

Tabeth Ltd

Tabeth Care

Inspection report

Unit 17-18
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Ratings

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

Summary of findings

Overall summary

About the service

Tabeth Care is a small domiciliary care service that provides support and personal care to older people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 19 people were receiving support with personal care.

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

The registered manager had recently recruited a service manager and human resources manager to support them with the day-to-day management of Tabeth Care. Since their recruitment, both managers had worked hard to make necessary improvements to the service and the care people received.

The registered manager was not always visible and did not have day-to-day oversight of the service. People and family members did not know who the registered manager was and had not been contacted by them since receiving support. Staff members told us they had little contact from the registered manager but felt well supported by the newly recruited managers.

People told us they felt safe with the staff who supported them. Staff showed a good level of knowledge around how to protect people from abuse or harm and the actions they should take if they had any concerns. Risks to people and the environment they lived in had been assessed and plans were in place to manage these. Those who required support with their medication had appropriate plans and assessments in place.

Newly recruited staff were subject to relevant pre-employment checks to ensure they were safe to work with vulnerable people. Managers worked hard to ensure staff were allocated calls within the same location so that people received support at the right times and from consistent staff. People told us staff were almost always on time and if they were going to be late, they would be contacted in advance.

People's needs were fully assessed in line with nationally recognised standards and guidance. The service ensured they were able to meet people's needs effectively before providing them with support. Most staff were recently recruited and had not completed all necessary training; courses had been booked for those staff who required it. Staff showed a good level of knowledge and understanding for their role and people's needs. They told us they were well supported by the managers and able to seek advice whenever needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and family members told us staff were kind and caring and treated them well. People spoke fondly of

the staff who visited them and it was evident positive, trusting relationships had been developed. People were supported to remain as independent as possible and told us staff treated them with dignity and respect at all times.

Care plans were in the process of being updated to include more person-centred information about people's life histories. People told us they felt staff knew them well and it was evident from conversations that staff knew the people they supported. Where required, staff supported people to access the community to help reduce social isolation. People's communication needs and difficulties were considered as part of the assessment process.

People and family members knew who to contact if they had any concerns. The managers told us they had not received any formal complaints since being in post and that any concerns raised were dealt with immediately. We discussed the importance of maintaining a record of complaints/concerns to show evidence of the service has improved.

Whilst the registered manager was not involved in the day-to-day running of the service, positive feedback and comments had been received from people, family members and staff regarding the managers and their ability to run the service. They were described by all as supportive, approachable and knowledgeable. The managers were passionate about promoting a person-centred culture and had received positive feedback from social care professionals about the improvements they had made.

Systems were in place to check the quality and safety of the service and regular meetings, reviews and calls were held with staff and people to obtain their views about the service provided.

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

Rating at the last inspection - This was the first inspection for this newly registered service.

Why we inspected

This was a planned inspection based on our timescales for newly registered services.

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?

This service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led finding below.

Requires Improvement ●

Tabeth Care

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 homes.

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.

The registered manager was also the nominated individual and provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection activity started on 13 February 2020 and ended on 28 February 2020. We visited the office on 13 and 20 February 2020.

What we did before the inspection

We reviewed information we had received about the service since they were first registered with CQC. We sought feedback from the local authority and professionals who work with the service. 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 five people who used the service and two family members about their experience of the care provided. We spoke with seven members of staff; this included the registered manager/nominated individual, service manager and human resources manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This was the first inspection for this newly registered service. At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Safe recruitment processes were being followed. Relevant checks were completed on newly recruited staff to ensure they were safe to work with vulnerable people.
- The service was still in the process of recruiting new staff to increase numbers. The managers were supporting care staff with daily calls where any shortfalls were identified to help ensure they were completed at the right times.
- People told us staff mostly visited at the times agreed in their care plans and always stayed the required amount of time. If staff were going to be late, they received a call explaining the reasons.
- Most staff employed were non-drivers; managers tried to allocate calls that were close to each other to ensure they were able to get to them on time. One staff member told us, "Most of my calls are close but I cover [location] and [location] which are a bit of a distance apart. If the bus is late then I am late for my next call."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them and family members were confident their loved ones were well looked after. Comments included "Absolutely no concerns, I feel really safe with them all," "Oh yes very safe, no concerns at all" and "I have no concerns at all. I know [relative] is safe and the staff are really good with him."
- Most staff had received training in relation to safeguarding, those who had not received this had been booked on to up-coming courses. Staff understood what was meant by abuse and were confident reporting safeguarding concerns.
- The service maintained a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately by the management team and action taken to minimise further occurrences.
- People had access to emergency contacts through an on-call service that was available from 5pm to 9am. Each person's care plan also contained contact details for the local authority safeguarding team.

Assessing risk, safety monitoring and management; Using medicines safely

- Individual risks to people and the environment had been assessed and were managed appropriately. Care records provided clear information around identified risks for staff to keep people safe from avoidable harm.
- Medicines were managed safely by suitably trained staff. Staff used electronic devices that provided information regarding people's medicine and the level of support they required.
- Those who required support with their medication told us they received it at the right times.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection and had access to relevant guidance and information.
- Staff had access to personal protective equipment (PPE) when needed.

Learning lessons when things go wrong

- Whilst the service maintained a record of accidents and incidents, none had been recorded since the new managers had been in post.
- The managers were aware of the need to review incidents to look for patterns and trends in order to learn from them and prevent re-occurrence.

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 was the first inspection for this newly registered service. At this inspection 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

- Assessments were completed prior to people receiving support to ensure the service was able to meet their needs.
- People and family members told us they were involved in the assessment process. One family member told us, "We sat together and did [relative's] care plan."
- People told us staff knew them well and how best to meet their needs.

Staff support: induction, training, skills and experience

- Most staff had been newly recruited within the last six months; some were still currently in their induction period. Staff showed a good level of knowledge and understanding about their role and the responsibilities they had.
- Not all staff had completed training the provider regarded as mandatory for their role, however courses had been booked for them to attend. Staff had received additional training to meet specific, individual health needs.
- People and family members told us they felt staff had the skills and knowledge to provide the right support. Comments included; "Yes they all seem to know what they are doing" and "[Relative] has a catheter and [staff] know what they are doing. They are really good with him."
- Staff felt supported in their role; as most were new to the service, they had not yet received formal supervision. However, they told us they could discuss any concerns with managers whenever they needed to.

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

- Care records documented when people needed support with preparing food and drink.
- People told us staff helped with their meals where required and always made sure they had access to drinks and snacks before leaving. One person told us "Yes [staff] make me food and get me drinks, they make what I ask." A family member told us, "[Staff] do all [relative's] meals and I am happy with what they do."
- No-one using the service had any identified risks associated with food and drink, such as malnutrition or choking risks. However, the managers were aware of their responsibilities regarding this.

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

- Where people received additional support from health and social care professionals this was written in their care records.

- The managers and staff were aware of the process they should follow if a person required support from any healthcare professionals.
- People told us staff had supported them to make/access health appointments such as GP or hospital.

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 (CoP) for them to authorise people to be deprived of their liberty. At the time of our inspection no one using the service was subject to any authorisations under CoP.

- People told us they were offered choice and control over the care they received. Comments included; "[Staff] always make sure they ask before doing anything" and "Yes they always ask my consent first."

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 was the first inspection for this newly registered service. At this inspection 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 and family members spoke positively about the caring nature staff and the support they provided. Comments included; "[Staff] are very nice and pleasant. I can trust them. There is a mutual trust between us" and "[Staff] are very good. Definitely kind and caring. They always listen and they chat with [relative] they are lovely. I always hear them having a laugh together."
- Despite most staff being new to the service, it was clear they had got to know people well. This was due to the managers ensuring people received care from consistent staff.
- People told us staff knew them well which made them feel well supported. Comments included; "[Staff] know me really well. I can have a laugh with them" and "[Staff] know what I like and we chat about different things."
- Equality and diversity support needs were considered as part of the assessment process; the managers had a good understanding of their role and responsibility to ensure appropriate support measures were in place.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always treated them with dignity and respect and provided care and support in a way that made them feel comfortable.
- People told us staff supported them to be as independent as possible. One person told us, "I like to make my own meals [staff] don't take over."
- Staff understood the importance of maintaining people's confidentiality and gave examples of how they did this.

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

- The service supported people to express their views about their care.
- People told us they were often contacted by the managers to ask about the care they received.
- The managers had information about advocacy services to support people who were unable to communicate their views effectively.

Is the service responsive?

Our findings

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

This was the first inspection for this newly registered service. At this inspection 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; 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

- People's individual care needs had been identified and care plans had been developed with the involvement of the person and their family members where appropriate. One person told us, "I have a folder that says what I need and I get to read it and I was involved in what was written."
- The management team were in the process of updating people's care plans to provide more detailed, person-centred information regarding people's life histories.
- Electronic devices were used by staff to access up-to-date, relevant information regarding people's needs, call times and tasks to be completed at each call.
- Family members were able to access information regarding their relative's care through a mobile application. In addition, a communications book was used for family and staff to exchange important messages about people's needs.
- Those who required it, were supported to access the community to help reduce social isolation. One person told us, "Staff take me out to the shop or the café if I want to."

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.

- Where required, the service assessed, recorded and shared information relating to people's communication needs.
- The registered manager was aware of the need to ensure that information was made available to people in a way they would understand, such as large print for those with sight impairment, should they require it.

Improving care quality in response to complaints or concerns

- People and family members told us they knew who to contact if they had any concerns and were confident any issues would be dealt with.
- Each person's care plan contained information about who to contact should they wish to make a complaint.
- A formal complaints record was not being maintained. The managers told us that no formal complaints had been received and that any minor concerns were addressed and dealt with immediately. We discussed the importance of recording concerns to show how the service improved. This was addressed during the inspection.

End of life care and support

- The service was not currently supporting anyone with end of life care. However, staff had access to both on-line and practical training if required.
- As most people receiving support were new to the service, end-of-life care planning had not been discussed. The managers told us they were looking to complete this once they had built trusting relationships with people.

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 was the first inspection for this newly registered service. At this inspection this key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager did not regularly engage with people using the service, family members or staff. People and family members told us they did not know who the registered manager was. However, they spoke positively about the new managers and how engaged they made them feel.
- Staff told us they had regular contact and support with the managers and felt able to discuss any concerns and share their views. However, none had had any contact from the registered manager since being recruited.
- Regular meetings and coffee mornings were held between managers and staff to provide updates and allow staff the opportunity to offer their views about the service. Staff told us they felt listened to and valued.
- Managers created a 'newsletter' on a regular basis to provide staff with updates and information about the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 also the nominated individual and owner of Tabeth Care. Due to difficulties running the service on their own, they recruited a care manager and human resources manager to support them.
- The managers were not always given the tools or systems they needed to carry out their role effectively. This, at times, had an impact on how timely they were able to complete specific managerial tasks.
- The care manager was in the process of applying to CQC to become the registered manager of the service.
- The managers ensured we were notified of events as required by regulation
- The registered manager had a basic understanding of their legal responsibilities and the importance of investigating incidents/events that occurred as well as complying with duty of candour responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The managers were responsible for the daily running of the service; they had both received positive feedback from professionals regarding the improvements they had made since being recruited.
- The managers were keen to promote a person-centred culture and supported staff to implement this when providing support.

- People and family members spoke positively about the new managers and told us they were happy with the service they received. One person told us, "[Name] is the manager, he rings me and pops round to see me and check I am okay." One family member told us, "[Manager] is very good. He manages the service well and keeps us up-to-date. I can discuss issues with him and he's really approachable."
- The service worked with external organisations to help promote good outcomes for people.