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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Tendercare is a domiciliary care agency. It provides personal care to people living in their own properties in the community. 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. There were ten people using the service at the time of our inspection.

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

Due to the concerns raised prior to this inspection we checked to see if steps had been taken to support people to manage their money safely. We also checked how the provider monitored that safe money practices were being followed to protect people from theft and financial abuse. We found when people could consent to receiving support with purchases this was done safely. However, the registered manager's money recording system was not sufficiently detailed and comprehensive to ensure a clear audit trail of the support they provided would be available. This made it difficult for people and the provider to monitor that their money was being managed safely. If the provider was to support people who lacked the mental capacity to consent and check their financial transactions the lack of sufficient recording may put them at risk of financial abuse. The manager told us that they would support people who could monitor their own money in future, however their policy still needed to be reviewed to ensure it reflected the service's practice.

People received their medicines as prescribed. Staff knew people's medicine support needs well but a detailed medicines care plan of the support people required with their medicines was not in place for staff to follow when needed. However, the registered manager promptly acted on our concerns and implemented medicines care plans for people who needed support with their medicines.

The provider completed checks to monitor the quality and risks in the service but had not identified the concerns we found in relation to people's money and medicine records. We have made a recommendation about the provider's quality assurance systems.

People and their relatives were happy with the service they received from Tendercare. They told us they felt safe with the staff who supported them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us staff were courteous and polite towards them and they respected people's dignity and privacy. Staff always asked for people's consent before they supported them.

People confirmed they had been involved in the assessment of their care and encouraged to retain their independence. There were sufficient numbers of safely recruited staff who were available to ensure people were supported by familiar staff who understood their needs.

Staff had been trained to carry out their role and felt supported by the registered manager. People told us they felt staff were knowledgeable about good care practices. Staff had a good understanding of their responsibilities to protect people from harm and abuse and to report any concerns.

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

Rating at last inspection:

The last rating for this service was Good (published 22 February 2017).

Why we inspected

The inspection was prompted in part due to concerns received about the safe handling of people's money. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people who at the time of our inspection were receiving support with shopping were at risk of financial abuse from this concern. Please see the 'Is this service safe and well led?' sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Tendercare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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

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.

Inspection activity started on 9 July 2019 and ended on 11 July 2019. We visited the office location on 9 and 11 July 2019.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and reviewed a range of records. This included five people's care and 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 policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one person and three relatives after the inspection to gain feedback about the service they received. We also received feedback from three staff members and spoke to the local authority safeguarding team as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff visited and supported them in their own home. One person said, "Oh yes, the girls are very kind and respectful. I have no worries when they are in my house." Relatives also expressed the same positive feedback and told us staff were reliable and trustworthy.
- Staff told us they had been trained in safeguarding and were aware of the service's safeguarding policy and procedures. Staff confirmed that they would report concerns about people's wellbeing and safety to the registered manager and contact external agencies if their concerns were not acted on.
- Due to concerns raised with CQC, we reviewed the service's 'safe handling of money' processes such as when staff handled people's money on their behalf when shopping for people or managed their bills and pensions. We found that at the time of this inspection, staff only handled the money of one person when they carried out their weekly shopping. The person had the mental capacity to consent to the staff managing their money and there was a record of the total cash given to the staff member to purchase shopping, the total balance of the purchases and change given back to the person in their daily notes. Their relative told us that staff were 'fastidious' in managing the person's money on their behalf and always provided receipts for items purchased on behalf of people.

Assessing risk, safety monitoring and management; preventing and controlling infection

- People's risks associated with their support needs has had been identified, assessed and were regularly reviewed. People's care records gave guidance to staff on how to safely support people to minimise their known risks. For example, people's risk of falls had been assessed and control measures were in place to manage risks and known hazards. The registered manager explained that this was a balanced approach to enabling people to retain their independence and managing any associated risks such as supporting people to retain their mobility.
- Control measures had also been put into place when environmental risks had been identified to reduce the risk to people and the staff such as external and internal risks such as steps, clutter and wet floors.
- Staff confirmed they had access to personal protective equipment to prevent and control the spread of infection.

Staffing and recruitment

- People were supported by a small staff team who had been recruited safely. The registered manager had recruited staff based on personal recommendations as well as carrying out recruitment checks such as obtaining references, checking criminal records and proof of identity to ensure people were supported by staff of good character.

- The staffing levels were appropriate to meet the needs and preferences of the people they supported. Bank staff were available to cover staff absences. Staff and people had consistent 'on call' access to the registered manager if additional assistance and support was required.
- People and their relatives confirmed that staff always arrived on time and stayed for the allocated amount of time. No one we spoke to had experienced missed visits. They told us staff informed them if they were running late. One person said, "They are generally always on time. Sometimes they get held up, but I am always told if they are running late." Staff confirmed their visit and travel times were realistic and manageable.

Using medicines safely

- Some people required assistance or prompting to take their prescribed medicines. People and their relatives told us they received their medicines as prescribed. The details of the administration of people's prescribed medicines were known by staff, however details of how the person should receive their medicines and the reasons why the medicines had been prescribed had not been comprehensively recorded in their care plan.
- We reviewed people's medicines administration records and found that they had been completed with no gaps, however staff had not always robustly recorded the administration of medicinal creams and over the counter medicines. This was raised with the registered manager during the inspection, who took immediate action to improve the records relating to people's medicines.
- Staff had received medicines management training and their practices were regularly observed to ensure their practices remained safe.

Learning lessons when things go wrong

- Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from to prevent future re-occurrences. We were told that there had been no accident or incidents since our last inspection, however people's care provisions and care records would be reviewed if an accident occurred to reduce the risk of repeat incidents and would be shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out an assessment of new people who had been referred to the service to confirm that staff could effectively meet the needs of the person. The assessment was completed in partnership with the person, involved relatives and health care professionals where appropriate. This information was used to inform the person's personalised care plan with the focus of retaining and improving people's independence to remain living in their own home.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were skilled and trained to carry out their role. One relative said, "Yes, I have no concerns about the skills of the care staff, they know their job well."
- All new staff were required to complete an induction programmes including shadowing their colleagues during support visits until the staff member was assessed as competent to work independently. Staff were required to complete the Care Certificate (a nationally recognised set of care standards) to ensure that staff had the minimum required skills to support people with their personal care.
- Staff received training through various resources including e-learning and training delivered by the registered manager. Health care professionals provided additional training when required in areas specific to people's individual needs such as hoisting people with limited mobility.
- Records showed, and staff confirmed that they received regular supervision, observations of their care delivery and an annual appraisal to review their work practices and personal development objectives.

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

- Where people were supported with their meals, they said staff helped them in the way they needed and were flexible in their approach. For example, staff supported people to plan, prepare and cook their meals or prepare a lighter meal or snack to be consumed later in the day.
- Staff assisted people to make healthy choices about their meals and were familiar with each person's preferred meals and snacks. We were told that people's cultural and religious food preferences would be met if required.

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

- Staff knew people well and assisted people in monitoring their health and well-being to ensure they maintained good health and identified any problems. Relatives reported that staff would always raise any

concerns to them about changes in people's well-being and health and assisted them to be referred to external health care services when required.

- People's care plans included key contact details of people's GP, district nurse, pharmacist, and relatives. Staff prompted and supported people to attend their appointments if required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- People's mental capacity about decisions about their care and support had been assessed in line with the principles of the MCA. Relatives told us staff consulted with them when significant and best interest decisions about people's care were being reviewed.
- Staff supported people to make choices about their daily personal care needs and respected their decisions. People told us they were involved in the day to day decisions about the care that they received. Relatives confirmed that staff were always respectful of people's decisions and choices. For example, one relative said, "The ladies [staff] are always very kind, they always ask him what he wants and very respectful. They never assume which is good."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. <insert rating>. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were treated well and had good relationships with the staff. One person said, "The carers are very nice and friendly. I am really happy with the support I get from Tendercare." Two relatives said the service was a 'god send' and that they couldn't manage with the services compassion and flexibility
- People and their relatives also told us staff spoke politely and respectfully to them. We were told that staff were attentive and sensitive to people's emotional needs and well-being. Relatives also told us that staff also cared about their well-being and often enquired how they were. One relative said, "They are lovely people. Very polite and respectful and very caring to us all." They told us how, on occasions staff had gone out of their way to pick up additional shopping for people. Another relative said, "They [staff] have fitted in so well. I don't worry about the girls being in my house. Mum lives with me now. They care for my mum, but they also have a chat with me. They care about me also."
- Staff understood the importance of respecting people's individual diverse needs and to treat people equally. They told us they would support people according to their choices and wishes without judgement or discrimination. People's needs and wishes around specific cultural or religious needs had been documented within their care plan.
- The registered manager held a file of people's compliments and acknowledgements about the service. All the people we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager provided the majority of care to people as part of their care package which enabled them to have a clear insight into people's care needs. They explained that they worked closely with people and listened to their feedback and had a good working relationship with people's relatives. They said, "We are a small team, so people and their families know us [staff] well. I am on 24/7 call, so they can phone or text me at any time and I will respond."
- Staff understood the importance of gaining people's consent before delivering care and supporting people to maintain their independence. People confirmed that staff always asked them about decisions about their care. For example, one person said, "Oh yes, they always ask me what I would like. They never assume as I could change my mind."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their property and always knocked on the door or called out before entering the house. They confirmed that they were involved in making decisions relating to their care and support needs. They told us that care staff listened to them and delivered care how they wanted, and their likes, dislikes and preferred personal care routines were recorded within their care plan to guide staff. People and relatives confirmed they were informed of any changes to visit times or any delays. One person said, "They are rarely late but if they are its usually to do with an emergency."
- Staff supported people to retain their independence. The registered manager explained how they supported people to be involved in maintaining their personal hygiene and said "We get them to do as much as possible for themselves. Even if it only just washing their face with a flannel."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Tendercare provided a service which was personalised and flexible to people's needs and requests. People and relatives spoke positively about the responsive and sensitive approach of the staff who provided them with support. Staff worked in conjunction with families to ensure people remained safe in their home. For example, one relative told us that the service provided additional support if they were unable to visit their relative. One relative said, "They are amazing and always try and accommodate our requests or help cover me if I am having a break from looking after [relative]." Relatives told us the communication from the service was good and the frequently provided them with an update of people's needs.
- Staff were able to provide examples of how they provided personalised care and support to people which responded to people's needs such as requests for specific meals or carrying out additional household chores at people's requests. The registered manager told us they were aware of people's risks and would prioritise their visits to people who would be vulnerable or isolated in the event of adverse weather conditions.
- People (and their relatives when required) were continually involved in decisions about the care and staff regularly reviewed their support requirements with them to ensure people's care records reflected their support requirements. One person said, "I was very much involved in decisions about Tendercare providing me care and what I need."
- People's care plans included a detailed assessment of their support needs and preferences, likes, dislikes and routines such as their preferences in personal hygiene routines. People's views and choices were recognised and had been taken into account and recorded. Information about the provision of care to people were recorded in their daily care notes and returned to the office for the registered manager to review.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans clearly recorded people's communication needs such as whether people required glasses or hearing aids. The registered manager showed us they how they had complied with the local authority AIS framework and always ensured people were provided with information such as service user guides in a format that people understand.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt that they were listened to if they had any concerns. One relative said, "I have never had to raise a complaint. If I did, I have no doubt that [name of the registered manager] would deal with it."
- The procedure to make a complaint was clearly outlined in the statement of purpose and the service user guide which had been given to all the people who used the service. There had been no complaints made since our last inspection. The registered manager said any complaints would be used to improve the service and to prevent similar issues from reoccurring.

End of life care and support

- The service was not currently providing any end of life care to people at the time of the inspection. The registered manager explained that they would review people on an individual basis if they required end of life care and assess whether the service could meet their needs. They told us they would be reviewing staff training in end of life care and the service's policies to ensure that they had suitable systems in place if people needed end of life support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The inspection was prompted in part by information shared with CQC about an allegation of financial abuse of a person. This incident is subject to a criminal investigation; however the outcome of the investigation has not yet been finalised. As a result, this inspection did not examine the circumstances of the incident. However, a decision was made for us to inspect and examine the systems used to manage and handle people's money. Please also refer to 'Is this service safe?' in this report for details of our inspection findings relating to people who currently receive support with their money.

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

- The registered manager (who was also the owner of the service and also delivered the majority of personal care to people) was highly thought of by people, relatives and staff members. The registered manager had assessed and reviewed the quality of care provided by staff through observations and receiving feedback from people about the care they received from staff. However, they had not implemented effective systems which would enable their own care practices to be transparent and monitored. For example, independent arrangements were not in place to check good practice was followed and to promote transparency when the registered manager provided care and supported people with financial transactions and their medicines.
- Whilst we found no concerns about the support people received with their financial transactions at the time of our inspection; we did however find some shortfalls in the provider's quality assurances process and policies including the safe handling of people's finances which meant people could be at risk of financial abuse. The provider had not ensured that their policies and procedures reflected staff and good practices. For example, it is good practice for financial transactions carried out by staff on behalf of people to be double signed by staff and the person using the service (or a representative of the person) to show that both parties are in agreement that the money is correct. This was not practice in the service. Money management risk assessments and consent to support with people's money had been discussed with people and their relatives but not always recorded. In the absence of a comprehensive record of people's consent and support with their financial transactions, it was not clear how the person had agreed and was supported to manage their money which may put them at risk of financial abuse.
- Robust systems and policies were not in place if the service was to support people who lacked mental capacity to manage their money in line with the principles of the Mental Capacity Act 2005. We discussed this with the registered manager who explained that they had reviewed their 'Handling money and financial

matters on behalf of a service user' practices and would only be supporting people who had capacity to consent and monitor any financial transactions moving forward. However, this change in practice had not been fully reflected in their policies.

- Whilst the registered manager monitored, and reviewed people's care needs and records; their own review systems had not identified that people's medicines support requirements had not been comprehensively recorded to provide staff with the guidance they needed. They had not ensured the service's medicines policy reflected staff practices.
- The registered managers undertook regular spot checks to observe the care and support provided by staff. Observations of practice recorded aspects of service delivery such as staff presentation, interactions with people, and practical skills. However, the registered manager was not able to fully evidence that staff had retained skills and competencies in key subjects such as moving and handling and medicines management as their assessment of staff had not been comprehensively recorded in line with national guidance.
- The registered manager responded promptly during the inspection and improved people's medicines care records. Further time was needed to embed these practices and improve the providers policies and quality assurance processes to ensure that there were clear and accountable systems in place when the registered manager delivered the regulated activity of personal care.
- We found no negative impact on people who were supported by Tendercare with their finances and medicines at the time of the inspection as the registered manager and staff provided care in line with people's support requirements and requests. However, improvement was needed to ensure shortfalls in relation to people's and service records would be picked up promptly and action taken to address any risks.

We recommend the provider considers current guidance on effective quality assurances processes.

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 had a strong working relationship with people and their families. They worked collaboratively with families to deliver a service which focused on people's individual support requirements. As the registered manager delivered care to people, they were able to promptly identify any concerns and act promptly to tailor the service delivery to meet people's needs.
- The registered manager was in the process of resourcing additional training for staff such as dementia awareness and advanced training for themselves to ensure their skills were current when delivering training to staff.
- The registered manager stated they were aware of their duty of candour and responsibility to report any concerns to other agencies; however, the incident of financial abuse had not been reported to CQC in a timely manner.

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

- People told us that they thought that the service was well led. They told us that they could make contact with the registered manager if they needed to. One person said, "[Name of registered manager] will always ring back if I call and they can't get to the phone." A relative said, "[Name of the registered manager] is always very helpful and listens to my concerns if I have any."
- Staff were also confident in the leadership and management of the service and told us they felt supported. Records showed that staff had received supervision and had opportunities to feedback about the service and any concerns that they may have through regular contact with the registered manager.

Continuous learning and improving care

- The registered manager told us they were continuously looking at ways to improve the service and to be more effective as a service. They kept up to date by subscribing to various health and social care websites, newsletters and alerts which kept them informed of any changes of legislation and guidance and any equipment recalls or faults.

Working in partnership with others

- The service worked in partnership with other agencies such as health care professionals and commissioners to ensure that the service met the support requirements of people.