.

Inspected but not rated

Is the service well-led?

Inspected but not rated

Inspected but not rated

Tutelacare

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.

Inspection team

This inspection was carried out by one inspector.

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.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since registration. We used this information to plan our inspection.

During the inspection

We visited the offices of this service. We spoke with the nominated individual and the registered manager. We inspected 1 person's care files and 2 staff files. We also reviewed a variety of records relating to the management of the service. We spoke with 1 person who used the service and their relative on the telephone about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been not been rated due to a lack of sufficient evidence, there only being 1 person using this service.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to safeguard people from abuse. These policies and procedures followed best practice.
- Staff demonstrated a good knowledge of how to recognise abuse and knew what to do should concerns arise. Both had received appropriate training for safeguarding people from abuse and we saw evidence of this and that the induction programme for new staff included this training.
- Staff understood the process for dealing with safeguarding concerns appropriately as well as working with the local authority safeguarding team around investigations and any safeguarding plans implemented.
- There were appropriate policies in place for staff to understand how to whistle-blow.

Assessing risk, safety monitoring and management

- Before people were offered a service, an initial assessment was undertaken by the registered manager. This assessment involved looking at any risks faced by the person or by the staff supporting them.
- We saw that person centred risk assessments had been undertaken in relation to mobility and falls, self-harm, security at home and possible behaviours that may challenge staff. Plans were put in place to minimise any risks identified for people and to ensure they were safe from harm.

Staffing and recruitment

- There were effective recruitment and selection processes in place to ensure staff were safe to work with people. This included application forms, interviews and pre-employment checks which included references from previous employers. Disclosure and Barring Service [DBS] checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use the service.
- The relative of the person receiving care also told us they thought there was adequate staff cover to meet the needs of their family member. We saw from the staff rotas, staffing arrangements were adequate to meet the person's needs. Review of the care plan and the allocated times to meet the person's needs set out in the care plan indicated staff had enough time to carry out the tasks required.
- The relative of the person receiving care and support at the time of this inspection told us their family member was well treated by staff and they felt their family member was safe with the service they received. They were complimentary about the service provided. Comments included, "They are very good indeed, we are very happy."
- There was out of hours of hour's management cover provided by the registered manager.

Using medicines safely

- The person using the service did not require to be given or to be prompted to take their medicines as this

was done by their relative. This was confirmed by the relative of the person.

- There was a policy and procedure in place that provided guidance about the administration of medicines.
- A medicines risk assessment was also completed to help make sure people received their prescribed medicines safely and at the right time.
- Staff received appropriate training on the safe administration of medicines. They told us staff competencies were monitored regularly to help ensure people received their medicines safely. We saw evidence of the process that was in place.

Preventing and controlling infection

- A comprehensive policy and procedure was in place for infection control and food hygiene in people's home and training on both was completed by the staff. They showed us evidence this would be a part of induction training for new staff.

Learning lessons when things go wrong

- The service had in place an appropriate policy and process for learning from mistakes. The registered manager reviewed accidents and incidents. These were analysed and reviewed to check if the person's care plan needed to be reviewed and identify actions that needed to be taken to reduce reoccurrences.

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.

This is the first inspection of this newly registered service. This key question has been not been rated due to a lack of sufficient evidence, there only being 1 person using this service.

Leaders and the culture they created promoted high quality, person centred care

- People were very positive about the staff that supported their family member. Comments included, "The managers are very reliable, they do a good job." Communication with the office is good and they keep us informed of any changes." People told us they felt listened to and able to approach the registered manager about any concerns they may have. There was an appropriate complaints policy in place although no complaints had been lodged at the time of this inspection.
- We saw documentation to demonstrate the registered manager had processes in place to carry out competency assessments on staff members. This will help to ensure the staff team provide good care and support to people.
- People said there was an open and transparent culture at the service. The service provided was person centred and met the needs of the person they supported. It was clear that morale and motivation was high.

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

- The registered manager was aware of their registration requirements with CQC and of their duty of candour to notify CQC of specific events.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.

Leaders and the culture they created promoted high quality, person centred care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The registered manager told us that due to currently only supporting one person, they had not yet implemented their feedback questionnaires that were intended to check and audit the work undertaken at the service. They had templates that could be used for auditing and checking purposes but at the time of inspection they were just checking care records during care plan reviews. However, we did see that they were in the process of implementing care plans in an accessible format, using pictures and symbols.
- We saw policies and procedures in place that covered all aspects of the work undertaken at the service and this provided good support and guidance to staff regarding processes and good practice related to their work.
- There was a comprehensive staff supervision policy and procedure in place to help to ensure staff were well supported via one-to-one supervisions. Regular spot checks of staff practice were undertaken by the registered manager. These monitoring checks looked at how staff were working practically with people as well as monitoring their performance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager told us that the service had access to training and that all new staff would be expected to work towards a vocational qualification. They went on to say that they believed in investing in their staff to ensure a good quality service was being delivered.
- There were systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.
- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out by the registered manager on a regular basis in areas such as medicines management, care plans, staff records, health and safety and the home environment. Where required action plans were developed to address any issues or concerns identified.

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with people's relatives and health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, speech and language therapists, mental health professionals and GPs.