

Tender Hearts Care Agency Ltd

Tender Hearts Care Agency

Inspection report

Greendale Hope Bagot Lane
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Tel: 01584891316

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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

Tender Hearts care Agency Ltd is a domiciliary care service providing care and support to people in their own homes. They were providing a service to 7 people at the time of the inspection. 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. At the time of inspection, three people were receiving a regulated service.

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

The provider recruited staff safely and ensured that required checks were completed before they started to provide care to people.

People received care from a small team of regular care workers. There were deployed to meet people's needs and respond to changes in need.

The provider had submitted notifications as necessary to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

People received safe care and support because staff were trained to recognise signs of potential abuse.

Staff followed infection prevention and control procedures when supporting people in their own homes.

People were supported by a caring and compassionate staff team. People were supported to maintain their independence and their privacy and dignity was valued and respected.

People received safe care and support. Risks were assessed and managed to reduce the likelihood of avoidable harm.

Systems used for the management of medicines were safe and people received their medicines as prescribed.

The provider arranged training for staff that met the needs of people using the service. Staff were assessed for their competency which ensured they were safe to work with people.

Care plans were developed for each individual and included people's preferences and wishes.

Audits were in place that checked the quality of the service. Action plans were implemented and followed where necessary. There was an open culture in the service and the registered manager made themselves available.

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.

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

Rating at last inspection

The provider changed from a partnership to a limited company in December 2018. The last rating for this service was good (published 1 June 2018). The service remains rated good.

Why we inspected

This was a planned inspection based on the provider being a new legal entity.

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.

Tender Hearts Care Agency

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

Our inspection was completed by one inspector and an Expert by Experience. 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.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started with a visit to the office location on 1 August 2019 and the expert by experience made telephone calls to people who used the service on the 5 August 2019.

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 had not been requested by CQC to complete a provider information return.

During the inspection

We spoke with three people who used the service and three relatives. We spoke with one of the two

members of staff and the registered manager. We reviewed two people's care records, two staff personnel files, audits and other records about the management of 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 Good. At this inspection this key question has remained the same: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff told us they knew how to share concerns and were confident that concerns would be listened to and acted upon.
- The registered manager was aware of the procedures to follow to report abuse to protect people. They had used the process effectively to safeguard one person who used the service.
- One relative explained, "I certainly don't worry any more about whether (person) is safe or not, and that's all down to the care and dedication of their support."

Staffing and recruitment:

- The registered manager told us they ensured people received support from a small, consistent group of staff.
- People had access to staff support 24 hours a day via an on-call system.
- Staff had been through a recruitment process prior to starting work at the service. We found all necessary checks had been completed prior to staff members starting to work with people who used the service.

Assessing risk, safety monitoring and management:

- Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe in their home.
- Care records reflected that people's risks had been assessed and guidance was available to staff to ensure they acted safely and consistently.

Using medicines safely:

- Staff provided varied support for people to take their medicines based on people's abilities and wishes.

Preventing and controlling infection:

- People told us that staff wore aprons and gloves when assisting them with personal care. One relative said, "(Person's) never developed any kind of infections or anything since they've been looking after them, which I think goes to show that their hygiene skills are good."
- Care workers received regular training in infection prevention and control. One person said, "I've never once had to remind one of my carers about washing their hands or changing their gloves and they always appear in very clean and tidy uniforms."

Learning lessons when things go wrong:

- If incidents and accidents occurred, these were documented, and action taken in response to find out why things had gone wrong. This would be used as learning to try and prevent similar incidents occurring in future.

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 Good. At this inspection this key question has remained the same: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff induction, training, skills and experience:

- People were supported by staff who received training in a variety of topics to meet their needs.
- Staff were given opportunities to review their individual work and development needs with the registered manager.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their role.
- One relative said, "They've always looked after (person) very well and considering that they are now spending quite a lot of time in bed, we have been very fortunate that (person) has not had any serious problems from that, and I think that's at least partly due to the attention they (staff) pay to (person's) skincare."

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

- The registered manager completed an assessment of people's support needs before they started to provide care to them. This enabled people and their relatives to have an input into the care provided.
- The registered manager assessed people's need for information. People's communication needs were identified, recorded and highlighted in care plans.

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

- People told us that care workers provided them with enough to eat and drink.
- Where people received support from staff to eat and drink they received enough to maintain their health. Staff told us they knew people's dietary needs and preferences, and this enabled them to promote a healthy and varied diet in line with individual tastes.
- One relative said, "The carer comes in to help (person) eat because it's not terribly easy for them these days. (Carer) always make's sure that the meal is adequately cut up for them and they never rush (person)."

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

- The registered manager described how they liaised with community teams which demonstrated the provider was open to working with health and social care professionals.
- Care records included details of GP's and other relevant health professionals involved in people's care. One relative said, "Because the carers have been supporting (person) for so long, they really understand them and their disability well. They are always making sure that if they notice anything untoward or anything that has changed in their behaviour or general health, that they let me know straight away as well as recording it in the records and letting the office know."

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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.

- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Staff described how they always asked people and gave choices. One member of staff said, "We always ask people what they want and how they would like us to do it."

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 Good. At this inspection this key question has remained the same: 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; equality and diversity:

- Staff ensured people were treated in an individual and equal way, irrespective of their beliefs, opinions and lifestyle. The service ensured that staff were allocated in line with people's preferences around age and gender. One person said, "It was very important that I just had a couple of regular carers who I could get to know and importantly they could get to know me so I wouldn't have to always tell them how I like things to be done. The two carers that I have are absolutely wonderful and I wouldn't want to be without them these days."
- People received support, reflecting their diverse needs and requirements. Personalised support plans detailed people's abilities and what was of greatest importance to them.

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

- Care records considered people's views and preferences and those of their relatives. This helped to ensure that care was delivered in a way that met the needs of people who used the service.
- Meaningful relationships had been developed between people, their relatives and staff. People felt comfortable and trusted the care workers who came into their home.
- One relative commented, "The care plan is here in the folder on the table and in fact we are just waiting for (registered manager) to come out to review it. Since having a stroke, (person) has made vast improvements and I think it's about time now that we looked at how the care is organised and delivered."

Respecting and promoting people's privacy, dignity and independence:

- Staff spoke respectfully about people and described people with genuine warmth. One staff member told us how they carried out personal care discreetly and only if the person was comfortable. They were always mindful of who may be listening and checking the person had privacy by being covered as far as possible.
- One relative said, "I know (person) tells me that when they come in to sort them out in the afternoon, they always close the curtains and put on the lights for them so that she won't be overlooked by the neighbours."

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 Good. At this inspection this key question has remained the same: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences

- People had individual care records in place which reflected their current needs. These included risk assessments and care plans.
- Care plans included areas that people needed support with and the action that care workers needed to take to support people well.

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 met the accessible information standard. Where people were unable to read written information due to sensory loss, appropriate arrangements were in place to enable them to understand the information provided. For example, information, such as the complaints procedure could be available using large print to make it more accessible.

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

- People were supported to maintain the relationships which were important to them. This helped people to avoid social isolation in their lives.
- One relative said, "When we started with the agency, (registered manager) explained that what she was trying to do was put in support that would allow us to go on living our lives how we wanted to without the carers coming to disrupt everything. She described the carers as a support for us. I have to say, that's exactly what they have been and that still allows us to do everything that we want to at the times we want to."

Improving care quality in response to complaints or concerns:

- People told us they knew who to speak with if they were unhappy with the service. The registered manager had a system to log and respond to complaints.
- People were given information on how to raise concerns or complaints when they started to receive care .

End of life care and support:

- The service was not supporting people who were receiving end of life care. Staff would be trained for each individual situation when people needed support to remain at home.
- Staff would work with professionals such as the district nurses should they need to provide individual support.

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 Good. At this inspection this key question has remained the same: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People we spoke with praised the registered manager for giving emotional support as well as practical hands-on care and acting on requests for changes to their service. One person said, "In our opinion, they are an excellent company who are very caring, dedicated and willing to do whatever is necessary to help their clients and importantly the clients' families. The service just runs as it should do and that is due to good management."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The provider had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service. We saw that action taken to address any issues was recorded.

Engaging and involving people using the service, the public and staff:

- Staff discussions were held regularly, and staff told us that the registered manager was supportive.
- People's involvement in their local community was actively encouraged, along with their access to preferred leisure activities.

Continuous learning and improving care:

- Surveys showed that management sought people's views about the service.
- The registered manager assured us that if incidents happened they would be reviewed and discussed in detail with staff individually or at staff meetings.

Working in partnership with others

- The manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. These included GP's and community nurses.
- All professionals contacted said referrals to them were appropriate and that staff were keen to learn and followed their suggestions.