

Tender Care Services Limited

Tender-Care Services 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 unannounced comprehensive inspection took place on 3,4 and 7 November 2016. We gave two days notice before our inspection to ensure the manager would be available. The last inspection of the service was completed in June 2014 and found that the service was meeting the regulations.

Tender-Care Services Limited, provides personal care and support to adults who live in their own homes. At the time of our inspection they were providing personal care and support to 73 people.

The service is required by law to have a registered manager, and there was a registered manager in post. 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.

Everyone we met and spoke with was content and happy with the service they received. People were provided with support and care by a consistent team of staff who knew them and understood their care and support needs well. People were kept informed of any changes to their timetable or if staff were running late.

Staff were well supported through a range of training that was delivered both face to face and electronically via a computer. Staff received refresher training at regular intervals, to ensure they had the skills and knowledge they required to be able to provide care safely.

Staff told us they were well supported and there was an on-going programme of staff supervision meetings and appraisals to ensure staff performance was monitored regularly.

Quality assurance systems were in place to monitor and where necessary improve the quality of service being delivered.

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.

Staff had a good understanding of their responsibilities for safeguarding people against abuse and neglect.

There were safe medication administration systems in place and people received their medicines when required.

There were robust recruitment systems in place and sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005.

People were supported to access the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

People found their staff supportive, kind and respectful.

People were kept informed about any changes to their service.

Is the service responsive?

Good ●

The service was responsive.

People received the care they needed. Their care plans reflected their individual needs and were regularly reviewed and updated.

The service had a clear complaints procedure and people told us they would feel able to raise any concerns and felt they would be

listened to and any concerns acted upon.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor, and where necessary to improve, the quality of service provided.

There was a positive, supportive culture where people and staff were confident to report any concerns to the management team.

Tender-Care Services 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.

The inspection took place on 3, 4 and 7 November 2016, with visits on 4 November 2016 to people who use the service. We told the service two days before our visit that we would be coming to ensure the people we needed to talk to would be available. This inspection was conducted by one inspector.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. Before the inspection, we sought the views of people who used the service through issuing questionnaires, these results were analysed and used to provide a view of the service. We also asked the local authority who commission the service for their views on the care and service provided by the service.

During the inspection we visited three people and their relatives in their homes and spoke with another eight people on the telephone who used the service. We spoke with five members of staff and the manager. We checked three people's care and medicine records in the office and with their permission, the records kept in their home when we visited them. We also saw records about how the service was managed. These included three staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Is the service safe?

Our findings

Everyone we spoke with gave positive views on the service. People told us they felt safe with their care workers and said, "We are always happy to see them, we have been thrilled with the service". Another person told us, "I've been with them for a long time, and I'm very happy with them, everyone is so friendly and lovely".

People were protected against the risks of potential abuse. There were detailed policies and procedures in place to help keep people safe from abuse. Examples of policies included; handling clients' money, gifts and legacies, grievance and late and missed calls. Staff had safeguarding adult's awareness training and this was refreshed at intervals. Staff demonstrated an understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Records showed the service had not notified CQC when they had been informed of incidents that could cause people harm or any allegations of abuse. We discussed this with the manager who stated they would ensure all staff were aware and any future safeguarding concerns would be notified to CQC.

We recommend notifications of safeguarding and/or allegations of abuse are referred to the Care Quality Commission as per the current regulations.

When people had accidents, incidents or near misses these were recorded. The manager reviewed these records to look for developing trends, however there was not a high rate of incidents or accidents. The manager told us and we observed during our visits, that most people wore an alarm pendant that they would use in the case of an emergency. The majority of people who used the service maintained a high level of independence and had good mobility.

Risk assessments were in place to support people to remain safe whilst retaining as much independence as possible. This meant risks posed by people's home environments were assessed to ensure staff and people would remain safe.

There were arrangements in place to keep people safe in an emergency. There was an on call system for people who used the service and staff to contact in emergencies or where they needed additional support.

People told us they were supported by sufficient staff with the right skills and knowledge to meet their needs. People said care workers were generally on time and if they were going to be delayed they would be telephoned and kept informed. People knew their care workers well and said they were told if there were any changes to their planned visits. People said their visits were never cut short and there was enough time during the visits for them to get all the support they needed. If staff were not available for example due to leave or sickness the manager or their deputy would cover the visit. The manager said this system worked well and allowed them time to get out and see people in their home and provide 'hands on care' which they enjoyed. Staff told us they were given adequate time to travel between visits so that people had the full time given to them during their visit. The provider used a weekly rota system which ensured people and staff

knew their schedule in advance.

There were robust recruitment policies and procedures in place. We looked at the recruitment files for three members of staff and found that the relevant checks had been completed before staff started working at the service. These checks included up to date criminal record checks, photographic confirmation of identity, fitness to work statements, interview notes and previous employment references. This made sure that people were protected as far as possible from individuals who were known to be unsuitable to work in the care industry.

The manager told us they were in the process of recruiting two further staff who had just started their employment with Tender Care Services Limited and were 'shadowing' experienced staff. Staff shortages were covered within the existing team and by the manager and their deputy. This meant people were given consistent support by a team of staff they knew well.

There were safe medication administration systems in place and people received their medicines when required. There was a system in place to ensure staff were competent to administer medicines. Staff were trained in administering medicines and their training was updated periodically. The majority of people using the service were able to administer their own medicines. People told us the carers prompted them to take their medicines. One person said, "I take my own medicine, they just check I've taken them all". The medicine administration policy explained the different levels of assistance people needed with their medicines and the guidance for staff was clear. Where people had prescribed creams, there were clear instructions for staff on how to apply these. There were detailed body maps completed for people which gave guidance for staff on where and how much cream to apply to people. Medicines administration records (MAR) contained sufficient detail and were complete. There was a colour coded system for staff to follow if people were having 'PRN' as needed medicines, such as pain reducing tablets. This meant the amount of 'PRN' medicine people received was recorded to help keep people safe.

Is the service effective?

Our findings

People told us, "They are all lovely, I have my visits in the morning and they keep to their times, I couldn't be in better hands". Another person told us, "They are professional and very caring, they all seem to enjoy their job, we've never had to complain...they always do everything how I want them to".

People were supported by staff who had received a range of training to develop the skills and knowledge they required. Staff told us they completed an induction training programme which led to the care certificate, a nationally recognised induction qualification. Staff said they shadowed more experienced staff for a while before they started to care and support people on their own. Training was provided both electronically and through face to face practical sessions provided by an independent training provider.

Staff were encouraged to obtain professional qualifications, records showed staff had obtained a range of NVQ qualifications. One member of staff said, "I have completed my NVQ2 and 3 with Tender Care and I'm now doing a managers diploma with them". Staff said they found the training provided to be informative and useful and gave them the skills they needed to meet people's needs. Records showed staff were provided with refresher training when required. The schedule of training was up to date with all staff either having completed their training or dates allocated for training courses already booked. Training completed by staff included safeguarding, infection control and moving and handling as well as additional training such as, person centred thinking, palliative care and lone working.

Records showed staff received regular supervision through one to one meetings with their line manager. Appraisals were conducted annually and encouraged staff to put forward their own development ideas and opportunities. Staff said they found the supervisions helpful and supportive and felt they could raise any issues or concerns they had.

Staff meetings were held regularly and copies of the minutes made available for all staff. This ensured staff who had not been able to attend the meeting were kept informed of all actions agreed Staff signed the minutes to show they had read and understood the topics discussed.

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 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.

People's rights were protected because the staff acted in accordance with the MCA. Staff had an awareness of the MCA and how it affected their work. People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People were supported with their health care needs and any changes in their health were discussed with

them and a referral to their GP or other health care professionals such as occupational therapists was made if required.

Is the service caring?

Our findings

People told us they found all the staff to be caring, friendly and professional. People said, "They're wonderful, they chat to me, it's a pleasure to have them here...they are all very pleasant and such good company, they do a really good job". Another person said, "Everyone is so kind and friendly" and "They are very helpful, never late and it's lovely to see them, it starts my day off properly".

People told us they were always treated with kindness and respect. They told us they received their care and support from the same regular care staff so they always knew the person that was supporting them. People told us if new staff were employed they accompanied the experienced staff for a while so they got to know them before they came to support them on their own.

One person showed us their schedule of visits. The schedule showed regular daily visits that were carried out by a small team of carers. The person knew their team of carers well and said, "They are lovely, they are like friends now, they know exactly how I like things done". People told us the carers always checked to make sure they had done everything they wanted doing, people said, "They never rush, they have time for me, I really look forward to their visits".

Staff showed us the system they used for recording people's birthdays so that each person was sent a birthday card on their birthday from the service.

People were given the information and explanations they needed, when they needed them, such as when they started to use the service or when their needs changed. People told us they were kept informed if staff were going to be late for example if they were stuck in traffic. They said normally someone from the office rang them if their visit was going to be late, or if there was going to be any changes to their scheduled visits, such as new staff shadowing their carers.

Records showed and staff told us how one person liked to go to Church on a Sunday morning. Their early morning visit was re-arranged each Sunday to fit in around their church visit. Another person told us they only wanted female carers to support them and said their wishes had been respected. People told us care staff respected their privacy at all times and always asked their opinion on what they wanted to wear or how they preferred their support to be given.

People told us they were asked about their views on the service. They said the manager came out and saw them from time to time and they had completed questionnaires on the service they received from the carers. One person said, "I've never had a problem but if I did I would phone the office straight away, they are so good they would sort it straight away".

Is the service responsive?

Our findings

People told us that care staff understood their needs and provided the care and support as they wished. One person told us, "They do whatever I want them to do, well".

People's needs were assessed before they began to receive a service. People and their relatives were involved in compiling the care records, this meant the records contained personalised information that guided care staff to care for people as they wished. Care records were kept up to date and reviewed annually or more frequently if people's needs changed. People told us that the care staff supported them with a variety of tasks, such as, personal care support, preparing meals, loading the washing machine and supporting them with their medicines.

During our visits to people we reviewed their care plans which were kept in their home. People confirmed that staff updated their care records when their care needs changed. Care plans were clearly written and explained how people would like their care and support to be given. For example one person's care records stated, "Mood can be low at times, therefore gentle support and encouragement is needed". However, where people had diabetes, the care plans did not give any guidance for staff to follow in order to recognise the signs the person would present if becoming hypoglycaemic or hyperglycaemic. If care staff recognised the signs they would be able to contact the relevant health professional and reduce the risk of the person suffering harm. We discussed this with the manager who confirmed they would ensure this information would be included in the relevant people's care plans as soon as possible.

We recommend clear guidance for staff to follow is contained in people's care records where people are at risk of becoming hypoglycaemic or hyperglycaemic due to a diagnosis of diabetes.

If people required hoisting to mobilise them from their bed or chair there were clear instruction available in the care records for staff on how to hoist them safely. Where people required pressure relieving equipment such as cushions and specialist mattresses we saw they were recorded in their care plan and available for people in their homes.

People told us they were aware of the procedure for making complaints and said they would feel comfortable if they needed to make a complaint. One person showed us their care plan folder and pointed out the phone number they said, "I would just phone that number, everything gets sorted then". A complaints procedure was in place and this was included in the information given to people when they started using the service. We reviewed the complaints the service had received since the last inspection of June 2014. There had been seven complaints received and they had been reviewed and actioned in accordance with the provider's complaints policy.

The provider also kept copies of compliments received. One relative wrote, 'Thank you all so very much, without the excellent help from Tender Care, she may not have been granted her wish to remain in her own home'. Another relative wrote, 'Thank you so much for the very special care you provided for my husband... everyone was very friendly and made us feel at ease'

People and their relatives were given the opportunity to comment on the level of service provided by Tender Care Services Limited. We saw 26 completed questionnaires that had been sent out to people during October 2016. The questionnaires covered a range of topics, such as; were people happy with the service provided, did they feel safe from abuse and harm from the staff, were they involved in their care decisions, did care staff arrive on time and did care staff have the skills and knowledge to give the correct support that was needed. The completed questionnaires had been analysed and the results published in a colour coded graph for ease of reference. Any negative answers had been followed up by the manager and discussed with the person to see if actions could be corrected.

Is the service well-led?

Our findings

People told us they felt the service was well managed with a clear management structure. One person said, "Any questions or concerns I have I go straight to [manager] she is excellent". Another person said, "It's very well organised, the manager comes out to see us from time to time and everything runs so smoothly". Every person we spoke to said they would recommend the service to friends and family, one person said, "It's been excellent".

The manager promoted a friendly, open and honest culture which provided a professional and personalised service to people. People and staff had confidence they would be listened to and any concerns would be received openly and dealt with honestly and appropriately. Staff told us communication within the service was good and they felt well supported in their roles. A member of staff said, "Tender Care have an open door policy so if anyone is ever upset we can go straight in and discuss it with [manager], it's a happy place to work". Another member of staff told us, "I love my job, the manager is approachable and I've always been very happy there...People get good care".

Staff said, "Everyone is really nice we do a good job with good care, the general manager is really lovely, always tries to help us out". Another member of staff said, "I really enjoy my job there's a good culture, no major concerns about anything"

The manager showed us a recent staff award scheme they had enrolled the service in. This scheme enabled staff to nominate colleagues for light hearted awards and also gave staff various money saving schemes through high street retail outlets. The scheme had proved popular with the staff.

Quality assurance systems were in place to monitor and where necessary improve the quality of service being delivered. People's experience of care was monitored through regular questionnaires, and at intervals the manager visited people in their homes to conduct spot checks on the way the care staff provided care and support. The manager also covered some visits to people themselves should staff be off sick or on annual leave. The manager said this was an effective method of seeing people and obtaining their views on the service as well as enabling them to keep their practical knowledge of providing care and support to people up to date.

There was a whistleblowing policy, which was in line with current legislation and contained contact numbers for the relevant outside agencies with which staff could raise concerns.

There was a well-established manager in post. There was a system of audits in place to ensure a quality service was maintained. Examples of audits included, health and safety, complaints and environmental risks in people's homes. The audits gave an overview of the service and enabled any trends to be identified and actions taken to address any shortfalls.