

Tender-Hearted Limited

Arena Business Centre

Inspection report

Unit B8
Arena Business Centre, 9 Nimrod Way, East Dorset Trade
Park
Wimborne
BH21 7UH

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Tel: 01202862690

Website: www.tender-heartedcare.com

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

About the service

Arena Business Centre is also known as Tender-Hearted Care. Tender-Hearted Care is a domiciliary care agency and provides personal care to adults living 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. 10 people were receiving personal care at the time we inspected.

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

Staff had not always been recruited safely as records showed recruitment checks had not been completed to ensure suitable staff had been recruited to work with older people. The registered manager had employed a person responsible for the recruitment of staff. Following our inspection, they told us they would review and update all current staff recruitment files and going forward would oversee the recruitment of all new staff.

Tender-Hearted Care had implemented systems and processes, since the last inspection, which had led to improvements throughout the service. We received positive feedback from people who used the service and their relatives. People and their relatives told us they felt safe with the support and care from staff. People had been assessed to ensure any risks were mitigated. Medicines were managed safely, and infection prevention and control procedures were adhered to. There were enough staff and recruitment was ongoing.

The service sought healthcare professional support for people where required in a timely manner. We received positive feedback from healthcare professionals telling us how well the service worked with them to improve the lives of people using the service. Staff felt supported and had received an induction and subsequent training to ensure they had the skills to provide care to people using the service. Where people required support to eat and drink people told us staff gave them a choice and assisted appropriately as 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.

Staff were kind and caring. The service provided person centred care and the registered manager spoke passionately about the people who used the service and the ways in which the service works to ensure people's rights and wishes were upheld.

People said they felt listened to and told us the service was responsive to their changing needs. Care plans were detailed and reviewed regularly or when people's care needs changed. People knew how to make a complaint or raise a concern and were confident it would be addressed promptly by the management of the service.

Systems to assess the quality of the service meant it was continually learning and developing. Accidents and

incidents within the service were used to make improvements. There were checks at provider level with a focus on compliance to ensure the service operated safely.

People, relatives, staff and healthcare professionals provided positive feedback about the registered manager and felt the service was well-led. Staff knew and understood their job roles and responsibilities. Staff felt empowered and proud to work for Tender-Hearted Care and felt involved in the running of the service.

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 inadequate (published 22 July 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made and the provider was still in breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had been made and the provider was no longer in breach of Regulation 9 (Person-centred care), Regulation 11 (Need for consent), Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service has been in Special Measures since 8 April 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe recruitment of staff into the service. Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Arena Business Centre

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

The inspection was carried out by two inspectors who visited the service office and an Expert by Experience who made telephone calls to people who used the service and to their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 48 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, office manager, and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. We discussed this with the registered manager who said,

Staffing and recruitment

- People had not always been recruited safely into the service. Full employment checks had not been completed for three members of staff. For example, we found unexplained gaps in three of the staff files we checked and two of the staff files did not contain suitable references as per the service recruitment policy. This meant the service had not ensured fit and proper persons had been recruited into the service and had placed people at risk of harm. We discussed this with the registered manager who told us they would review and update all current staff recruitment files and going forward would oversee the recruitment of all new staff.

At our last inspection the provider had failed to robustly check staff employment history and references prior to employing staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet people's needs. Recruitment was ongoing in the service.
- People told us staff stayed for their allotted time and often stayed over to ensure all their needs were met. One person told us, "They always come in with a friendly manner, it never feels rushed and will stay longer if necessary."

Assessing risk, safety monitoring and management

- At our last inspection we found there were no processes to ensure people's risks were assessed. The service had worked hard since the last inspection to embed a proactive approach to anticipate and manage risks to people using the service. Risks were identified during pre-assessment checks then reviewed at regular periods or when required.
- Risk assessments were detailed and linked to care plans to ensure staff delivered care in line with the actions identified to mitigate risk of harm.
- People had risk assessments in place for all their care and support needs including for one person's household pet.
- Where risks had been identified the service worked with families and other organisations to mitigate risks of harm. For example, for one person at risk of fire, the service organised the local fire and safety rescue

service to complete a fire audit at their home. For another person, who used the radiator to lean on, the service organised for family to put radiator covers in place.

- The service had a system staff needed to log in and out from at each home visit. This alerted the office avoiding the risk of missed calls.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends. This process had the oversight of the provider as an additional safeguard to ensure all steps were safely followed.
- Lessons were learnt, shared and discussed at staff meetings, weekly updates and within the organisation. One staff member said, "when things go wrong, our manager calls us into the office to let us know what has happened. We come up with a plan for these errors, so they don't happen again."

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe in the care and support of Tender-Hearted Care. Comments included; "I feel safe with the carers, they are like my friends and important to me.", "my relative is safe with the carers; always talks about them with high regard." and, "my relative is safe with the carers; they are very professional and by far the best company we have had."
- Staff had received training in safeguarding adults during their induction and were reminded of their roles and responsibilities during supervisions and team meetings.
- Staff knew how to recognise signs and symptoms of abuse and harm; they were confident that if they reported concerns, they would be dealt with but also knew who to report to outside of the service.

Using medicines safely

- At our last inspection we found the management of people's medicines was not safe. At this inspection the service had improved, and medicines were managed safely. There were arrangements for the ordering, storage and disposal of medicines within the service policy.
- Staff responsible for the administration of medicines had their competency assessed regularly.
- People told us they were happy staff knew how to administer medicines safely. One person said, "The carers take the tablets from the blister pack and puts them in a pot without problems."
- Medicine Administration Records (MAR) had information about when a person took their medicines.
- Electronic MAR meant that the service could monitor medicines in real time and check all medication had been signed for by the end of each shift to reduce the risk of missed medication.
- Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.

Preventing and controlling infection

- At our last inspection we found Infection control processes and procedures were not always robust. At this inspection, things had improved. Staff understood their responsibilities for keeping people safe from the risk of infection. Procedures had been enhanced following the start of the COVID-19 pandemic.
- Staff had enough supplies of PPE and every person and relative we spoke with confirmed staff always wore their PPE. One person said, "The carers wear aprons, gloves and mask, including over their nose."
- Staff had received training in infection prevention and control.
- The service was participating in the COVID-19 staff testing and vaccination programmes.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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

- At our last inspection we found people's needs and choices were not always assessed. At this inspection the service had improved. Care and support was planned and delivered in line with standards, guidance and best practice. People had assessments completed before the service started supporting them. Pre-assessments formed the basis of the care plans. Needs were identified and agreed including the time of visits and duration. One person told us, "[the registered manager] visited at the start of the service to do the assessment, my daughter was also present."
- People's outcomes were identified, and detailed records gave staff instructions on how care needed to be delivered.

Staff support: induction, training, skills and experience

- At the last inspection we were not assured that staff had training and induction. At this inspection we found staff had the right competence, knowledge and training to carry out their roles. All staff had completed mandatory training including moving and handling, medication administration and basic life support. New starters had received an induction which was a combination of practical shadow shifts and training.
- Staff competencies were checked regularly with random unannounced spot checks.
- People and relatives told us staff had the right skills to meet their care needs. Comments included; "I think the staff have the right skills and experience" and, "I don't think they require any further training."
- Staff told us they felt supported in their role. Staff had regular formal supervisions which were two-way conversations and opportunities to learn, develop and ask questions.

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

- At our last inspection we found people's care records did not contain any details about their food and drink preferences. At this inspection, the service had improved. People's needs in relation to eating and drinking had been assessed. The information available to staff included people's likes and dislikes.
- People and relatives told us they were given a choice by staff. Comments included; "The carers make or heat up my relative's choice of food.", "The carers make my choice of food." and, "The carers make drinks and leave one out for her."
- Where people were at risk of choking and required additional assistance, the service had worked with relevant professionals such as speech and language therapists. The service had increased time spent with people to ensure they had enough time to be supervised whilst eating to prevent risk of choking.

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

- People had access to healthcare support and services as needed. Where doctors or district nurses were required the service sought a response in a timely manner and chased when needed to ensure people were seen appropriately. This included one example of a person in need of medical attention. The service arranged for a GP home visit and became concerned that a doctor had not been to visit the person by the end of the day. The service contacted the surgery again and arranged for a district nurse to visit which they did that evening ensuring the persons needs were met.
- The service worked with other healthcare services including occupational therapists. One example included a request by the service for the occupational therapist to reassess a person's needs following a fall. With the occupational therapists' recommendations, the package of care was reassessed, and appropriate support put in place by the service to meet the persons' needs.
- Visiting healthcare professionals had access to peoples care files which contained information regarding the persons allergies and medical conditions. The service was looking to include this in electronic versions to aid healthcare professionals in case of emergencies.
- Appropriate referrals to healthcare professionals were made by the service. Comments from healthcare professionals included; "Tender-Hearted Care have been proactive in informing me of issues that have arisen in a timely manner.", "[registered manager] contacts me with any concerns and has requested reviews of care packages as well." and, "Tender Hearted care have met all expectations in providing quality support to my clients."

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 for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the last inspection we found the service was not working within the principles of the MCA. At this inspection we found the service had improved. The service was providing care and support to some people who were living with dementia, this sometimes affected their ability to make certain decisions about their care.
- The registered manager told us about the key aspects of the MCA and understood the process to follow when capacity to make certain decisions had to be established.
- The service was currently in the process of arranging a best interest meeting following the completion of a mental capacity assessment. The best interest meeting involved healthcare professionals and families. The registered manager spoke about the persons wishes and wanting to advocate for the least restrictive option as part of the MCA framework.
- Staff had completed training in MCA. Staff understood the principles of the MCA and told us how they would assist people to make their own decisions or report to their manager if they were concerned the person was unable to.

- People with capacity were asked to sign consent to care forms.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Supporting people to express their views and be involved in making decisions about their care

- At our last inspection we found care records did not reflect people's needs and preferences regarding their culture, gender, sexuality or faith. At this inspection the service had improved. The service had ensured that people were always treated with kindness. This was reflected in the feedback from people who use the service and relatives. Comments included; "The staff are kind, caring and respectful; they are excellent.", "The carers are excellent, gentle and kind, I don't want no other." and, "The staff are kind and caring, they are fantastic and go over and beyond."
- People's cultural and spiritual needs were respected. People were asked about their specific beliefs and practices during their assessment. These were recorded in their care plans where people wished to discuss them.
- Staff received training in equality and diversity and spoke knowledgeably about respecting people's life choices and respecting their views. People's protected characteristics were explored during the initial assessment if people wished to discuss them.
- People and their relatives told us they were supported by regular staff and that they understood their needs.
- People and their relatives had been involved in creating their care plans. Records showed involvement and through regular reviews, changes to plans had happened when requested.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated people with dignity and respect. One person told us, "The carers wash me carefully and with dignity and respect." and a relative said, "The staff treat my relative with privacy and dignity: they ask before doing things and shut the door for personal care; they respect what she wants."
- Staff described how they provided care to people whilst maintaining their privacy and dignity and told us they felt it was important to treat people with respect.
- Staff promoted people's independence. Comments from relatives and people using the service included; "They encourage [persons] independence by getting them to use the zimmer frame, to wash themselves where possible and give choices such as what to wear and what time to go to bed.", "The carers are building me up to be independent." and, "They help with my independence by taking me out in my car: shopping, café, nature reserves or anywhere I want to go."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; End of life care and support

- At our last inspection we found care plans were not person centred, were not reviewed and did not reflect people's preferences. At this inspection the service had improved. Care plans were personalised; they were clear and gave the staff the necessary information to be able to support the person.
- Care plans were reviewed regularly or when changes occurred. The service operated an electronic care planning system and printed off hard copies to be kept in folders at people's homes. This meant staff always had the most up to date information about people.
- People and their relatives told us they were involved in the care planning process. People, and relatives with consent, had access to the service' electronic system which meant they had access to the most up to date information about the person.
- Staff told us they had time to read care plans and found them informative.
- The service was not providing end of life care at the time of inspection, however, discussed end of life wishes with people during initial assessment and during care plan reviews, taking into account their religious beliefs.

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.

- At our last inspection we found care records did not always describe people's communication needs and how to meet them. At this inspection we found the service had improved. People's communication needs were identified, recorded and highlighted in care plans. These reflected people's needs and were shared appropriately with others.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. Records showed concerns and complaints were investigated and concluded with a summary of findings, action taken, and outcomes clearly recorded.
- People and relatives told us they knew how to raise any concerns and complaints and felt comfortable to do so. One person said, "I can go to [registered manager] who is very open and approachable."

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 inadequate. At this inspection this key question has now improved to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection we found systems and processes had not been established to ensure the service met the fundamental standards of care. At this inspection we found governance and performance management had improved, however, had not been effective in identifying risks to the safe recruitment of staff. We discussed this with the registered manager who told us, "I will closely monitor the recruitment of our next recruits. I will also go through all current employee files to make sure that they are correct."
- Systems and processes had been put in place to ensure the safe admission of people into the service. This meant people's needs had been identified, assessed care plans written to ensure they were met.
- Quality assurance audits had been completed to check the quality of the service. This included medication audits, care plan audits and accident and incident analysis. Records showed these audits had been effective and lessons had been learned where appropriate.
- The provider had additional oversight of these audits and produced a summary of findings, action taken and outcomes to record where improvements had been identified.
- Staff understood their roles and responsibilities. The service was working towards a robust staffing structure to include the registered manager, office manager, HR officer, a newly appointed field care supervisor and care staff.

Continuous learning and improving care; Working in partnership with others; 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

- People told us the service had actively sought formal feedback on the quality of the service from the people using the service and from relatives.
- The service worked with other organisations including the local authority to improve the quality of the service. The registered manager continuously sought feedback from healthcare professionals to learn what they could do better. The registered manager received communications from the local partners in care to ensure their knowledge remained up to date.
- The registered manager told us they understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

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

- People and relatives told us the service was well-led and the registered manager was approachable. Comments included; "The service is well led; [registered manager] rings to say they are visiting and then rings afterwards to tell me how my relative is.", "The service is well led; [registered manager] keeps in touch with me and is very helpful." and "The service is well led; the manager covers some calls and is definitely very approachable."
- Staff felt involved in the running of the service. Staff told us they were proud to work for the service as they felt they worked well as a team and people were at the heart of everything they do.
- The service worked with an organisation to ensure one person was able to attend a club to enjoy their hobbies achieving good outcomes for them.
- Peoples equality characteristics were considered during initial assessment and throughout the care planning process. People were made to feel comfortable and their wishes were respected. Staff's equality characteristics were considered during the application stage to ensure any needs required were met by the employer.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment practices were not robust as they failed to complete the necessary checks to ensure applicants were suitable to work with older people.</p>