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Tendacare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Tendacare is a domiciliary care service providing personal care to 122 people at the time of the inspection.

Why we inspected

We had previously carried out an unannounced comprehensive inspection of this service on 3 and 4 December 2018. Two breaches of legal requirements were found: Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance and Regulation 18 of the CQC Registration Regulations 2009: Statutory Notifications.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this focused inspection to check they had followed their action plan and to confirm they now met the legal requirements. This report only covers our findings in relation to the Well- Led Key Questions which contain those requirements.

The ratings from the previous comprehensive inspection for the other Key Questions were not looked at on this occasion. The overall rating for the service is now Good in every Key Question with no breaches of Regulation.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tendacare on our website at www.cqc.org.uk.

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

At the previous inspection, people were experiencing the delivery of good and safe care. This had continued, and we had no new concerns. The provider had addressed the need to clearly document people's wishes and any consent issues.

People's rights were protected and where people lacked the mental capacity to consent to care, the decision making process was now well recorded. The provider worked closely with people's families, and those with legal authority, when any decisions were made in a person's best interest.

People's assessments now included an option to discuss their preferences for end of life care. This was done sensitively, and personal choice was always upheld. New records had been introduced to enable both essential and more personal information to be captured. This meant the service could demonstrate how they could be responsive in the event of illness or at end of life.

The service had a robust system for recording and reporting incidents, including the safeguarding of vulnerable adults. They had correctly notified the CQC of safeguarding concerns and they could evidence what actions were taken and how they involved the local authority to protect people from harm.

The service was well managed and there was good communication to support the smooth delivery of care. Improvements were being made, including the development of technology to support a more efficient service and to benefit people who received care. The service worked with other agencies to find people the support they needed and increase their health and wellbeing. There were established links and partnerships with other providers and local community services.

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

Rating at last inspection and update

The last rating for this service was Good (published 16 January 2019). However, there were two breaches of Regulation found. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Tendacare

Detailed findings

Background to this inspection

The inspection

We carried out this focused 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 Well-led Key Question under the Care Act 2014.

Inspection team

The 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 houses and flats.

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

We gave the service 24 hours' notice of the focused inspection. This was because the service is small, and we wanted to be sure there would be staff in the office to speak with us. The inspection took place on 15 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our focused inspection.

During the inspection

This was a focused inspection to check whether specific improvements had taken place about how the

service was managed and led. We spoke with the registered owner, the manager and two other staff about the service and people's care. We reviewed the most relevant records, including people's care information which evidenced changes made since the last inspection. We looked at the digital system used by the service to understand how care was managed and delivered to people at home. We saw other records relating to the management of the service, including meetings, plans and procedures. We did not speak to service users as the issues to be addressed related to records and documentation. We read feedback from people and their families about their good experiences both online and from the provider surveys.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had failed to keep good records showing how decisions were made for people who lacked mental capacity, and for people's wishes for end of life care. This was a breach of Regulation 17: (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of the regulation.

- The service had put in place new documentation to be used where people lacked the mental capacity to consent to their care and other options had been explored. This included a mental capacity assessment which was in line with best practice and a form to record any decisions made in a person's best interests. These showed how each person's wishes and those of relevant people were considered, including family members, those with legal authority and professionals. The manager ensured they obtained the required evidence of any lasting power of attorney authority.
- People's wishes for the end of their life were now embedded in the assessment and care planning. This had been added to the initial assessment checklist. The manager said, "We can ask at the outset along with other information and it is not so intrusive." They had also improved their records of people's emergency information and were updating this as people's care came up for review. A third change was a new "End of life care preferences" record, which meant that people's explicit wishes regarding advance health plan, cultural and religious needs and important relationships could be captured.

At the last inspection, the service had failed to send in notifications to the CQC following six incidents of safeguarding. Services that provide health and social care to people are required to notify us of important events. This was a breach of Regulation 18 of the CQC Registration Regulations 2009: Statutory Notifications. The service had learnt from our feedback and taken action to address this.

- This year, the service had notified us of nine incidents and events. When reviewed, these were all appropriately completed. The actions taken at the time of each event demonstrated a well managed service with good reporting back by the care staff. Steps were taken immediately by the manager to safeguard

people or address any concerns. The records were well kept, and it was easy to see at a glance whether the necessary steps had been completed.

- The manager understood their responsibilities to be open with people and relatives when things went wrong (duty of candour). There was good communication with the relevant people, including the local authority, or police, when required.
- There were good communication systems between care staff and office staff. Those who worked in the office also undertook some care duties which enabled good teamwork. Staff understood their responsibilities to report back and to pick up on messages and act on them. These could be sent and received using a digital method via mobile phones. All concerns reported were seen by the team leader in charge of the care rota, so changes could be made if needed.
- There were monthly co-ordinators meetings, where any issues, risks and actions to relating to people and their care was reviewed.

Continuous learning and improving care

- The provider used technology to support their learning and service improvement. Staff told us about positive changes they had seen or made since the last inspection. One staff member said, "People's details and anything we need to know is now accessible through the (digital) system." Another said, "We are continually developing it to make things easier for care delivery and communication." The service was engaged with a 'user group' that was developing the system to support good and efficient care giving.
- The service had also improved their risk management and recording. Care staff were now using 'body maps' which was a way of recording any mark, bruise or a potential pressure sore that a person could develop. The manager said, "We did this this with community nurses to improve the way we manage pressure sore risks and we can report to a nurse or GP if concerned."
- The provider had systems to manage, review and improve the service people received. There was a quality improvement plan in place. This had been developed further following ideas from the customer survey. For example, one person had suggested the idea of having recipe and meal cards to support people who needed help with their meal's, and to give care staff ideas. The plan had short term and long-term actions. Longer term, a development was that people's medicines records would be recorded and audited electronically. There were plans to enhance staff retention and culture through success stories and team building activities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive attitude shown by staff. One told us, "[Registered owner and manager] are always here and they are very approachable. There are changes in job roles now, but we are all adapting... and if any problems we get support right away." The provider had developed their staff, and many had stayed a long time in the service, doing different roles. This meant greater continuity and knowledge was retained to support people receiving care.
- The service values and beliefs were to, "Provide a truly personal service for everyone we care for." The aim was to do this with, "Understanding, flexibility, care and compassion." The registered owner said, "We embed the service values in the way we treat both people and our staff." An example of this was providing the right support when staff first started to ensure they were confident to give good care. Spot checks were also undertaken to ensure, "They are showing the values we expect with people they support."
- Feedback from relatives indicated that the service and outcomes for people were good. For example, one relative said, "I witnessed my father being treated with friendliness, respect and engagement whilst they (care staff) efficiently attended to whatever tasks were required." One person had written, "They have all been very willing to do anything I ask of them."

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

- People's feedback was sought routinely to monitor and improve the service. Staff undertook a quality monitoring survey with people and relatives once a quarter. The most recent one had been done in June 2019 when 20 questionnaires were returned. These indicated a high level of satisfaction. Some people suggested that the time of arrival of care staff and having a regular team of carers could be improved. However, this did not impact on their overall satisfaction, and they understood that some things were beyond the control of the provider.
- There was good engagement with care staff, through regular meetings and day to day contact. The last staff meeting was held in July 2019 and the one before this was April 2019. Changes to roles and new developments were discussed as well as any governance issues. For example, staff were reminded about processes and issues such as medicines errors, or staff not being reliable were dealt with.
- Staff felt valued and included. One staff member talked about, "At Christmas we have an awards evening and the managers thank us all. We also get complimented and thanked at our supervision." A success story folder had recently been introduced to capture the good work care staff did and the difference they made to people's lives.

Working in partnership with others

- The service worked in partnership with other care providers and agencies to enable people to remain living in their own homes. They supported some people who had a live-in carer, when the carer needed a break. There were examples of some shared care delivery with another provider.
- The manager and staff were aware of local support services which could benefit people at risk of social isolation. This local knowledge was used to benefit people who might attend a group, lunch club or day centre. The service also knew about charities who supported people with gardening and handyman jobs and made referrals with agreement of the person.
- There were good working relationships with local professionals such as community nurses, GP's and occupational therapists. When appropriate, contact was made with the local hospice. This collaboration meant that people were better supported and had help to access services they needed.