

Training, Employment, Support Solutions CIC Tess CIC

Inspection report

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21 February 2020

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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

TESS CIC is a care agency providing personal care to 28 people who were living with a learning disability or autistic spectrum disorder, mental health conditions, sensory impairment. The service is provided for adults aged 18 or older and is provided in Spalding, Grantham, Lincoln and Stamford.

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.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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.

The provider was dedicated to helping people reach their potential. They provided opportunities to learn employable skills as well as supporting people to live their daily lives. People were supported to develop friendships and relationships.

People were enabled to take part in activities of their choice. The support was able to be provided flexibly to help people access events and activities that were outside of their normal support times. People using the service and their relatives used words like, reliable, friendly, amazing and helpful when describing the care and support they received.

There were enough staff to meet people's needs and to ensure people received care from a small number of staff who knew their needs well. Staff had been safely recruited and had received all of the training and support needed to provide safe care to people. Staff had regular meetings with the provider and registered manager to discuss the service and quality of care provided.

People were supported to be as independent as possible with their medicines, with prompts and encouragement from staff. They were also encouraged to keep their homes clean and tidy and staff had received training in how to reduce the risk of infection to support people with this activity.

People's independence with their meals was supported. People were encouraged to plan their own menus on a weekly basis and staff supported them to shop and where needed cook the food. No one was at risk of malnutrition or choking but staff were aware of how to support people with these risks.

People had received an assessment when they started to use the service and care plans were developed to support staff to meet people's needs. Monthly meetings were held with people to discuss their care and if any changes were needed.

The provider had systems in place to monitor the quality of care provided. They used feedback from people using the service to drive improvements and had set up a TESS CIC Council so people had a voice about developments they would like to see. The provider linked with other organisations to improve the quality of care provided and to ensure people had the opportunity to access events in the local community.

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

Rating at last inspection.

The last rating for this service was Good (published 1 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

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.

Tess CIC

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 one inspector.

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.

Inspection activity started on 20 February 2020 and ended on 21 February 2020. We visited the office location on 20 February 2020.

What we did before 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.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the provider, registered manager, a senior coach and a coach.

We reviewed a range of records. This included two people's care records and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

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 in how to keep people safe from abuse and knew how to raise concerns both within the provider's organisation and externally.
- People and their relatives told us they felt safe with the coaches and trusted them. One person told us, "I feel safe when out and can talk to them they are kind." Another person said, "I would not go out if I did not trust them. Mum would not let me go." A relative commented, "They are reliable and always on time and always polite. I trust the ones he is with, I am happy with them and I know them."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified and care was planned to keep people safe. Care plans contained all the information staff needed to ensure that safe care was provided. For example, any situations which may increase a person's risk of becoming distressed in the community were recorded.
- Risks were regularly reviewed and care plan were update as needed. Where possible, people were encouraged to identify and minimise their risks. For example, one person worked with staff on improving their mobility to reduce the risk of falls.
- Incidents were recorded and immediate action was taken to keep people safe and to stop similar events occurring in the future. Learning from incidents was shared with staff who supported the person immediately so that they could provide safe care. The Learning was shared at team meetings to reduce the risk of similar events occurring across the service.

Staffing and recruitment

- There were enough staff with the skills and experience needed to meet people's needs. People told us that staff were reliable and that they received consistent support from a small number of staff, so that they got to know them well. One person told us, "I cannot praise staff enough, they are reliable when they are saying they will cover a shift." Another person said, "I see them twice a week. I see the same people. They tell me who is coming and I write it in my diary."
- In addition, people told us that staff were flexible which enabled them to plan special outings outside of the time they would normally be supported. One person told us, "I can vary times to cover plans. I get some weekends and overnights at home to give parents support."
- The provider had processes in place to check that staff were safe to work with vulnerable people. This included checking references and ensuring a Disclosure and Baring Service (DBS) check was completed. The DBS check identified if prospective staff had a criminal record.

Using medicines safely

- Medicines were safely managed. Staff had received training in how to support people safely with their

medicines and had their competencies checked at regular intervals to ensure their skills remained effective. At present no one needed staff to administer their medicines.

- However, staff did remind people that they needed to take their medicines. Peoples abilities to take their medicines independently had been assessed and were recorded in their care plans. One person told us, "They help me with my medicines they see how many I have taken and remind me to take them. Staff told us how they supported another person to be independent by helping them collect their medicines from the pharmacy.
- Staff told us how they would record what medicines people had taken and keep a count of medicines to ensure that people had not taken more medicines than had been prescribed for them.

Preventing and controlling infection

- People were supported to maintain a clean hygienic environment. People told us how staff supported them to keep their homes clean by encouraging and participating in regular cleaning.
- Staff had received training in reducing the risk of infection and were able to tell us about the steps they took to keep people safe. For example, by using protective equipment such as gloves and aprons appropriately.

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.

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

- People received an assessment before using the service. The registered manager told us that they were careful to only take on people whose needs they were able to meet and who could be supported to become more independent. When reviewing people's needs, they explained they kept in mind staff's skills and if any further training would be needed to support people safely.
- The registered manager and provider ensured they kept up to date with legislation and best practice guidance and updated policies to reflect any changes. These were then shared with the staff to ensure people received the best care possible.

Staff support: induction, training, skills and experience

- People told us they felt that the staff had all the skills needed to support them safely. One person told us, "I had an accident at the disco and they kept me calm and safe and were helpful and kind. Staff got on the floor with me, so I wasn't on my own."
- New staff received an induction into the service which provided them with the skills needed to provide safe care to people. Staff were encouraged to complete the care certificate which is a nationally recognised set of standards for safe care. Alongside the induction new staff also shadowed colleagues to get to know people's likes and dislikes.
- Staff were required to refresh their training on a regular basis and in line with the provider's policies. The registered manager monitored staff training and had systems in place to identify when training was due.
- Staff received support through regular supervisions with their line manager. This allowed them to raise any concerns they had. In addition, the registered manager used this as an opportunity to discuss people's training and development with them.

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

- People were supported to maintain a healthy diet. One person told us, "They help me choose the right things to eat. I eat healthily and do a shopping list on a Sunday." A member of staff told us, "I support people to do a menu plan, one person enjoys their process and will get their cook books out when planning to find new recipes to try. We put [the ingredients] it on the shopping list and check the freezer."
- Staff were aware of people's needs in relation to food. For example, one person needed to lower their cholesterol and this was noted in their care plans. Where needed staff guided people to healthy options to help them manage their weight. No one using the service was at risk of choking. However, staff had received training in the different types of diet people would need if this became an issue.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to access healthcare advice and support. Where people needed support the staff would go with them to hospital and GP appointments. They ensured that the healthcare professionals were aware that this was the person's choice and that they were able to share the information with staff.

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.

- People's rights under the Mental Capacity act were respected. Staff had received training in the MCA and understood that the people they supported had the right to make their own decisions where they were able to. Where this was not possible, records contained details of who was to be included in making decisions.
- Staff told us and records showed how people were supported to be independent as much as possible. For example, by ensuring they had the information needed to make a decision in a way they could understand. In addition, Staff understood how people's abilities altered with each individual decision and guidelines were put in place to support people. For example, when purchasing more expensive items, a person may need more support to make the decision than when they purchased their weekly shop.

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; respecting equality and diversity

- People told us that staff were kind, caring and their friends. One person told us, "I like all of the staff, they are really friendly." Another person said, "They are very nice. I love them, every minute we have a good laugh I like the senior coaches and coaches."
- The registered manager and staff supported people to develop relationships. For example, one couple had met through the club and staff supported them to see each other and go out for meals. Staff spent time with them ensuring they were safe within the relationship.
- Staff supported people when they had no family or friends who could help out. An example of this was for a person who was unwell, staff stayed over at their home for a couple of weeks unpaid to ensure the person was safe and had all the care they needed. Another example was when they arranged for two people to have Christmas Lunch together as neither had family to spend time with.
- Staff shared their own benefits to enable people to take part in outings they enjoyed, for example, train journeys without cost.

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

- People were able to be involved in decisions about their care. Monthly meetings were held with each individual to allow them to identify what was going well with their care and if any changes were needed.
- People were helped to develop weekly plans and these were put into a diary for them. Each person had the diary in a format which they were able to access. For example, one person had pictures and would put them on a diary page indicating what they would do with staff and what they could do by themselves.
- Staff would complete a daily notes on what had happened while they were with the person. Staff would then read the notes to the person to ensure that they were happy that it was a true reflection of how they had spent their time.

Respecting and promoting people's privacy, dignity and independence

- The whole ethos of the service was to help people develop the skills they needed to live as independently as possible. One person told us, "They are training me up to do my own cooking and cleaning and I am going to garden."
- People were supported to follow their religious beliefs. One person had their support arranged so that they had time to attend the religious services of their choice.
- Relatives told us how the service was helping people to increase in confidence which helped them to access more of their local community. One relative told us, "[Name] attended the Lincoln Christmas market for the first time, when in crowds they can become anxious. They went to the market and went to the pub for

a meal. I was amazed that they went, but they were confident in the staff and I could trust them."

- They ensured that when they helped people to shop for clothes people were able to express their own views on how they should dress. The registered manager told us how when one person went shopping, they would try to ensure that the member of staff supporting them was the same age so that they could encourage and support the person in their fashion choices.

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 ensure people have choice and control and to meet their needs and preferences

- People's care plans reflected their needs and gave appropriate guidance to staff about how the person preferred to receive their care. Personal development plans were in place alongside the care plans. These outlined the areas in which the person wanted to grow and develop. They were linked to the social services referral to ensure people's needs were being met.
- Staff told us that they found the care plans supported them to provide safe care. One member of staff told us that the guidelines in people's care plans supported new staff. For example, explaining how shopping should be completed or how people's mail should be handled.

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 service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. Care plans recorded the support people needed to access written or verbal information. For example, they noted when people used a sign language or needed help to understand information. These needs were shared appropriately with other health and social care professionals.
- We saw that information was presented to people in their preferred format. Some people's care plans were in an easy read format for accessibility.

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 with a wide range of activities to reduce their social isolation and to help them grow. The provider had a number of schemes that they ran for people to take part in and develop social skills and employment skills. They ran a friendship café in Grantham, had allotments and had a Creativity group in Lincoln for people to practice their art skills.
- The focus with the Creativity scheme was employment, through year people made things that were saleable and the provider had a stall at the alternative Lincoln Christmas market to sell what they had made. In addition, one person had taken up photography through the group and was now winning national awards and recognition of their skills. People told us they enjoyed the Creativity sessions. One person said, "I like creativity, I can do anything, we made Christmas cards."
- People also used the allotments and café to make friends and build links with their community. The café

was used to provide people with the opportunity to gain work experience which could support them to find employment. The provider told us how the allotments were 100 years old this year and they had plans to get involved with a party to celebrate with other people on the allotments.

- Alongside the set schemes people were also supported to develop their skills for independence. Some of the support offered was tenancy related. Encouraging people to do housework and gardening to ensure they retained their tenancy. In addition, they also supported people to deal with their mail, so they understood what they needed to do. Most people required some level of support with their finances.
- People were also able to access the community on a one to one basis. One person told us, "I love TESS CIC, I have a Key worker, we go to the gym and Mondays I work in the café, I love it to pieces." People told us how they were supported to go swimming and to the cinema. Several of the people told us about attending a monthly disco which they enjoyed. One person said, "I go to a disco once a month, we stop at McDonalds on the way home."

Improving care quality in response to complaints or concerns

- People told us that while they knew how to raise a complaint, they had never had any reason to raise anything. Relatives told us that they were able to discuss anything they were unsure about with the provider and registered manager. One relative told us, "I am happy to raise concerns, they understand and know where I am coming from." Another relative said, "If there is anything I am not sure about, I can ask and get hold of the provider if needed."
- The provider had a complaints policy in place but had not received any complaints since our last inspection.

End of life care and support

- There was no one using the service who were at the end of their lives. However, where advanced decisions had been made this was recorded in people's care plans.

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.

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

- At the last inspection we found that the provider had not surveyed people to gather their views of the service. At this inspection we found the provider had taken action to gather the views of people using the service.
- The provider had completed a survey of people using the service and their relatives to gather information to drive improvements in the service. One relative told us, "I had a questionnaire." The provider had also set up a TESS CIC council, made up of people using the service. The provider told us they wanted the agenda to be driven by people using the service and so people voted to appoint a chairperson from their peers. The minutes of the meetings were shared in picture format so that people can understand them. The outcomes of the meetings are fed back to the provider to facilitate action. For example, people expressed a desire for a trip to London.
- The provider also gathered people's views by having monthly meetings with each individual they supported to see if everything was going well or if changes in the care provided were needed.
- Staff told us that they had regular meetings where they could discuss training and felt listened to and supported by the provider. One member of staff told us, "I find the provider really supportive and very approachable. Even if they are busy, if there is something, I need they will be there."

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

- At the last inspection we found that quality checks had not always been effective. At this inspection we found that the provider had taken steps to improve the quality of the checks they completed. For example, we could see that checks had been completed on Medicine administration records and errors had been identified. While we were confident action had been taken to keep people safe, improved recording of the action would support the provider to identify if there were any trends in concerns raised.
- The provider had taken action to comply with the regulatory requirements. They had notified us about events which happened in the service.
- The provider had been open and honest with people and relatives about incidents which happened. They had ensured that relatives were kept up to date with any concerns about people's care needs.

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

- People told us that the support they received from TESS CIC met their needs and that the staff, registered manager and provider delivered positive support. One relative said, "They are amazing people, thoughtful and helpful and will do whatever they can to accommodate individuals." Another relative told us, "The registered manager and provider are helpful and we see them at house meetings."
- The registered manager and provider were passionate about people with learning disabilities becoming part of society. This reflected in the care they provided people which was aimed at increasing people's ability to be independent and in the schemes they ran which encouraged people to develop employment skills.

Continuous learning and improving care

- The provider had continued to invest in the business to improve the quality of care provided. For example, by providing management training to senior staff and by attending conferences to ensure they stayed up to date with best practice guidance.
- The provider had also recognised the need to change the management structure of the organisation to allow themselves more time to focus on the strategic direction of the company.

Working in partnership with others

- The provider and registered manager worked to develop partnerships with other care agencies and the local community. The Café was open to the general public and was used by other care providers to provide social activity to people they supported.
- The provider and registered manager were also working with the local college to identify opportunities for people they support to develop employable skills to increase their opportunities in gaining employment.
- The provider and registered manager also supported other organisations which provided activities for people using the service. For example, there were plans to take people to an outdoor festival in the summer which was set up for people with learning disabilities and their families.
- The provider and registered manager were also looking to engage with organisations to develop people's abilities to look after themselves. For example, they were looking at engaging with the Police for them to talk to people about how they could keep themselves safe.