

Tendercare Home Limited

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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

About the service

Tendercare Home Limited is a residential care home providing accommodation and personal care to 33 people aged 65 and over living with dementia at the time of the inspection. The service can support up to 43 people.

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

Staff knew how to keep people safe and people told us they felt safe. The provider had recruitment systems in place to ensure staff could support people safely and staff were appropriately trained to support people with their medicines as they were prescribed. There were sufficient staff to support people and risks to people were identified and reviewed. Staff received infection control training, so they understood how to reduce the risk of infection while supporting people. When an accident or incident took place, trends were monitored.

People were supported to have maximum choice and control of their lives and care 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 had support, so they had the appropriate skills and knowledge to meet people's needs. People made choices as what they had to eat and drink and accessed health care when needed.

People received support from staff who were kind and compassionate. People's privacy, dignity and independence were promoted.

People received support that was responsive to their needs. Communication was delivered in line with the Accessible Information Standard, so people could understand. Assessments and care plans were in place and reviews took place. Activities were available in line with people's interest and hobbies. The provider had a complaints process in so people could raise concerns.

People received support that was well led. The provider ensured appropriate governance was now in place to monitor the quality of the service. Spot checks and audits were now taking place regularly. The registered manager ensured people were engaged with by using questionnaires, resident and relative meetings and a regular newsletter.

Rating at last inspection

The last rating for this service was Requires Improvement (Report published 2 October 2019) and there was a breach of regulation 11 and 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Tendercare Home Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Tendercare Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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. Prior to the inspection we reviewed information we held about the service. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with three people, four relatives, two carers, two senior carers, two cooks, the deputy manager, the registered manager and one of the providers who was also the nominated individual. The nominated

individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, this included the care records for five people, medicine records, staff files and records related to the management of the service

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our previous inspection we found the provider had not ensured there were always sufficient staff in the lounge and people were being left unsupervised. We found at this inspection that the provider had made the necessary improvements to ensure people were not left in the lounge on their own.

Staffing and recruitment

- People told us there were always sufficient staff in the lounge. A person said, "I do get support from staff when needed on time and there are always staff in the lounge". Relatives we spoke with confirmed this.
- Staff told us there were enough staff within the home to support people and our observations confirmed this.
- The registered manager showed us how they ensured they had the right amount of staff based upon people's support needs.
- Staff recruitment systems were in place to ensure suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe. A person said, "I am very safe here".
- Staff knew how to keep people safe and told us they had received safeguarding training.
- Systems were in place to raise safeguarding alerts and copies were kept where safeguarding alerts had been made in the past.

Assessing risk, safety monitoring and management

- Risks to people were assessed and we saw actions were taken to reduce risks to people. Staff knew how to support people safely and could explain how certain risks were being managed to keep people safe.
- Where people were at risk of falling or had fallen out of their bed the appropriate advice was sought and measures taken to reduce the risk by way of using specialist equipment.
- The registered manager had systems in place to monitor trends and patterns so risks could be averted where possible.
- Where a PEEP was required to ensure people could be kept safe in an emergency, these were in place. A PEEP is Personal Emergency Evacuation Plan and is a plan to support staff to aid people get to a place of safety in an emergency.

Using medicines safely

- People received their medicines as it was prescribed and safely. A person said, "I get my tablets at lunch time and staff always make sure I get them".
- Medicines were administered by staff who had received training to do so. A staff member said, "I am currently being trained to administer medicines, but I cannot support with medicines till I have had the

training".

- The provider had introduced an electronic medicines management system and staff using this told us they could not do so until they had completed three different tests satisfactory.
- Medicines were stored appropriately within appropriate guidelines and recorded when medicines were administered.
- As and when medicines were being administered following clear guidance.

Preventing and controlling infection

- Personal Protective Equipment (PPE) was available to staff to reduce the risk of the spread of infection.
- Staff told us they had received infection control training, so they would understand how to minimise infection risks and we confirmed this from the training records.
- The registered manager followed clear guidance where an infection outbreak had occurred in the past.

Learning lessons when things go wrong

- The registered manager had systems in place to ensure lessons could be learnt when things went wrong. For example, we saw evidence of information being kept and monitored where people had fallen so action could be taken to reduce the risk of people falling within the home.

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 Requires Improvement. 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.

At our previous inspection we found where people lacked capacity and were being deprived of their liberty and a DoLS authorisation was in place. The registered manager and staff did not have a good understanding and knowledge of the Mental Capacity Act (2005) and this was a requirement from the inspection carried out in January 2016. As a result, the provider was in breach of Regulation 11 (Need for Consent). We found at this inspection that the provider had made the necessary improvements to ensure the registered manager and staff had an improved knowledge and people's liberty was not being deprived.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff understood the principles of the MCA and where people were being deprived of their liberty the appropriate authorisations were in place.
- People's consent was sought. A person said, "Staff do ask before they do anything for me". Relatives confirmed this.
- The registered manager told us staff understanding was checked regularly once they had completed training. Training records showed that training had taken place and senior staff confirmed the system in place to check all staff knowledge. A staff member said, "I have had training in the MCA".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed so the provider could be sure they could support people. A relative said, "An assessment did take place and I have a copy".
- People's preferences, likes, dislikes and equality needs were assessed as part of the assessment process.

This ensured the Equality Act 2010 was considered.

Staff support: induction, training, skills and experience

- Staff records showed supervision, appraisals and staff meetings were taking place consistently. A staff member said, "The manager is very supportive and I do get regular supervisions.
- Training records showed training was completed regularly and staff knowledge was refreshed on a consistent basis. Where people had specific health needs we saw related training was made available. For example, training in diabetes, dementia care and falls awareness.

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

- People and their relatives told us the meals were great and they had access to food and snacks when they wanted and could get as much as they wanted to drink. A person said, "The food here is fantastic and I love my food".
- People were consistently offered hot and cold drinks and snacks were available. The kitchen staff knew where people had specific diet or nutrition concerns and how to ensure these were met appropriately.

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

- Nurses supported people with their health needs and we saw evidence displayed around the lounge and entrance area of the home, showing the various other organisations the home worked with to ensure they could support people effectively. For example, falls prevention clinics who supported people where they had fallen.
- A person said, "When I am not well staff will arrange for me to see my doctor". Relatives told us they had no concerns with people's health care. People accessed their doctor or went to hospital if needed. The meant people could access healthcare whenever needed.

Adapting service, design, decoration to meet people's needs

- The home was adapted to support people within the home. Where hand rails were needed we saw these. For example, a stair lift was in place to support people get up and down the stairs safely and effectively.
- Displays and signage was used to support people to understand what was on offer or how to move around the home independently.
- People could decorate their bedrooms how they wanted and the provider supported people to do so, so their bedrooms were homely and personalised.

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 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.

At our previous inspection we found people's dignity was not always respected. We found at this inspection that the provider had made the necessary improvements to ensure people's dignity was promoted.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was integral to how they were supported. A person said, "Staff always shut the door during personal care and I am able to cover myself when staff support me to wash".
- Our observations during our visit demonstrated people's privacy and dignity was promoted. The registered manager told us they had appointed staff as dignity champions to promote people's dignity.
- Staff told us they completed dignity champion training and people's dignity was always respected.
- People were encouraged to do as much as they could for themselves which promoted their independence.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people respectfully and showed kindness and compassion. A person said, "The staff are great". A relative said, "Staff are caring, kind and friendly. They have a joke and banter with people".
- Staff were observed supporting people in a way, so they did not have to rush. People were relaxed around staff and everyone was on a first name basis. The registered manager was seen walking about and people were consistently spoke to with respect. Relatives told us the home was homely and one relative told us the home was the 'best home' they had seen.

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

- Relatives told us they were regularly kept informed where people's support needs changed and that people were supported by staff to express their views and make decisions. A relative said, "Staff let me know whenever there is a problem or [person's name] had a fall or went into hospital".
- The registered manager held regular resident and relative meetings where people and relatives could express their views and be involved in decisions about care delivery.

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.

At our previous inspection we found the provider was not considering people's preferences as part of how they were supported at the end of their life. The support people received was not consistently personalised, people's cultural needs were not being considered as part of the support they received and the registered manager and staff were not aware of the requirements within the Accessible Information Standard. We found at this inspection the provider had made the necessary improvements.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were known by staff and the support people received was personalised.
- Care plans clearly identified the support people received and guided staff as to how people wanted to be supported. People's preferences, likes and dislikes were also known.
- The provider had moved to an electronic care planning process and systems were in place if the electronic system was not accessible.
- People's support needs were reviewed so changes could be identified and acted upon.

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.

- The provider had information displayed in the home about AIS and the registered manager and staff could explain and show how people were communicated with in line with the requirements of this legislation. For example, we saw a range of different communication methods being used to support people with communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us they could visit people as often as they wanted and were made to feel welcome.
- Relatives could eat with people ensuring people were not isolated and could maintain relationships with their relatives. Some people visited their relatives at their home and could also go out shopping with their relatives.
- The provider had a wide range of activities on display so people could take part where they wanted. An activity programme was available, so people could take part in things that interested them, along with the hairdresser who visited the home weekly.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. People and their relatives told us they had not made a complaint but would raise any complaint they had with the registered manager.
- We found where complaints had been raised they were appropriately logged to show how they were handled and investigated. We saw that the registered manager monitored complaints for trends to ensure improvements were made to how people were supported.

End of life care and support

- No people at the end stage of their life was living at the home at the time of the inspection. However, people's preferences and wishes were gathered as part of the assessment process.
- Staff received training, so they had the skills and knowledge to support people at the end of their life.

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 has now 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.

At our previous inspection we found the provider's audit and checking systems failed to identify the registered manager and staff lack of understanding and knowledge in the Mental Capacity Act (2005) along with staff poor understanding of promoting people's dignity and choices at meal times. The registered managers medicines audit and checking systems failed to identify concerns with medicines management. As a result, the provider was in breach of Regulation 17 (Good Governance). We found at this inspection that the provider had made the necessary improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems in place that ensured medicines were audited and checked frequently. The medicines management system had changed to an electronic one which had built in checking systems which ensured people could not be administered their medicines unless certain steps were followed. This ensured there were no recording gaps when medicines were administered.
- The registered manager carried out medicines spot checks on a weekly basis to ensure medicines were administered as they were prescribed.
- The registered manager and staff understood the Mental Capacity Act (2005) and demonstrated an improved understanding. Systems were in place to regularly check their knowledge and understanding.
- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We saw that the rating was displayed within the home and the provider's website. This meant people, relatives and visitors were kept informed of the rating we had given.
- Staff could explain the purpose of the whistle blowing policy. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- The registered manager and provider carried out spot checks and audits on the service people received to ensure standards were maintained.

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

- The registered and provider promoted a culture where staff felt valued and people received support that was person centred.
- The environment within the home was warm, inclusive and promoted empowerment. Relatives told us they were regularly kept informed where their relatives support changed.

- Staff told us the registered manager was approachable and supportive.

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

- Relatives told us the service was transparent and they were always kept informed. This showed the provider and registered manager understood their role in ensuring they were open and transparent in line with the legislation.

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

- The provider used questionnaires and resident and relatives meeting to engage. The registered manager also used regular monthly newsletters to keep people and relatives informed about changes in the service and plans in place for improving the service people received.

Working in partnership with others

- During the visit we saw nurses visiting people to support them with their health care needs.
- The registered manager explained how they worked with outside agencies, for example, the local authority, fire service, Clinical Commissioning Group and other organisations to improve the quality of support people receive and to offer them with good quality activities.