

Testimony Assembly Social Care Ltd

# Testimony Assembly Care Limited

## Inspection report

20-21  
Hockley Hill  
Birmingham  
West Midlands  
B18 5AH

Tel: 01215546950  
Website: [www.testimonycare.co.uk](http://www.testimonycare.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

This inspection took place on 11 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Testimony Assembly Care Limited is registered to provide personal care to people living in their own homes. At the time of our inspection there were two people using the service.

There was a registered manager in post at the time of our inspection. 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.

This was the first inspection of this location since it was registered on in June 2015. The service was providing minimal support to two people. The provider told us they had not been able to develop the service due to the fact that the local authority had suspended purchasing a service from them. This suspension had just been lifted when we inspected the service. Whilst we looked at the systems that were in place to support people we were not able to see that these systems would be effective at this time as there was sufficient information at this time.

Systems in place to assess the risks to people whilst receiving care were available but were not sufficiently robust to take into account all risks. For example Therefore people may not be fully protected from unsafe care.

The provider was not following their own procedures in respect of how they recruited staff, so people were not always supported by staff for whom the appropriate checks had been carried out before they started their employment.

The provider had procedures in place to keep people safe from abuse and staff were trained and knew how to use the procedures.

Sufficient staff were available to support the two people currently using the service.

People needed minimal support with managing their medicines and staff was trained to offer this support.

Staff were confident they received the training, supervision and management support to ensure they did their job effectively.

Staff knew about people's rights to make their own decisions and what action to take if they were concerned about people's ability to do so.

Staff supported people with food and drink where needed. Staff knew how to respect people's privacy and dignity and encouraged people's independence.

The provider did not always keep us informed with changes to their registration, as they are required to and did not monitor their practice to ensure it was in line with their policies.

## 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 consistently safe.

Procedures were in place to minimise the risk of abuse and staff were trained and knew how to use the procedures.

The process for assessing risks to people, who may require a high level of personal care, was not sufficiently robust to ensure people received safe care.

Systems were available to support people to take their prescribed medicines.

**Requires Improvement** ●

### Is the service effective?

The service is effective.

Staff received the necessary training and support to offer support to people, that currently used the service.

Staff knew how to obtain consent from people and how to ensure people's rights were protected, where people were unable to consent to their care and support.

Systems were place to ensure that people received support from staff to maintain their food and drink intake.

**Good** ●

### Is the service caring?

The service was caring.

Relative spoken with thought staff were caring and staff spoke about people in a caring way.

Staff knew how to maintain people's privacy dignity and independence.

**Good** ●

### Is the service responsive?

The service was responsive.

Procedures were in place to ensure people were involved in

**Good** ●

decisions about their care and staff knew how to support people in making decisions about their care.

**Is the service well-led?**

The service was not always well led.

The provider did not keep us informed about changes that affected their registration as they are required to and did not monitor their recruitment procedures to ensure it was on line with their policy and people were supported by suitable staff.

There were systems in place to seek people's views, but these systems had not been fully tested.

**Requires Improvement** ●

# Testimony Assembly Care Limited

## **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 11 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We reviewed regular quality reports sent to us by the local authority that purchases care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people. We also spoke with a local authority commissioning officer.

During our inspection we spoke with the relative of one person that used the service. We tried to contact both people that used the service; one person did not answer the phone despite us making several attempts. The other person told us to contact their relative, which we did. We spoke with the registered manager and one care staff. We looked at two people's care records; this included their medication administration records and daily reports. We also looked at the recruitment records of two care staff, analysis of questionnaires sent to people that used the service and quality assurance processes that the provider had in place to monitor the quality of the service. We also looked at the provider's recruitment policy.

## Is the service safe?

### Our findings

A member of staff we spoke with told us that pre-employment checks were undertaken, which included evidence of their identity, as well as Disclosure and Barring service checks (DBS). This is where the provider checks to ensure that staff are suitable to work with people using the service. We saw that DBS checks and references were in place for staff. However, we saw that start dates of employment did not correspond with when Disclosure and Barring services checks were completed. For example one record showed that the member of staff started working on 23 August 2015, records showed that the DBS was obtained 24 September 2016. This indicated that the staff member had started working before the required checks were completed. We saw that for one staff member no reference had been requested from their previous employer where they had been providing personal care for adults. This meant it was not possible for the registered provider/manager to check the staff's recent work practices and reason for leaving that employment. In addition the application forms were not fully completed detailing a full previous employment history. We looked at the provider's recruitment policy and we saw that the policy stated a full employment history will be collected for employees, so the provider was not following their recruitment policy.

A relative told us that their family member required very little support with their daily living. We saw that risk assessments and risk management plans were in place in respect of the support people needed. However, there were no environmental risk assessments to ensure that support could be provided safely by staff. The staff member we spoke with said they were aware that they needed to look out for any risks in the environment.

We were told by the registered manager, a local authority commissioning officer and a member of staff that the two people using this service required minimal support with their personal care needs. This was confirmed by the relative of one person. The relative told us they were satisfied with the support that was given and was not concerned about the safety of the person using the service. We spoke with the member of staff who told us they had received training on how to keep people safe from abuse and harm. The member of staff said they would report any concerns immediately to the registered manager and the registered manager would report it to social services. The staff member knew that they could report issues externally to other agencies, such as the local authority and the police if necessary. The staff member told us, "If a client disclosed information suggesting they were at risk. I would tell them that I will have to disclose this to ensure their safety." The registered manager also knew her responsibility for reporting safeguarding concerns to the local authority for investigation. This indicated that staff knew how to report concerns about people's safety. However, the registered manager said there had been no safeguarding incidents at the service to date.

The registered manager told us that although two members of staff had been employed there was only sufficient work for one staff because their contract with the local authority had been suspended and they had been unable to take on additional care packages.

The relative of one person told us that their relative needed to be reminded to take their medicines, on the

days that the staff member visited. The relative told us they were confident that the medicines were always given. Records we looked at showed that people were reminded to take their medicines, by staff. We saw that there were procedures in place to assess the risks of supporting someone with their medicines and records looked at showed that staff had received training in managing people's medicines. Staff spoken with confirmed they received training in safe handling of medicines.

## Is the service effective?

### Our findings

A relative we spoke with had no concerns about the skills of the staff that offered support to their family member. A member of staff we spoke with said they felt they received the necessary training to help them support people. Records looked at showed that staff received training, which included evidence that they had completed the care certificate to ensure that staff had the skills and knowledge needed to provide safe care and support. We saw that systems were in place for staff supervision and appraisal and the member of staff we spoke with said they were supported in their role.

Staff we spoke with said they always provided support in line with what people wanted. A member of staff told us, "I explain things and ask for their consent." This showed that people were supported in the way they wanted and with their consent.

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. Staff spoken said the people currently using the service, had the capacity to make decisions for themselves. Staff said they had received training on this topic and that any concerns about people's mental state would be reported to the manager for an assessment.

Staff said they only offered minimal support to people with their food and drink. For example, making a sandwich or a cup of tea. If necessary staff said they would check that people had eaten and if concerned about people's food and drink intake, they would report it to the registered manager.

The staff member spoken with told us in an emergency situation, such as someone becoming unwell or having a fall, they would call the GP or the ambulance as necessary to ensure the person received the correct medical attention.

## Is the service caring?

### Our findings

The relative of the one person we spoke with said they thought staff were caring. The member of staff we spoke with talked about the people they supported in a caring way. For example, the staff spoke about people as individuals and showed concern for their welfare. The staff told us that when they visited people, they would observe to make sure their medicines had been delivered and if not they would chase this up with the pharmacy. This prevented people worrying about not having received their medicines.

Records looked at showed systems were in place to involve people in assessing and planning their care.

A relative told us, that their relative did not need much support, but felt that [staff name] was respectful. The member of staff we spoke with gave good examples of how they would show respect if they were providing personal care. For example staff told us, they kept doors closed and people covered up when providing personal care, so that people were not exposed so their dignity was maintained.

Staff told us the people they supported were very independent and just needed reminding to do things. The staff member told us, "[Person's name] is independent and just needs support with some things." The staff member went onto say, "I always make sure people do as much as possible for them self."

## Is the service responsive?

### Our findings

A relative told us that they felt staff supported their relative in the way that they wanted and had no concerns about the support offered. Care plans were signed by the person using the service, indicating their agreement with the support that was offered. Staff spoken with said they always did what people wanted them to do. The member of staff said, "I learn what people like and offer help if needed. Always make sure it's what people want and what they are comfortable with."

We saw that people's needs assessments, care plans and risk assessments were reviewed regularly. We spoke with a commissioner who had done a recent visit to the service. They told us that they had suspended commissioning with the service due to inadequate assessment and care planning process. The commissioning officer told us that the registered manager had attended training to support her in undertaking assessments and care plan, but it was difficult to judge the effectiveness of this training, as the people currently using the service had minimal care needs.

A relative we spoke with told us they did not have any complaint about the service so far, but would speak with the staff or the registered manager if they had. We saw that the provider had a complaints procedure in place but the registered manager said no complaints had been received.

## Is the service well-led?

### Our findings

There was a registered manager in post. The registered provider and registered manager had not fulfilled their duties to ensure that we were informed of any changes to their conditions of registration. For example, the address from which the service was being provided had changed before changes were made to their registration so that for a period of time the service was being provided in a way that was not in accordance with their conditions of registration. Whilst this has been rectified the registered provider and registered manager needed to be mindful of their responsibility to comply with their conditions of registration.

The member of staff we spoke with said they felt they could discuss things with the registered manager. The staff member said, "I can make suggestion if needed and she [registered manager] is very understanding and open to communication."

We saw that there was a process in place to seek the views of people using the service and the records we saw showed that people using the service were happy with the service received. The effectiveness of the systems in place to monitor the quality of the service could not be assessed at this visit as there was insufficient information at this time to make a judgement.