

Testimony Assembly Social Care Ltd

# Testimony Assembly Care Limited

## Inspection report

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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?	Good ●

# Summary of findings

## Overall summary

This inspection was announced and took place on 6 September 2017. We gave the provider 48 hours' of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

Testimony Assembly Care is a domiciliary care agency registered to provide personal care to people living in their own homes. A registered manager was in post and provides care along with a small team of staff. 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. At the time of our inspection five people received care and support services.

At the last inspection on 11 August 2016 we found that the provider needed to make some improvements to ensure safe systems for the recruitment of staff were in place. Improvements were also needed to ensure the provider kept us informed with changes to their registration, as they are required to; and monitored their practice to ensure it was in line with their policies. This inspection found improvements had been made and people were positive about the care and support they received and the service as a whole.

People were supported by staff who had received training in how to recognise possible signs of abuse and how to report any concerns. Staff were able to tell us of the needs of the people they provided care for and their roles and responsibilities in keeping people safe. Staff understood how to protect people from abuse and were clear about the steps they would need to take if they suspected someone was unsafe.

People had their individual risks assessed and had plans in place to manage them. Medicines were administered by staff that had received training. The provider had arrangements in place to make sure that there were sufficient staff to provide support to people in their own homes. Staff said training helped them do their job and gave them the right skills to meet the needs of the people they supported.

Staff were caring and treated people with privacy and dignity and respected people's homes and belongings. People were supported to maintain their independence.

People were involved in how their care and support was received; they were given choices and their wishes were respected by staff. Staff understood they could only care for and support people who consented to being cared for. Staff supported people with food and drink where needed and would arrange health appointments on people's behalf if they asked.

People were encouraged to share their opinions about the quality of the service through reviews and visits with the management team and satisfaction questionnaires. People felt confident they could raise any issues should the need arise and that action would be taken.

The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made.

## 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.

People received care from staff that understood how to keep them safe and minimise the risk of potential harm.

People were supported by a sufficient number of regular staff and were happy with how staff supported them with their medicines.

### Is the service effective?

Good ●

The service was effective.

People received care in the way they wanted and from staff who were trained to support them. People made decisions about their care and support.

Staff had a good understanding of their responsibilities and sought people's consent before providing care.

### Is the service caring?

Good ●

The service was caring.

People were supported by caring staff that knew them well.

People were supported with dignity and kindness and were encouraged to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs. Staff provided care that took account of people's individual needs and preferences and offered people choices.

People understood they could complain if needed and management were responsive. People had regular opportunities to feedback about the service.

## Is the service well-led?

The service was well led.

People and staff were complimentary about the management of the service.

People benefited from a service which was regularly monitored because the registered provider had systems in place to check and improve the quality of the service provided.

Good 

# 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 6 September 2017 and was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in.

The provider had completed a Provider Information Return (PIR). 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. We also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority if they had any information to share with us about the home. The local authority is responsible for monitoring the quality and for funding some of the people receiving care support. We used this information to plan the inspection.

We spoke with two people who used the service and one relative of a person who used the service by telephone following the visit. We also spoke with the registered manager and three care assistants. We looked at the care records of three people to see how their care was planned. We also looked at two staff files, medication records, complaints and compliments records, spot checks records and the staff training matrix.

# Is the service safe?

## Our findings

At the last inspection on 11 August 2016 we found that the provider was not following their own procedures in respect of how they recruited staff. At this inspection we found improvements had been made. The Provider Information Return (PIR) told us and staff confirmed that the appropriate recruitment checks were undertaken to ensure that as far as possible only suitable staff were employed. The PIR said all staff completed a Disclosure and Barring Service (DBS) check and employment references were obtained. One member of staff confirmed the process and told us, "I had to have my DBS check in place before I could start."

People who used the service told us they felt safe in their homes whenever staff visited. All three people we spoke with told us they had regular staff and this reassured them as they knew who to expect. One person told us, "I get the same carer. ... I feel safe with them."

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. Staff were clear about the steps they would take if they had any concerns. Staff told us they were confident to report any concerns with people's safety or welfare to the registered manager and that action would be taken.

Staff told us they ensured people were safe when they helped them with their mobility; this was confirmed by the relative of one person, who told us their family member always had the correct number of staff to assist them. Staff also told us they looked to ensure the environment was kept safe and secure for people. For example, they checked areas were hazard free before they left people and they locked the external doors if that's what the person wanted. People's risks had been assessed when they first received care from the service and had then been reviewed regularly and changes recorded in their care plans. Staff said the assessments gave them the correct level of information to provide care and support and were kept up-to-date to ensure they were aware of any changes to people's care needs.

People told us that they had regular staff who arrived on time to provide their care. One person commented, "It's the same staff and they introduce any new staff so it's never a problem." Another person said, "They are always on time, I don't have to worry about that." Staff also told us that there were sufficient numbers of staff available to meet the needs of the people they provided a service to. They told us that when staff were off work the office staff could also cover calls. One member of staff said, "We are only a small team and the office staff provide cover if required. It's only a small team so all the people receiving care know the office staff."

The registered manager planned calls a week in advance taking into account any changes requested by people and staff availability. The registered manager advised that an electronic call planning system had been purchased and would be utilised when the service took on more packages of care.

Some people told us they received support with their medicines. For example, one person told us they received reminders from staff with administering some of their medicines. They said, "Staff prompt me to

take my medicine, which is good and it works for me". Another person told us although they managed their medicines themselves, staff still asked if they had taken them. They said, "Staff always ask which is good." Staff recorded when people had been prompted and these sheets were then checked by the registered manager. All three staff we spoke with confirmed they had received medicines training.



## Is the service effective?

### Our findings

All people we spoke with told us staff knew how to support their needs. One relative said, "They know what to do when they come." Staff we spoke with said training helped them to do their job and were able to give an example of how training had impacted on the care they provided. For example, one member of staff told us skin care training gave them a greater understanding of what to look out for and helped them to support people. The Provider Information Return (PIR) stated, 'All members of staff are up to date in their training' and we saw the registered manager maintained a record of all staff training including dates for retraining.

One member of staff confirmed their induction training was good and gave them the skills they need for their role. They told us although they were already experienced in care; their training had included shadowing care calls with the registered manager. They told us this gave them an opportunity to meet with people before providing care and also gave them a good level of knowledge about people's care.

All staff told us they received regular supervisions which gave them the opportunity to discuss any issues or request further training. In addition regular spot checks were made by the registered manager to observe their care practice. One member of staff said, "Spots checks are made monthly to make sure people get the right level of support."

The 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. We checked whether the service was working within the principles of the MCA. People had consented to their care and treatment which was recorded in their care plans. Staff we spoke with told us they were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. One member of staff said, "I only provide care when the person agrees, I ask are you ready for care now, I listen to them, it's their choice."

Staff said they only offered minimal support to people with their food and drink; for example, making people a cup of tea. This was confirmed by the people we spoke to who told us they made their own meals but staff would make a drink if they needed one. Staff said if they were concerned about people's food and drink intake, they would report it to the registered manager.

People told us staff would help them access medical help if they needed. One relative told us staff supported their family member's health and said, "Staff always tell us if they feel we need to get the doctor in." Staff told us if they felt someone was unwell they would contact staff in the office; who then ensured contact with the GP was made in line with the person's consent.

## Is the service caring?

### Our findings

All of the people we spoke with told us they felt staff were caring. One person said, "My carer makes me feel my care time is important." One relative told us when their family member had aching legs, staff took time to bathe their legs to offer some relief. They said, "Staff are patient and so caring. They look after [family member's name] very well. I've not got a bad word to say about them."

People told us that staff knew how to provide their care in the way they wanted it. One person said, "Staff know the way I like things done, I can be fussy." One relative told us their family member liked the staff that supported them. They said, "[Family member's name] gets on well with them [staff] and that's important to me." The Provider Information Return (PIR) stated, 'We make sure that a comprehensive assessment of the service user is done by which we were able to identify the service user's needs. We formulate a support care plan with the service user and their families or representatives. Every member of staff adheres to the support care plan.' This was confirmed by one person we spoke to who said that staff referred to their care plan before providing care.

Three staff we spoke with said they enjoyed working with people and had developed good relationships. One member of staff told us, "I enjoy working with people; getting to know them and helping them in their day." Staff spoke in a caring way about the people they supported. They told us the provider looked to keep regular staff for people. One member of staff said, "It's only a small service so people know all the staff and you get the opportunity to get to know them and their families well too."

All of the people we asked told us staff were considerate and treated them with dignity and respect. One relative told us, "They always close the curtains and door, [family member's name] privacy is never compromised." People told us staff also respected their homes and belongings. One person told us, "They respect my house." Staff we spoke with also shared their understanding of caring for someone with dignity. They told us about practical ways in which they maintained a person's dignity. One staff member told us, "I am respectful of the family setting," and they listed things they did such as providing a cover when supporting people with personal care.

Staff also told us how they involved people in their day to day care which promoted their independence. One member of staff said, "It's about empowering people – listening and hearing what they've got to say." We saw care plans guided staff on how to involve people in their daily care and promote their independence. For example, giving information on where people were able to partly wash themselves.

## Is the service responsive?

### Our findings

All people we spoke with said they received the care they wanted. One person told us, "I am treated as an individual; my carer [member of staff] is very sensitive to my needs." They told us staff understood their needs and they felt comfortable to discuss or share their day to day tasks with them. One person told us, "I feel I can tell the staff how I am each day because you don't always feel the same do you?" Staff also told us the service was responsive. One member of staff said they felt it was a strength of the service that, "It's a very person centred service."

All people we spoke with told us that they were involved in planning their care and any reviews. One person told us, "[Registered manager's name] comes out monthly, there's lots of opportunity to feedback and discuss my care." One relative also confirmed they had been involved in reviews of their family members care. We saw that people's comments and feedback were recorded in the monthly evaluation records. We looked at evaluation forms for three people; these all showed people were happy with their care.

Care plans gave staff information about the person receiving care including their likes and dislikes. Staff confirmed the information was a good starting point but they felt the best way to learn about someone was talking to them. One member of staff said, "I speak to them, people tell you and then you follow what they want."

All staff told us care plans included the most recent information and these would be updated to reflect any changes in a person's care. Staff said good communication systems were in place to advise them of any changes. One member of staff told us management were quick to update staff. They said, "Communication is very good. The registered manager calls and communicates verbally and also asks us [staff] to come in [to the office] and read the care plan."

People told us they felt listened to. One person told us they wanted to change the way they were contacted by the office staff. They told us, "I told them the way I preferred to be contacted and this was actioned." One relative we spoke with told us when they had requested a change in call times, "[Registered manager's name] came and sorted it; they were flexible."

Two people we spoke with told us they had not had reason to complain but were aware of how to raise concerns. One person told us, "I would happily tell them and I know it would be sorted for me." People we spoke with told us they felt assured that action would be taken as necessary.

All staff we spoke with told us they knew how to raise concerns or complaints on behalf of people receiving care and support. We saw the provider had a complaint procedure in place. The registered manager advised us that no written complaints had been received. They told us that as a smaller service any issues could be picked up when they visited people receiving care and dealt with immediately.

## Is the service well-led?

### Our findings

At the last inspection on 11 August 2016 we found that the provider did not always keep us informed with changes to their registration, as they were required to and did not monitor their practice to ensure it was in line with their policies. At this inspection we found improvements had been made. We found the registered manager was knowledgeable about when notifications should be made to CQC and we saw there were processes in place to check the quality of care provided.

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. There had been a recent change in the management of the scheme. A registered manager was in place.

All people we spoke with were very positive about the service they received. One person told us, "It's a really good service. The care is very good." One relative also commented, "I'm happy [with the service], they [staff] are very, very good to [family member's name]." People told us that they knew the management team and they were approachable. One person said, "[Registered manager's name] comes out monthly to see if everything is okay and if I'm happy. We chat and they are very good."

Staff felt the service was well managed for the people it supported. One member of staff said, "People's voice is heard. It's a feedback driven service." All staff we spoke with told us they felt supported by the registered manager who was approachable and available to them and staff were clear on their roles and responsibilities. One member of staff commented, "What I like is the fact they [the registered manager] are clear on their expectations."

The registered manager completed a number of monthly checks to assure themselves of the quality of care being delivered. For example, we saw monthly checks of medicine administration records and monthly spot checks were completed to observe staff practice.

The provider had sent quarterly questionnaires to all people using the service asking for their feedback and opinions on the care provided. A response was made by four people and showed that people were happy with the care provided. All the people who responded said carers treated them with care and they felt involved in decisions about their care.

The registered manager said they completed all training courses attended by staff and also accessed online guidance. For example, the NICE (The National Institute for Health and Care Excellence) guidelines for home care to refer to. The registered manager said this kept their knowledge on current care practices up to date to inform the standard of care provided.