

TenderCare 4 You Limited

# TenderCare 4 You

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 09 January 2019 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

Not everyone using TenderCare 4 You receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection four people were receiving support from the service.

There was a registered manager in post at the time of our inspection. 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.

We found a breach of the regulations in relation to good governance.

Quality assurance systems required improvement to ensure that the content and period of time the review covered was clear. Following the inspection, we were sent an updated template that the provider told us they would implement with immediate effect.

The registered manager had not ensured that quality assurance systems operated effectively and we need to be sure that any improvements could be sustained over a period of time.

At this inspection we found that improvements were needed in relation to staff recruitment processes. Staff records did not always include complete references or the staff member's employment history, and we were unable to find proof of identity for two staff members. Following the inspection the provider took action to chase up these documents and sent us an updated application form to reflect people's employment history.

Records did not reflect that people's risk assessments and care plans were always reviewed on a regular basis. The registered manager had not always been available to ensure these tasks were completed, however he had not delegated these tasks to ensure that risk assessments and care plans were up to date. We were assured that action would be taken to review each person's risk assessments and care plan following the inspection.

Staff did not always receive regular training, supervision or appraisal. The registered manager had not always been available to conduct these meetings, and despite regular phone contact had not recorded regular supervision sessions with staff. However, staff were satisfied that the registered manager was available to them.

We have made a recommendation in relation to the personalisation of people's care plans, to ensure people's preferences are reflected.

People's medicines were safely managed, and staff knew how to ensure people received their medicines on time. Staff took appropriate steps to manage infection control when working in people's homes. Any incidents and accidents were appropriately investigated and recorded.

Staff that we spoke with were not always clear on the principles of the Mental Capacity Act (MCA) 2005 and how this applied to their roles. These staff had not kept up to date with their training, and the provider ensured another refresher training session was booked.

People were supported to eat and drink where necessary, and supported to access other healthcare professionals at times that they needed to.

Staff treated people with kindness and compassion, and were passionate about their work. People and where necessary, their family members were supported to make decisions about the support and day to day care they received. Staff demonstrated that they treated people with dignity and respect, whilst supporting them to remain as independent as they were able to.

People's end of life wishes needed to be fully reflected within people's care records. Following the inspection, an updated form was implemented to express these views.

A complaints policy was in place to ensure people were supported to express any concerns. There had been no complaints raised since our last inspection.

The registered manager told us they were aware of improvements that were required in the running of the service. Staff and relatives were confident in the support they received from the registered manager and found him to be approachable. The registered manager was clear on their responsibilities to the CQC and had notified us of important events.

## 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 as safe as it could be.

Staff recruitment processes were not always robust in ensuring there were complete references, employment history and proof of identity.

People's risk assessments were not always reviewed regularly. Medicines were safely managed to ensure people received them at the right time. Steps were taken to ensure the spread of infection was managed.

Incidents and accidents were fully investigated in a timely manner.

**Requires Improvement** ●

### Is the service effective?

The service was not as effective as it could be.

Staff did not always receive regular training, supervision and appraisal.

Not all of the staff were clear on the principles of the MCA and how this related to their roles.

People were supported to maintain a balanced diet. Where support from healthcare professionals was required the service accommodated this.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with kindness. Staff knew how to respect people's privacy and dignity. People were supported with their independence and to carry out tasks for themselves.

**Good** ●

### Is the service responsive?

The service could have been more responsive.

People's care plans required regular review, and would have benefited from further personalisation of people's preferences. End of life wishes were not always discussed with people. There was a suitable complaints policy and form in place.

**Requires Improvement** ●

## Is the service well-led?

The service was not as well-led as it could be.

The registered manager was transparent in disclosing identified short-falls in the management of the service. Quality assurance systems required improvement to ensure details of each check were fully recorded. Record keeping was not always effective and the registered manager agreed this needing improving. The registered manager knew of their responsibilities to the CQC, and took timely action to rectify the issues found at inspection.

**Requires Improvement** 

# TenderCare 4 You

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 09 January 2019 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office. We needed to be sure that they would be in.

Inspection site visit activity started on 09 January 2019 and ended on 14 January 2019. We visited the office location on 09 January 2019 to see the manager and office staff; and to review care records and policies and procedures. It included calling people that use the service, their relatives and staff on the remaining days.

Prior to the inspection we reviewed the information we held about the service, including information shared with us by the local authority and members of the public. We also reviewed statutory notifications sent to us by the provider. Statutory notifications are information about important events which the service is required to tell us about by law. We used this information to plan our inspection.

This inspection was conducted by one inspector. We reviewed a range of policy and procedure documents as well as quality assurance tools. We also looked at the care files for three people, and four staff files. We spoke with the registered manager and the administrator. Following the inspection we made contact with one relative and two members of staff.

## Is the service safe?

### Our findings

Staff recruitment processes were not always effective in ensuring that staff were fully verified to work with people. Two of the staff records we reviewed did not contain photographic proof of the staff members identity, three staff did not have complete professional references on file, nor did staff records include a record of their employment history. We raised these issues with the registered manager who admitted that this was an oversight, and efforts were made to rectify these issues by contacting staff immediately. Staff did have a Disclosure and Barring Service (DBS) check on file. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager was planning to update all staff DBS checks in line with best practice guidance. Government guidance advises that DBS checks are renewed every three years. We will check on their progress with the above at our next inspection.

People and their relatives told us that they received their medicines on time. People's care files showed that medicines records were kept, including the time the medicine was required to be taken and the dosage. Staff that we spoke with were also clear on how to ensure medicines were administered safely to people. Comments included, "I check the name is right, date of birth and address is correct. I make sure I give the person the right medicine at the right time. The medicines log, that we record on, we sign it to say the person has been given their medicines."

Each person had a risk assessment to reflect potential areas of risk, and how staff should support the person to mitigate these risks occurring. These covered areas such as people's mental health, medicines, eating and drinking, and mobility. However, we found that people's risk assessments had not been updated regularly. The registered manager told us that people's risk assessments had been checked as part of their quality assurance process; however, we found no record to reflect this. We could not be assured that people's risk assessments were fully reviewed following a change in need; for example, after a period in hospital. The registered manager assured us that they would review each person's risk assessment as a matter of urgency, and ensure that effective measures were in place to record their review regularly.

The provider had a safeguarding policy in place, to support staff to understand where to direct any potential allegations of abuse. Staff that we spoke with understood how to raise any concerns telling us, "I make sure they [people] are not being abused, I'm protecting them. If there was a risk I'd report it to the office. I can whistle-blow or contact the CQC." The provider did not have any current open safeguarding cases, any incidents that had occurred since the last inspection had been submitted to us and investigated.

Staff were aware of their responsibilities in relation to preventing the spread of infection. A staff member told us, "I use gloves and aprons, some places we have foot caps to cover our shoes." Each person had a home risk assessment in place that reviewed any health and safety issues.

Any accidents and incidents that occurred were recorded through the provider's internal reports, and held on people's individual care files. These recorded the details of the incident and any action that the provider took in order to support the person. Where the support of the local safeguarding team was required,

referrals had been made in a timely manner and full internal investigations had been conducted.



# Is the service effective?

## Our findings

The provider did not ensure that staff training was always up to date. Three of the four staff records that we reviewed showed that staff had not completed the provider's mandatory training in line with their refresher requirements. This had been due to staff non-attendance at sessions booked. Following the inspection the provider notified us that those staff that required updates had been booked onto training for the following week. Prior to the publication of this report the provider sent us records to show that staff training had been updated.

Staff had not been subject to regular supervision or appraisal of their work, following a change in the registered managers personal circumstances meaning they were not regularly available to meet with staff on a one to one basis. Records did not reflect that staff were supported in line with the provider's policy. Despite this, staff told us they felt well supported by management stating, "I can call [registered manager] anytime." The registered manager was transparent in telling us that supervision, appraisal and the regularity of team meetings was an area that required improvement. We will check on the provider's progress in improving staff support practices at our next inspection.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA. One of the staff members that we spoke with, who required an update in their training was not clear on how the MCA related to their role. However, another staff member told us, "You give people a choice, to let them decide. For example, when asking them what to wear, you let them decide." We will review staff knowledge of the MCA at our next inspection.

People were supported to eat meals of their choosing. A relative told us, "They will change the food he's [family member] eating when I ask, I have no complaints at all." A staff member said, "I ask the person what they'd like [to eat] and they'd tell me. The family also tell me." People's care files recorded whether people required any assistance when eating their meals, however further clarity in relation to people's meal preferences would be beneficial to guide staff on how people liked their meals to be prepared. We raised this with the registered manager who told us they would update people's requirements accordingly.

When people needed to access support from healthcare services they were supported to do so. Records showed that staff utilised the emergency services or made contact with people's GP's if a deterioration in their condition was observed. Any pre-existing health conditions were clearly recorded so that staff were aware of people's presenting needs.

The provider primarily received referrals from the local authority, including full details of the placement activities required. Once a referral was received the provider commenced a full assessment of the person's needs, with input from their next of kin if required. The provider then ensured that care plan documents were implemented in people's home to ensure staff were clear on how people needed to be supported.

## Is the service caring?

### Our findings

People were cared for by staff that treated them with kindness and compassion. A relative told us, "[Family member] likes them [staff], they're attentive. [sic] He's [family member] happy with them, they're really lovely ladies."

Staff took the time to familiarise themselves with people's preferences, and were able to convey to us the knowledge they had of the people they were supporting. This included people's preferences in their day to day routines, and topics people enjoyed discussing. A staff member said, "I like to figure people out, I'd ask them the way they like things to be done. We work together, he's [person] happy."

People and where relevant, their next of kin were involved in decisions about the support that they received. People were consulted through an initial assessment, and their needs were reflected within their care plans. One person's care plan covered the activities they liked to undertake in the summer months, as well as detailing how they liked their home to be kept.

Staff took steps to preserve people's privacy and dignity when supporting people with personal care. A comment from a staff member included, "I would make sure I close the curtains, and close the door. I make sure they feel comfortable." Another staff member told us of the ways in which another person preferred to be washed when receiving personal care.

People were supported to do tasks that they were able to, independently. A staff member told us, "If capable I ask people if they would like to wash parts of their body themselves." Staff also provided us with examples of how they supported people in moving around their homes by themselves, where they could, to help improve their mobility.

Each person was allocated a regular carer to ensure that a suitable, professional rapport was built. Staff spoke to us positively about the relationships they had built with people and how they felt this enhanced the care they were able to deliver, having built a level of trust through regular contact.

## Is the service responsive?

### Our findings

A relative told us, "They attend to his [family members] needs.[sic] They're very responsive to requests, they'll be there when the district nurse goes round." Whilst this relative felt assured that the service responded well to their relative's needs, people's care records were not always updated accordingly. One person's care file stated that they were visited twice a day, however following a discussion with the registered manager this had in fact increased to three times a day. The staff team were accommodating these visits, however the care plan at the office had not been updated to reflect this. All of the care plans that we looked at did not have a review on record since 2017 or earlier. Whilst some people's records held reviews from the local authority, the provider had not ensured that their care plans had been updated in a timely manner.

This had been due to the lack of availability of the registered manager, however the care co-ordinator had not taken on this work as interim measure. The care plans we reviewed, whilst covering a range of areas did not always specify the ways in which people wanted their care needs to be met. People's care plans required further personalisation to ensure that people's preferences were reflected, and that they were reviewed regularly. We raised this issue with the registered manager who told us that each person's care plan would be reviewed as a matter of urgency. Prior to the publication of this report the provider sent us evidence to show that people's care records had been reviewed.

We recommend that the provider review their care plan content to ensure that these are personalised to reflect each individual's preferences.

At the time of our inspection there were no people receiving end of life care. The registered manager told us that they had previously had a person they had supported with their end of life wishes. We discussed the lack of recording of people's end of life wishes with the provider. Following the inspection they provided us with an updated form that allowed people, or their next of kin to express or decline their end of life preferences. We will review the provider's compliance with this at our next inspection.

The provider had a complaint policy in place, that was also kept at people's homes to ensure they could raise any concerns that they may have. We reviewed the provider's complaints records and none had been raised since their last inspection. Staff that we spoke with knew to raise any concerns with the registered manager, and were familiar with the whistleblowing procedure should they need to use it.

## Is the service well-led?

### Our findings

Quality assurance systems were in place to monitor the quality of service delivery through the spot check process. The registered manager would review staff competency, people's care files, their MAR and daily record books. However, we found the records kept to reflect these reviews were brief and did not always specify the period of time that the records covered. The quality checks were not detailed in defining what elements of people's care had been checked. Furthermore, the most recent spot check we found on one person's file was from July 2018.

At the time of inspection we were unable to review the completeness of people's medication administration records (MAR), as the provider told us these were kept at people's homes. The registered manager's quality assurance records reflected that people's MAR were checked, however the areas checked were not specified. The registered manager told us they would amend their quality assurance checks to reflect the area of people's MAR that were reviewed.

The registered manager was transparent in disclosing to us that due to a change in personal circumstances the service was not as well-led as it could have been over the past year. At the time of inspection the registered manager took prompt action to remedy our findings. After the inspection the provider sent us an updated quality assurance document, that allowed for a more detailed quality review. However, records had not been kept up to date with people's care plans and risk assessments requiring review. Staff training, supervision and appraisal was not conducted regularly, resulting in non-compliance with the providers policy.

These issues we described above represent breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The above points notwithstanding, the relative and staff that we spoke with were complimentary of the communication and support they received from the registered manager. A relative said, "[Registered Manager] is very good at keeping in touch, he'll text or we'll chat. I know if I contacted him with an issue he would come back to me. I've no issues with him or the ladies [staff]." Staff told us, "You can talk to him [registered manager] about anything that bothers you. [sic] I can call him anytime" and "He's a good manager, he tries his best. He always calls and makes sure we have everything we need. There's always someone there if there's an issue."

Efforts were made to seek feedback from people and their relatives through home visits or telephone contact. We reviewed the feedback forms that the provider had collated and found these to be positive, with people commenting the quality of the care they received and stating they were 'very satisfied'.

The registered manager understood their responsibility to the CQC, and was aware of the important incidents they were required to notify us about. Our records showed that the provider had informed us of important incidents as they arose.

The provider worked alongside the local authority to help aid the review of people's care packages. The

registered manager told us they were looking to improve links with other community services once they had a larger cohort of people using the service.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager had not ensured staff received regular training, supervision or appraisal. Recruitment processes were not always robust. Quality assurance systems required improvement to reflect the records reviewed. The registered manager had not ensured that people's care plans and risk assessments were up to date.</p>