

Tendercare Home Limited

Tendercare Home Ltd

Inspection report

237-239 Oldbury Road
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

What life is like for people using this service:

- ☐ People did not always receive safe care. Staff were not always available when people needed them. The provider had a recruitment process to ensure the appropriate checks were carried out when recruiting staff to support people safely. People received their medicines as it was prescribed. Staff had access to personal protective equipment. Accidents and incidents were noted and trends monitored to reduce the amount of accidents.
- ☐ People did not always receive effective care. The provider and registered manager ensured the principles of the Mental Capacity Act 2005(MCA) were being adhered to so people's liberty were restricted following the law. They did not however ensure staff had sufficient knowledge and understanding of the MCA. The provider did not ensure people had sufficient meal choices as to what they had to eat and drink. People accessed health care when needed.
- ☐ People did not always receive care and support that respected their dignity and privacy. People were encouraged to be involve in how decision were made about their support. People were supported by staff who showed them compassion and kindness. People were able to express their views as to how they were supported.
- ☐ People did not always receive responsive care. The provider used care plans to identify how people's support needs would be met, however information on people's end of life wishes was not being gathered. The provider was unable to show whether people were involved in the reviewing process. People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff. We have made a recommendation about the service keeping up to date with current care guidance and legislation. The provider had a complaint process which people were aware of and knew how to access.
- ☐ The service was not consistently well led. The environment was welcoming, warm and comfortable, but the provider and registered manager's quality audits and spot checks systems failed to identify areas for improvement where bedrooms were not being cleaned sufficiently or where there were unexplained gaps in the medicines records. The registered manager was known and made themselves available. The provider used questionnaires to gather views on the service.

More information is in the Detailed Findings below.

Rating at last inspection:

- ☐ Rated Good (Report published 25/02/2016).

About the service:

- ☐ Tendercare Home Ltd is a care home providing personal care and accommodation for up to 43 people who have a dementia. At this inspection 42 people lived within the service.

Why we inspected:

- ☐ This was a planned inspection based on the rating at the last inspection.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Tendercare Home Ltd

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

This inspection was carried out by an inspector, assistant inspector and an inspection manager.

Service and service type

Tendercare Home Ltd is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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 unannounced.

What we did

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services

from this provider. They raised no concerns about the service.

The provider completed a provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information provided by the provider was used to plan our inspection and considered when we made judgements in this report.

During the inspection process we spoke with five people, four relatives, four members of staff and the registered manager. The deputy and area manager were available throughout the inspection and the provider visited and introduced themselves to the inspection team.

We looked at the care and review records for four people who used the service, the management records for how people were administered medicines and a range of records relating to the running of the service. This included incident and accident monitoring and complaints records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels

- ☐ A person said, "No there is not enough staff especially at nights. Sometimes the wait can be long when you are waiting to be supported to bed". Another person said, "They attend to me reasonably well". Relatives told us the staff were okay but felt there could be more staff employed as there did not always seem to be sufficient staff when they visited. A staff member said, "We could do with more staff, when staff go off sick it impacts the team".
- ☐ The registered manager used a staff dependency tool to determine the staffing levels based upon people's support needs. However, we saw times throughout the inspection where staff deployment was of concern. For example, there were not always enough staff in the lounge to support people when required and on occasions people were left in the lounge area with no staff.
- ☐ We observed people on many occasion demonstrating challenging behaviour which needed immediate staff attention. Where staff were not available this put people at potential risk.

Preventing and controlling infection

- ☐ Staff were observed using Personal Protective Equipment (PPE) when supporting people.
- ☐ The provider had a policy on infection control and staff were required to take part in this training. Staff we spoke with confirmed this.
- ☐ We found the lounge and dining room areas to be clean and tidy, but there was an odour in areas of the home where people's bedrooms were. Relatives told us that people's bedrooms were not always sufficiently clean and that there was a constant odour.

Using medicines safely

- ☐ People were observed being supported with their medicines as it was prescribed and a Medicines Administration Record (MAR) was used to show what medicines were administered. Relatives told us they had no concerns around medicines and that people received their as prescribed.
- ☐ A staff member said, "We have to complete training before we can give medicines". We found that staff competency was also checked to ensure they administered medicines safely. Staff we spoke with demonstrated they knew how to support people who had specific medical needs like diabetes.
- ☐ People were observed being given medicines 'as and when required' with the appropriate guidance in place to ensure these medicines were administered consistently.

Systems and processes

- The provider told us they had appropriate recruitment processes in place. Staff we spoke with could explain the recruitment process they went through confirming what the provider told us.
- The provider had systems in place to manage poor staff performance, this included disciplinary process and where required, staff re-training.
- A person said, "I feel okay here". A relative said, "People are safe I do not have any concerns".
- The registered manager could explain the situations where a safeguarding alert would be raised. Staff we spoke with could demonstrate an understanding of how people should be kept safe and gave examples of different forms of abuse. A staff member said, "I would report any abuse to the manager".
- We found that systems were in place to manage people's skin integrity to ensure they did not get a pressure sore.

Assessing risk, safety monitoring and management

- Risk assessments were in place to identify where people may be at risk. Staff could explain where people had specific risks around their dietary needs or where people were at risk of falling.
- Where people needed constant monitoring, staff knew who these people were and why they needed to be monitored.
- We found that risks to the management of the building and environment were being identified to reduce potential risks to people.

Learning lessons when things go wrong

- Accidents and incidents were monitored to ensure any trends identified could be used to reduce accidents and incidents to people.
- The registered manager explained the process they used monthly to ensure lessons could be learnt where things went wrong.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- ☐ People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- ☐ We found where people lacked capacity and were being deprived of their liberty that a DoLS authorisation was in place and being reviewed by the local authority. Decision and conditions on DoLS made were clear, however the provider did not ensure these were being sufficiently followed by staff. For example, we looked at one person's care records and found their DoLS authorisation identified two staff were required to support a person but the care plan did not show this. This meant the person was not receiving their support in line with the DoLS authorisation.
- ☐ At our last inspection in January 2016 staff were found to lack knowledge about MCA and DoLS. At this inspection we found while the provider had provided the appropriate training to staff, they were still unable to demonstrate the understanding and knowledge required to show they were able to support people in their best interest and in line with the MCA (2005).
- ☐ The registered manager was unable to demonstrate the appropriate knowledge and understanding to ensure the requirements of the MCA was being met consistently in people's best interest.

This was a breach of a Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Person-Centred Care.

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ A person said, "The food is okay I can make a choice". A relative said, "The food is not the best but the staff do the best with what they have. We found while people were seen being offered a choice, the meal choices were very limited and was not a real choice. For example, we observed some people being offered ice cream or choc ice for desert. This meant the choice was ice cream or ice cream. Where someone did not like ice cream there was no other choice.
- ☐ We found the food menu was not being updated regularly enough and repetitive so people's range of meal choices were limited. Where people were known to have a cultural requirement, this was not reflected within the menu. Staff told us relatives brought in meals for people where they had a cultural need. This meant that people were not being given a real choice unless their relatives bought in meals they liked. The provider was not ensuring people were given sufficient meal choices.

- People were observed being supported to eat and drink where this was required. People could get regular fluids to ensure they were kept hydrated.

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

- People's needs were assessed so the provider could be sure they could meet people's needs.
- The provider told us people's preferences, likes and dislikes were identified within the assessment process along with people's cultural and religious needs. We could evidence this from the assessments we looked at. Staff told us they could access assessments and received training in the Equality Act (2010), which we were able to confirm. However, the Equality Act was not fully considered within the assessment process as we found no evidence to show the protected characteristics were considered as required and staff were not aware of them. The registered manager provided evidence to show they were considered as part of the assessment process and told us they would ensure staff received further training.

Supporting people to live healthier lives, access healthcare services and support

- We found people had access to health care professionals when needed. People who had specific health care needs, for example; diabetes, received daily visits from a district nurse to ensure they were supported with appropriate medicines. A relative told us their relative could see a doctor and optician when needed.

Staff skills, knowledge and experience

- Staff told us they felt supported in their job and received supervision, training and attended staff meetings so they could support people effectively.
- We found the provider had an induction process for new staff. The Care Certificate standards were part of the process. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to.

Staff providing consistent, effective, timely care within and across organisations

- Staff we spoke with demonstrated an understanding of the support people needed and their healthcare needs. However, observations showed that staff did not always support people effectively. For example, where someone needed personal care support we had to ask staff to do this.

Adapting service, design, decoration to meet people's needs

- The provider at the time of the inspection was carrying out building works to extend/adapt the premises to allow for more people to live within the home and improve the quality of the environment people lived in.

Is the service caring?

Our findings

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- ☐ During the inspection we saw that people's dignity was not always being respected. Staff had to be prompted to deal with situations where people's dignity was not being respected. For example, we observed a person on more than one occasion removing their clothes and staff failed to act quickly enough to respect the person's dignity. A Relative told us that people's dignity was not respected as their relative was not always dressed appropriately, shaved and sometimes smelt of urine. They had raised this with staff but nothing was being done.
- ☐ We observed people's privacy and independence being respected. People could spend time in their room and were being encouraged to do as much as they could to preserve their independence.
- ☐ We found that staff had completed training to be able to recognise and respect people's privacy, dignity and independence. However, the training was not effective as staff failed to identify where a person's dignity was not respected.

Ensuring people are well treated and supported

- ☐ A person said, "The staff are nice, I like them". Another person said, "I am happy here the staff are okay".
- ☐ Staff were observed treating and speaking with people in a respectful and compassionate manner. People were relaxed around staff and we could see from the way staff communicated with people that they understood how to treat people.
- ☐ Where people had specific support needs for example, people who were diabetic, or used a catheter, we saw that their needs were being met and staff knew how to support them.
- ☐ We found where people were at risk of developing a pressure sore the provider ensured people's skin integrity was monitored and action taken to reduce any risks.

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

- ☐ We found that people's views and choices were considered as part of the assessment and care planning process. Relatives confirmed they were involved in the assessment and care planning process to ensure people's support needs were accurately portrayed where people were unable to share their views due to their diagnosis of dementia. One relative said, "I was involved in the assessment and I have copies of the care plan".
- ☐ The provider held relative's meetings so people and their relatives could express their views on the management of the home. We saw from the minutes that comments were acted upon and explained to

people and their relatives.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were not always met. Regulations may or may not have been met.

How people's needs are met.

End of life care and support

- ☐ The provider told us they gathered information as part of the assessment process on people's end of life wishes. However, we found no evidence this was being done. A relative said, "No end of life discussions has ever taken place". We discussed this with registered manager and while we were told of someone who was on an end of life plan we were not shown any care records to evidence what we were told.

Personalised care

- ☐ A care plan was in place to identify how people would be supported. Care staff could explain the support people received and we saw that reviews were taking place. There was no evidence that people or their relatives were consistently involved in the review process. A relative told us they had not been invited to a review.
- ☐ The support people received was not always consistently personalised. People who had specific cultural requirements were not able to receive support to ensure their cultural needs were met.
- ☐ A person said, "There are lots of activities here, quizzes and bible readings". Another person said, "There is not much going on". While we had a mixed view from people as to the activities available, we saw an extensive plan of activities with many of the activities that had taken place displayed. People were also able to access a library facility, a bar in the lounge was being used to help people suffering with dementia to reminisce. A person said, "I can go to church when I want".
- ☐ We found that the requirements within the Accessible Information Standard (AIS) while the provider ensured communication was effective the registered manager and staff lacked knowledge and understanding about the AIS. The AIS sets out a specific and consistent approach as to how provider should share information with people with a disability, impairment or sensory loss. The registered manager assured us training in this area would be arranged.

We recommend that the provider ensures the registered manager and staff are kept up to date with current legislation and guidance as it impacts how people are supported.

Improving care quality in response to complaints or concerns

- ☐ The provider had a complaints process in place and a log was kept where complaints were made. A person said, "I would speak with the manager if I have a complaint". A relative said, "I would go straight to the manager".

- ☐ The provider ensured complaints were dealt with appropriately.
- ☐ We found that the provider had a suggestion box available so visitors could share their views on the service.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- ☐ The registered manager was unable to demonstrate they clearly understood the requirements of the Mental Capacity Act (2005).
- ☐ The registered manager and provider completed quality audits and spot checks to be able to assure themselves of the standards within the service. Staff confirmed this was done. However, we found that the systems in place failed to identify areas in need of improvement. For example, we found unexplained gaps in the Medicines Administration Records (MAR), which the provider's and registered manager's systems failed to identify. As a result, the registered manager changed their systems before the completion of the inspection, from monthly to weekly.
- ☐ The registered manager understood the legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts.
- ☐ The provider had a whistle blowing policy which staff were aware of. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- ☐ It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found the provider was meeting the legislation, this meant people, relatives and visitors were kept informed of the rating we had given.

Continuous learning and improving care

- ☐ The provider ensured staff had regular ongoing training as a way of ensuring staff knowledge and skills were kept up to date. While we could confirm this was happening, staff were not able to demonstrate a good understanding of their skills and knowledge in a number of areas. For example, the mental capacity act, respecting people's dignity and the choices people were given at meal times.
- ☐ At the last inspection we identified staff lacked knowledge in the mental capacity act and the provider was asked to take the appropriate action to improve staff knowledge. At this inspection we found staff still lacked the necessary knowledge and understanding about the mental capacity act. This meant the provider's systems failed to identify staff lack of knowledge and understanding in the mental capacity act. This was a breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

Engaging and involving people using the service, the public and staff

- ☐ The provider told us they used questionnaires to gather people and relative's views on the service. We saw that analysis from the last questionnaire was displayed in the home and the actions resulting.
- ☐ We saw that different formats were being used to engage with people in terms of the activities on offered.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- ☐ There was a registered manager in post and people and relatives told us they knew the registered manager and they were approachable and nice.
- ☐ The registered manager was observed walking around the home and knew people well and what their support needs were. People told us the registered manager was always seen walking about and talking with them. A staff member said, "The manager helps out when we need support".

Working in partnership with others

- ☐ We saw that the provider worked in partnership with many other professionals as a way of ensuring people received the support they needed. The provider worked in partnership with social workers from many local authorities, nurses, doctors and other health care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <ol style="list-style-type: none">1. Care and treatment of service users must only be provided with the consent of the relevant person.2. Paragraph (1) is subject to paragraphs (3) and (4).3. If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act*.