

Tenda Hands HomeCare Ltd

Tenda Hands Homecare

Inspection report

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Date of inspection visit:
29 August 2019
06 September 2019

Date of publication:
24 September 2019

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

About the service

Tenda Hands Homecare is a domiciliary service providing personal care to people in their own homes. It provides a service to older and younger people, people with learning disabilities, mental healthcare needs and people who are living with dementia. At the time of our inspection there were two older people receiving personal care.

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

People received a service which was personalised and met their individual needs and preferences.

People's care was planned with the involvement of people using the service and their relatives. People's relatives told us that people were cared for by regular staff who were kind, understood their needs and were competent in providing personalised care.

The provider worked in partnership with relatives and other agencies to support people's good health and well-being.

Staff knew what their responsibilities were in relation to keeping people safe. They knew how to recognise and report any concerns they had about people's welfare.

The service assessed and managed risks to ensure that people received personal care and support safely.

Staff undertook training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

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.

The provider had systems in place to manage and resolve complaints. People and their relatives had opportunities to provide feedback about the service, and action was taken to address issues they raised.

The registered manager was committed to providing good care to support people to achieve the best possible outcomes. Systems were in place to assess and monitor the quality and delivery of care to people. Improvements to the service were made when needed.

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

Rating at last inspection

This service was registered with us on 07/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Tenda Hands Homecare

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 (CQC). 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 two working days' 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 29 August 2019 when we visited the office and ended on 6 September 2019, when we carried out telephone calls with people's relatives.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed our registration and assessment information completed during the process of the service registering with us. Other information we reviewed included a recent host local authority quality monitoring report of the service. This

information helps support our inspections. We used this information to plan our inspection.

The provider was not asked to complete a Provider Information Return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with the registered manager and the deputy manager /team coordinator. We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of the two people using the service, three staff employment records and quality monitoring records.

After the inspection

People who used the service due to their needs were unable to speak with us about their experience of the care provided. Therefore, we spoke with two relatives. We also spoke with the head of care for the service. The provider supplied us with a range of documentation including a person's updated initial assessment, a risk assessment and an updated safeguarding adults' policy 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had very comprehensive and detailed policies and procedures in place to safeguard people from abuse and the risk of avoidable harm. However, we noted that the safeguarding adult's policy lacked clarity about the protocol for reporting all abuse to the host local safeguarding team. The registered manager promptly reviewed and amended the safeguarding adult's policy, which addressed the issue.
- Staff received training in safeguarding people. This supported them to understand the different types of abuse people may experience. They demonstrated a good understanding of the signs of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- Systems to keep people safe and manage risks were in place. Risks people faced had been identified, assessed and reviewed regularly. Risk assessments included risks of falls, reduced mobility and risks identified in people's homes. They included details of the least restrictive risk management plans to minimise the risk of people and staff being harmed.
- One person used a stair lift with support from family and staff. At the time of the inspection a risk assessment regarding the use of the stair lift had not been completed. This was undertaken by the registered manager promptly following the inspection and included risk management strategies to keep the person safe.
- Staff knew that they needed to report any concerns to do with people's safety to the registered manager. There were procedures staff needed to follow in the event of an emergency.

Staffing and recruitment

- The provider carried out appropriate recruitment and selection processes so only suitable staff were employed to care for people.
- Arrangements were in place to ensure that there were enough staff to meet people's care needs.
- At the time of the inspection, there were only two people using the service, and due to a care worker having just left the service the registered manager and deputy manager/care coordinator were providing people's care. This ensured consistency of care
- A person's relative told us that staff always stayed the full length of the visit.

Using medicines safely

- At the time of the inspection no medicines were being administered by staff as people's relatives were supporting them with that task.
- The service had a medicine policy and systems in place to ensure that staff had the guidance they needed

to effectively and safely support people with their medicines when needed.

- People's care plans included details of their medicines and the support they received from relatives with them.

Preventing and controlling infection

- The provider had policies and procedures in place to minimise the risk of infection. Care staff were provided with personal protective equipment including disposable gloves, aprons and shoe covers, which they used when providing personal care.
- The provider had monitoring systems in place to ensure people were protected from the risk of infection which included spot checks of staff working practices.

Learning lessons when things go wrong

- At the time of our inspection, there had not been any accidents that had occurred to do with the service. The registered manager told us they would develop a system of monitoring all incidents and accidents so that trends would be highlighted, and action taken to minimise the risk of reoccurrence.
- The registered manager informed us that lessons were learnt when things go wrong. They provided us with an example of how learning from an issue to do with the service had been 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed prior to them using the service to ensure the care provided met their needs and wishes. Care and support plans were developed from this and any assessment information from commissioning local authorities. This ensured care staff had the information and guidance they required to provide each person with personalised effective care.
- Protected characteristics under the Equality Act 2010 (provides a legal framework to protect the rights of individuals and advance equality of opportunity for all) had been considered by the service. For example, information about people's lifestyle preferences, religious beliefs, cultural needs, sexual orientation, disabilities and relationships was included in people's care records. This helped staff to fully understand people's individual needs and effectively provide the care they needed.

Staff support: induction, training, skills and experience

- Arrangements were in place to ensure staff were provided with the induction and training they needed to carry out their roles and responsibilities. Records showed that staff had received a range of relevant training. Training included a combination of on-line assessed training and face to face practical training.
- New staff were supported through an induction and were introduced to people by working alongside the registered manager. Staff received a staff handbook that included a range of information about the service including summaries of policies and procedures. The registered manager told us the staff handbook was discussed with staff during their induction.
- Staff received regular supervision from the registered manager. Records showed that a range of matters to do with the service and people's care had been discussed during supervision meetings. These included complaints, staff duties and the importance of confidentiality.
- The registered manager and on occasions the deputy manager were currently providing people's care, as a care worker had recently left the service. People's relatives spoke highly of the care people received. Following the inspection, the registered manager told us they almost completed the process of recruiting a care worker.
- Records showed that the registered manager had provided feedback on the performance of care staff through spot checks.

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

- People's care plans included details of the support they needed to ensure they had enough to eat and drink and included food preferences and dislikes. A person's care plan included information and guidance for staff about how to support the person with specific dietary needs and how to respond if the person became unwell due to their health condition.

- Details of any help people needed with eating and drinking, and dietary allergies were included in people's care records.
- A person's relative told us that staff supported a person with their meals and encouraged the person to drink. They informed us that staff stayed with the person until they had finished their meal and drink.
- Staff had received training in diabetes (lifelong condition that causes a person's blood sugar level to become too high) and nutritional management to help them provide people with safe and effective care.

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

- Staff knew that if they had concerns about a person's care or well-being, they would report it to the registered manager who then, when applicable communicated with commissioning healthcare or social care professionals. People's relatives spoke positively about the communication they had with the registered manager about people's needs.
- People's care plans included guidance for staff as to when they should refer concerns to healthcare professionals or emergency services.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. We found no one was being deprived of their liberty.

- People's care plans included information about their capacity and ability to make decisions regarding their care and day to day decisions and of any support they needed.
- Staff completed training to help them understand the principles of the MCA. Staff told us they always asked for people's agreement before supporting them with personal care and other tasks. Staff knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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's relatives told us staff were kind and people were well treated. A person's relative told us "The carers are really kind and attentive".
- People's care plans included detailed information about their equality and diversity needs and what was important in their lives. People's wishes regarding their cultural and religious needs, and their preference regarding the gender of staff who provided their care were detailed in their care plans and accommodated.
- People were provided with regular staff who knew how to provide people with the care and support they needed. A person's relative told us that the registered manager was very knowledgeable and competent in meeting a person's care needs. They told us, "[Registered manager] just gets on with it."
- The staff handbook included information about equality, diversity and supporting people's human rights and protecting them from harassment and discrimination.

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

- Assessment information and people's care and support plans indicated that people had been involved in decisions about their care and had communicated their preferences. For example, details of a person's personal care routine and specific preferences were included in their care plan.
- People's care plans included information about what was important in their lives and their goals. Details of how staff could support them in achieving their wishes were also documented.
- Care plans included guidance about how people expressed their views and communicated their choices.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us that people's privacy and dignity were respected by staff.
- Care plans included details about people's abilities. This helped staff to provide the support people needed whilst promoting their independence. One person's care plan included the statement "I like to uphold my independence as much as I can manage." Another person's care plan included information about encouraging and supporting the person to do as much as they could for themselves when being assisted with getting up in the morning.
- 'Spot checks' of staff carrying out personal care included checks as to whether staff provided care in a dignified and respectful manner.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care plans and assessment information showed that the provider involved people and their relatives (when applicable) in planning people's care. This helped ensure that people received care and support in the way they wanted and needed. Systems were in place to make sure any changes in people's needs were communicated to staff, so they always provided personalised, effective and responsive care.
- Care plans included personalised details about people's routines and practices. This helped staff to provide people with individualised care and support. For example, a person's care plan included detailed guidance about the way they liked to be supported with their personal care.
- People's relatives told us staff provided people with personalised care and support as detailed in their care plans.
- The registered manager was carrying out most of the personal care visits. They were very knowledgeable of each person's needs and of the care and support they needed to ensure their needs were met by the service.
- Records showed that people's care plans had been reviewed with involvement from their relatives and people. These care plan reviews ensured staff knew how to meet each person's current care needs and were responsive to any changes.

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 included details about how they preferred to communicate and receive information.
- People's sensory needs, such as sight and hearing needs were detailed in people's care and support plans. For example, one person's care plan included guidance about when a person needed to wear their glasses.
- The registered manager told us that information was currently accessible to people and their relatives. They informed us they would always ensure information was provided to people in the format that was accessible to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where required, staff were able to support people to go out into the local community to access the facilities they wanted to.
- The registered manager and other staff were aware of the risk of social isolation and knew the importance

of spending time talking with people about their interests and day to day events.

- Staff knew about people's cultural and religious needs and preferences and how these related to people's personalised care.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. Details about how to make a complaint were included in the 'service user guide' documentation provided to people when they started receiving a service. People's relatives knew how to make a complaint. They told us that issues they had brought to the attention of the registered manager had been addressed appropriately.
- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others needed to be reported to the registered manager.

End of life care and support

- At the time of the inspection there were no people receiving end of life care. The registered manager had received training about end of life care. They informed us they would ensure that staff received the training and support they needed to provide people with personalised end of life care. The registered manager informed us they would liaise closely with people's relatives, and healthcare professionals to ensure each person received the care and support they needed and wanted at the end of their life.

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 for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. 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; 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

- People's relatives spoke positively about the care and support people received. They told us, that staff providing people's care were "really good," "reliable," "kind and attentive."
- People's relatives all knew who the registered manager was and spoke positively about the communication they had with her. A person's relative told us they had the registered manager's mobile phone number and would not hesitate to contact her at any time. They told us "I can call [registered manager] at any time. [Person using the service] is very happy."
- Staff spoke highly of the registered manager and their leadership, who they said was approachable, supportive and listened to them. They informed us that the registered manager ensured they had the information and up to date guidance they needed to provide people with personalised effective care.
- The registered manager, ensured that people received personalised effective care that met their needs and preferences. A person's relative spoke of their praise for the registered manager and the service provided to the person.

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 was aware of their legal responsibilities in notifying CQC of any significant events or incidents.
- The registered manager, deputy manager and head of care knew the importance of being open, honest and transparent with relevant persons including people's relatives, in relation to people's care. They knew they needed to take responsibility when things go wrong. Learning was shared with staff, to prevent reoccurrence. The head of care told us, "If we make a mistake, we need to apologise and make sure it doesn't happen again."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager, deputy manager and head of care were clear about their roles and responsibilities. They understood the importance of assessment and monitoring of the quality of the service, making improvements and meeting regulatory requirements.
- The registered manager and the head of care had undertaken audits in the form of spot checks of care staff carrying out their duties including assisting people with personal care. This helped monitor the

performance of staff and the quality of the service provided to people.

- Staff understood their roles and felt confident to seek advice and guidance from the registered manager if they needed to.
- The registered manager and other senior staff were aware of the importance of continuous learning and improving care. The head of care told us "Every day in life is a learning curve. We learn non-stop and ensure mistakes are not repeated and practice is improved." Records showed that the registered manager had been responsive in making improvements following a check carried out by the host local authority. Improvements included ensuring staff had ID cards and they completed appropriate training about a person's medical condition. The head of care spoke of improvements that had been made in the quality of care visit records, following a check of those records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Information about the service was available to people in the service user guide and statement of purpose documentation. These documents detailed the purpose, aims and objectives of the service, which included the promotion people's individual rights including privacy, dignity, choice and independence.
- The registered manager encouraged and supported people and their relatives to express their views about their experience of the service. People's views were listened to and acted upon. For example, specific requests relating to people's choices, such as having a female member of staff providing personal care were respected and facilitated by the service.
- Records showed staff worked in partnership with relatives and social care agencies to ensure people received care that met their needs. People's equality and diversity needs were understood by the service and supported.
- There was a range of opportunities for people and their relatives to feedback about the service. These included annual feedback questionnaires, face to face communication with the registered manager during care visits and monitoring checks, and via telephone and email contact. Records showed that during a spot check a person had confirmed they were happy with the care they received. A feedback survey completed by a relative was positive about the service provided.
- Staff told us they felt respected and valued by the registered manager. They told us that the registered manager effectively communicated with them, so they were up to date with any changes to the service and enabled them to be involved in the development of the service. A member of staff told us they felt listened to and were "very happy" working for the agency.