

Tendercare Home Limited

Tendercare Home Ltd

Inspection report

237-239 Oldbury Road
Rowley Regis
West Midlands
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21 January 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Tendercare home Ltd is registered to provide accommodation and personal care to a maximum of 25 older people who may have a diagnosis of Dementia. At the time of the inspection, there were 21 people living at the home.

Our inspection took place on 20 and 21 January and was unannounced. Our last inspection took place in November 2013 and the provider was compliant in all areas looked at.

The home had a registered manager. 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.

Staff understood the importance of enabling people to make their own decisions in line with the Mental Capacity Act 2005 but did not always have the knowledge of Deprivation of Liberty Safeguards to support them in their role.

We saw that there were a lack of meaningful activities provided for people. The manager had identified this and had taken action to ensure personalised activities were made available.

Staff knew how to identify abuse and the actions to take if they suspected someone was at risk of harm.

Staff were able to recognise risks and took action to minimise this where possible.

There were sufficient numbers of staff available with the skills and knowledge to meet people's needs. People were supported by staff who had a kind and caring approach.

Medication was well managed and people received their medication as prescribed and in a safe way.

Staff supported people with their dietary needs and people had sufficient amounts to eat and drink.

People were supported to access healthcare professional input to maintain their health and well-being.

People were involved and supported to make decisions about their care. Where people's needs changed, their relatives were kept informed.

Systems were in place to support people and their relatives to make complaints and raise concerns. Complaints were investigated and resolved.

People felt that the home was well led. The registered manager undertook audits to ensure the quality of the

service and acted on feedback received from people.

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.

Staff could identify abuse and knew the action to take if they suspected people were at risk of harm.

There were sufficient numbers of staff on duty to meet people's needs.

Medication was given in a safe way and as prescribed by the doctor.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff supported people to make their own decisions in line with the Mental Capacity Act 2005 but did not always have a knowledge of Deprivation of Liberty Safeguards and the impact this had on how people should be supported.

People were supported to have sufficient amounts to eat and drink.

People were supported to access healthcare support to maintain their good health.

Is the service caring?

Good ●

The service was caring.

Staff had a kind and caring approach with people.

People were supported to have a say in their care and treatment.

People's privacy and dignity were respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the assessment and planning of their care.

People's care needs were reviewed and staff knew how to communicate changes to people's needs.

People and their relatives were aware of how to make complaints and where these were made, complaints were investigated and resolved.

Is the service well-led?

The service was well led.

People spoke positively about the leadership of the home and staff felt supported by the registered manager.

People's feedback was sought and suggestions made were acted upon.

Quality assurance audits were completed by the registered manager and areas that had been identified as needing improvement were acted upon.

Good ●

Tendercare Home Ltd

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 20 and 21 January 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a person with dementia.

We reviewed the information provided to us by the home in their Provider Information Return (PIR). The PIR is a document that the home sends to us to inform us how they are currently meeting standards and future improvements they intend to make. We also spoke to the local authority for this home to obtain their views on the care provided.

We spoke with three people living at the home, three relatives, three members of staff, four visiting health professionals and the registered manager. As some people were unable to tell us their views of the service, we used a Short Observational Framework for Inspection (SOFI). The SOFI tool is a way of observing care to help us understand people's experiences of the service.

We looked at four care records, two staff recruitment files, accidents and incident records and the complaints received. We also looked at seven medication records, staff training records and quality assurance audits completed by the registered manager.

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff. One person said, "Yes, I am safe here, I am". A relative told us, "I know that [relative] is alright and safe". We saw that building work was being carried on at the home and that action had been taken to keep people safe whilst the work was carried out, this including, providing alternative ways to gain access to other floors, and putting up temporary walls to separate people from the work that was on-going.

All the staff spoken with knew the action to take if they suspected someone was at risk of harm. Staff confirmed and records showed us that training in how to recognise abuse had been provided. One member of staff told us, "I would report any concerns to the senior or the manager. If I couldn't go to them I would go to CQC [Care Quality Commission]".

Staff we spoke with knew the risks posed to people and how to manage these. Staff gave examples of how they keep people safe including; checking equipment frequently, keeping the environment safe and making sure people have easy access to their walking aids. We saw that staff kept people safe where they had chosen to take risks. We saw that a stair lift had been installed while maintenance work was carried out on the main lift. One person did not like the stair lift and had requested support to walk down the stairs. Although this was not the safest option for the person, staff respected the person's wishes and supported the person to walk down the stairs safely. We saw that risk assessments were in place and were reviewed every three months or when people's needs changed. Staff we spoke with confirmed they were kept informed of any changes to risks. One member of staff said, "We have a handover before each shift to keep us up to date".

Staff told us that they had to provide two references and complete a check with the Disclosure and Barring Service (DBS) prior to starting work. The DBS check provides information about people's criminal records and whether they have been barred from working with adults. Records we looked at confirmed these checks had taken place. This meant that systems were in place to minimise the risk of employing unsuitable staff.

People told us they felt there were enough staff on duty to meet their needs. One person told us that staff always respond to them in a timely way. The person said, "Oh yes, I don't have to wait long for them at all". Another person told us about an incident where they needed staff support in an emergency. The person told us, "The buzzer was close by and they came quickly". A relative told us, "There always seems to be plenty of staff". Staff we spoke with told us they felt there were enough staff and that they did not feel rushed to complete jobs. One member of staff said, "There is enough staff, we are not really rushed". We saw that there were sufficient numbers of staff on duty. We saw an incident where an alarm had rang in another area of the home and observed three members of staff respond to the alarm promptly. This demonstrated that there were enough staff to respond to people's calls when required.

People told us that they were happy with how their medication was managed. One relative told us, "Yes, he gets all his medications. Any problems he would tell them straight away". We saw medication being given to

people and saw that this was done appropriately. Staff informed the person that it was time for their medication and supported them to take this. We saw that where people had creams prescribed, there was a guide available for staff showing them where this should be applied. This ensured that people received the medication in the correct area. We looked at seven medication records and could see that the quantities available matched what the Medication Administration Record (MAR) had recorded as being available. This meant that people had been given their medications as prescribed and staff had maintained accurate records of what medication had been given. Some people living at the home had medication on an 'as and when required' basis. We saw that there were no protocols available for staff that told them when these medications should be given. We raised this with the registered manager who put protocols in place straight away. Staff we spoke with were aware of when 'as and when required' medication should be given.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw that staff asked people for their permission before supporting them. This included; if they wanted to have a shower and if they would like support to use the toilet. Staff we spoke with told us they had received training in the Mental Capacity Act. We saw that where people lacked capacity, records were kept informing staff of the decisions that people were able to make. This meant that where people were able to make certain decisions, staff were aware of this and ensured people were supported to make these.

We saw that a DoLS application had been made for a person living at the home. The application had been made appropriately. However when we spoke with staff, some were unclear on what Deprivation of Liberty Safeguards were and who may require one. Staff were not aware that one person living at the home had a DoLS authorisation. Without the knowledge of DoLS, staff would not have an understanding of how people with a DoLS in place need supporting and how to ensure they are not unlawfully restricting people. Following the inspection, the registered manager informed us that training in DoLS had been provided for staff. As we have not been back to the home we have not tested that this action had been taken.

People told us they felt staff had the skills and knowledge to support them with their care needs. One person told us, "The staff are pretty decent, at the moment ". Another person said, "They are very good".

Staff told us that before they started work they were given an induction to ensure they had the knowledge required to support people effectively. One staff member told us, "I had an induction. We went through care plans and fire exits and shadowed for two or three shifts". All staff told us they received on-going training to support them in their role. One member of staff said, "The training gives me the knowledge to do the role. I learn something new every day". We saw that staff had recently started to do the Care Certificate. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care. The registered manager informed us that they planned to provide this training to all staff. Records we looked at confirmed that staff had received training relevant to their job role. The registered manager told us they felt it was important that all staff were trained in care, as they all have daily contact with people and so provided care training to everyone working in the building; including cooks and domestic staff. The registered manager told us that staff training needs were identified through staff supervisions. Staff we spoke with confirmed they received regular supervision to support them in their role.

People we spoke with were happy with the meals they were provided with. One person told us, "Food's

good, in fact I've always said the food is of quality. I enjoy it. I am having three meals a day. I do enjoy it". A relative we spoke with said, "The food is nice, I have had one here and it was lovely". We saw that people were given a choice of lunchtime meals. Staff working in the kitchen told us that alternative meals would be offered if people did not want what was on the menu. We saw that one person had requested a meal other than what was on the menu and staff had arranged for this to be made for them. We saw information displayed in the kitchen about people's dietary requirements. This meant that people would be provided with meals that met their dietary requirements even if regular kitchen staff were unavailable. We also saw information displayed about people's food likes and dislikes. We saw that mealtimes were relaxed and people were encouraged to eat their meals where they were most comfortable. We saw that one person did not want to eat in the dining area and so staff supported the person to eat where they had chosen to. We saw that people were offered drinks and snacks throughout the day and staff told us that people were invited to eat at times other than the usual meal times if they so wished.

People were supported to access healthcare support where required to maintain their health. Relatives we spoke with told us their relative had access to a GP if they needed one. A relative we spoke with said, "The GP does get called out". We saw a variety of health professionals visit people at the home to support them with their healthcare needs. We saw records that showed people had been seen by dentists and opticians and that follow up visits had been arranged when required. One person told us, "The optician came the other week. I bought a new pair of glasses".

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person told us, "They [the staff] are very kind and caring". Relatives we spoke with also thought the care staff were caring. One relative said, "They [the staff] are always nice and friendly". We saw that staff had a caring approach with people. Staff knew people's preferred names and used these when talking with people. Staff took time to speak with each person when they entered the room. We saw one person who communicated using sign language. We observed staff communicating with the person using signs. Staff we spoke with told us that they had learnt what different signs mean in order to support the person.

We saw that people were supported to express their views about the care provided. One person told us, "Yes, I think they listen to what I have to say". We saw that residents' meetings took place for people to give feedback on the service. We saw that where suggestions had been made by people in the meetings, the registered manager had taken action to implement these. We saw that people had been supported to complete questionnaires about their care and treatment. We saw that the suggestions people had made were actioned.

We saw that building work was going on to expand the home. The registered manager told us how they supported people to be involved in this process. The registered manager told us, "People and their relatives will be involved and will have a say in where things are situated in the new part of the building". Relatives we spoke with confirmed they had been involved in this. One relative said, "They [staff] have asked [person] if he wanted a room in the new building. He told them yes".

People told us they were treated with dignity and respect. One person said, "I like to be independent, what I want is to stay in my room". We saw that staff respected this person's wish for privacy. Relatives also spoke positively about the treatment of people. One relative said, "Yes, they are definitely respectful of [person's] dignity and privacy and the other residents". Staff we spoke with were able to explain how they ensure people were treated with dignity. This included; speaking to people in a way they understand and covering people up during personal care. We saw examples of people being given their privacy and dignity including; people being given a choice about whether they would like to have a key to their bedroom and staff asking people's permission before accessing their rooms.

Relatives we spoke with told us they were able to visit their relatives at any time and that there are no restrictions on visiting times. One relative said, "There are no restrictions, I try not to come when people are eating but I know people do come then and there's no problem". Another relative said, "I am always offered a cup of tea".

The registered manager told us that no-one living at the home currently had the support of an advocate but that they get annual visits from a local advocacy group who will speak with people and offer their services. The group will also identify people who may benefit from their support. We saw records to confirm the advocacy group had visited people in the home in 2015. The contact details of advocacy services were made available for people to contact if they chose.

Is the service responsive?

Our findings

People we spoke with told us they felt there was a lack of activities available. One person told us, "I'm fed up and bored. They won't let us out". A relative we spoke with said, "I have seen activities in the past, but not much of late". We saw that one person was supported to visit a day centre and that there were activities made available throughout the day for those who were not going out. This included; bowls, table top games and dancing to music. We saw that people who took part in these were laughing and enjoying the activity. Where people had expressed an interest in going out, this had been supported. For example, we saw that for one person who had requested to go out more, the registered manager had supported the person to gain access to a suitable mode of transport to support them to do this. We saw that the registered manager had identified that activities could be further improved and had approached the local authority for support in expanding the range of activities available. We saw that plans had been put in place for there to be an assessment of people with a view to planning activities that reflected people's interests. We spoke with two representatives from the local authority who were visiting and they confirmed that the manager had been enthusiastic about improving the activities provided to people.

People told us they were involved in the planning of their care. One person told us, "When they brought me in I told them what I like and don't like". Relatives we spoke with confirmed they had input into the assessment process. One relative said, "I was involved in the care assessment" and "Staff keep me involved". The registered manager told us, "We ask people what they like, when they like it and how they like it and then put that into practice". Records we looked at showed that people had been involved in planning for their care.

We saw that reviews of people's care were completed. One relative told us they had been involved in this. They told us, "Yes, once there was a review. Everything was okay. There were no problems and no changes were needed". Relatives we spoke with told us they were kept involved with any changes to their family members care. One relative told us, "Staff definitely let me know of any changes". Another relative said, "They would always tell me, if there was anything serious they would tell me. They will sometimes tell me as soon as I come in ". Staff we spoke with knew the actions to take if they needed to report changes to people's needs. One member of staff said, "If I saw that someone's needs had changed, I would inform my senior".

Staff we spoke with had a good understanding of people's likes, dislikes and preferences with regards to their care. We asked one member of staff to tell us about a person living at the home. The staff member was able to describe the person's health needs and preferences in detail. Records we looked at included personalised information about people. This included; how people would like their hair styled, what time they like to get up or go to bed and whether they wish to have a key to their room. We saw that staff followed this information when supporting people.

People told us they knew how to make complaints and details of how to do this was made available. One person said, "I would talk to the one on the desk [if I needed to complain]". Relatives we spoke with told us they had not needed to complain but had been informed about how to do this and were confident their

complaints would be acted on. One relative told us, "I have not had to complain, [the registered manager] would act on it if I did". We spoke with staff who knew the actions to take if someone approached them with a complaint. One staff member told us, "I would report any complaints to the seniors and the manager". The registered manager told us and we saw that details of how to make complaints were provided in each person's bedroom and in the service user guide. We saw that one complaint had been made and that this had been investigated fully by the registered manager and resolved to the satisfaction of the person.

Is the service well-led?

Our findings

We saw that people knew who the registered manager was and all appeared happy and relaxed in her company. Relatives spoke positively about the leadership at the home. One relative told us, "[The registered manager] does a grand job, seems to always be on the ball". One relative told us how the registered manager supported them through a difficult time and how they had appreciated her support. Staff told us they felt supported by the registered manager. One member of staff told us, "[The registered manager] is a really good manager. If you have a problem she is always there". Another member of staff said, "I do feel supported". We saw that the registered manager had a visible presence around the home and had a warm and friendly approach with people.

We saw that there was an open culture within the home. Staff we spoke with were aware of how to report concerns and knew how to whistle blow. One member of staff told us, "I can raise concerns and [the registered manager] would act on these". We spoke with the registered manager about how they encourage people to raise concerns with them. The registered manager told us they do this by having an open door policy and open discussions in meetings and supervisions. Staff we spoke with confirmed these conversations took place.

The registered manager understood their legal responsibility in notifying us of incidents that affect people who live at the home. We looked at the notifications that had been sent to us by the registered manager. These had been submitted appropriately and the registered manager demonstrated an awareness of what incidents they need to notify us about.

We saw that people had been asked for their feedback on the service. Residents meetings took place and surveys had been sent to people on two occasions in the last year. Where people had made suggestions, we spoke with the registered manager to see what action had been taken in response to this. We saw that for all of the suggestions made, the registered manager had implemented actions. One person had commented about the lack of seasoning and variety of food. We saw that the registered manager had responded to this by including a discussion about meals in the residents meetings so that people could have regular input into what is included on the menu.

The registered manager told us, and records confirmed that quality assurance audits were carried out to monitor the quality of the service provided. We saw that medication checks were carried out every week and that the registered manager worked closely with a local pharmacist to ensure that medication is correct. We saw that audits were completed every three months in areas including; pressure areas, falls, and hospital admissions. The information gathered in these audits were shared with the local authority. We also saw that the registered manager was in the process of completing an annual audit for the previous year.

The local authority had recently completed an inspection of the home. We saw that the registered manager had begun to put into place some of the recommendations made. This demonstrated that the registered manager had taken on board the suggestions made and worked towards making changes in the home to improve the quality of the service provided.

