

Tordan Healthcare Limited

Tordan Healthcare

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Tordan Healthcare is a domiciliary care provider based in the city centre of Manchester, providing personal care and community support to children and adults in their own home, including live in care and support to people with complex health needs. At the time of our inspection the service supported 15 people. Not everyone using the service receives personal care. CQC only inspects where people receive personal care. This includes help with tasks related to personal hygiene and eating. Where people receive support with personal care, we also consider any wider social care provided.

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

The ethos of Tordan Healthcare was extremely person centred, caring and responsive. Everyone we spoke with told us the staff were exceptionally kind, caring and would go out of the way to help them. Staff and managers showed genuine concern for people's welfare. People told us that they were very happy with their support. One person said, "The service has done so much for me, I have a reliable care team."

Staff were passionate about maintaining people's independence and this was at the core of everything the service did. People were encouraged to do as much for themselves as they could and were supported to access community facilities to limit the risk of social exclusion. Holistic support reflected the needs, wishes and personality of each individual.

Staff were matched to the people they supported, building relationships and giving consistent support in a way people wanted their needs to be met. People told us they were fully involved in planning and reviewing their care and had a full say in how their care was delivered.

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 service was well led by managers who were dedicated to providing a service which was responsive to need. Systems to manage to governance of the service were in place, including regular feedback from people who used the service who told us that they were consulted about service delivery and were fully satisfied with the care and support they received.

Staff were highly motivated and skilled in their role. They had undertaken appropriate training and where specific needs were identified, they undertook further training to be able to meet them.

Rating at last inspection.

The last rating for this service was Good (12 January 2017)

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

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.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Tordan Healthcare

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 two inspectors.

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 28 hours' notice of the inspection. This was because it supports people in their own homes and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We inspected the service on 25, 26 and 29 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care

provided. We spoke with 13 members of staff including the director, operations manager, registered manager, care manager, and nine support workers.

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

After the inspection

We spoke with one health and social care professional who had regular contact with 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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe. One person said, "I feel very safe in my home. The care team I have are always looking out for me."
- People were protected from the risks of abuse, discrimination and avoidable harm. Staff completed regular safeguarding training and knew how to identify and report any concerns. The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management

- Risks to the person's health and care needs had been identified by the service. These included environmental risks, falls risks, behaviours that challenged and risks associated with specific health conditions such as urinary tract infections.
- The service had a system for recording and monitoring accidents and incidents. Staff had recorded the actions they had taken in response to any incidents to prevent these reoccurring.

Staffing and recruitment

- There were enough care staff to meet people's needs. Staff were deployed to work with specific individuals and were matched according to their qualities, abilities and interests. This meant people were supported by the same support workers and received consistent care and support.
- All the people we spoke with told us that staff were flexible around the timings of visits and responsive to need. They said staff were punctual, not rushed and had enough time to spend with them. One person told us, "The staff are more like friends to me, they're never in rush and I can rely on them."
- People who used the service had been involved in the selection process. Robust recruitment procedures ensured staff had the right qualities and values to work with vulnerable people. The operations manager told us, "Recruitment is very much value based. We take our time to get the staff members that fits our service."
- Appropriate character and employment checks were carried out when the service considered new staff. This included reference and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- People were supported to have their medicines safely and on time. Staff were trained in medicines management and assessed as competent before they began to support people with their medicines.
- People were encouraged to administer their own medicines when possible to remain as independent as possible. Care plans detailed guidance for staff about what medicines people needed and how they preferred to take them.
- The service was supporting one person with the administration of their medicines. We noted the service

had designed their own Medication Administration Record (MAR), which provided key prompt reminders when preparing to administer any medicines, which included the 'five rights' of medication administration, right client, right route, right drug, right dose and right time.

- We viewed five completed MAR's and noted this had been handwritten by a staff member. The handwritten MAR had been completed correctly, which ensured the MAR correctly recorded the person's medication, time, dose and route. The NICE guidelines states for any hand written MAR's should be checked by a second trained member of staff. We found the service had missed this opportunity. The director provided high level assurances this matter would be addressed as a matter of priority.

Preventing and controlling infection

- Care staff had completed infection control training and were issued with personal protective equipment (PPE) such as disposable gloves and aprons. Spot checks were conducted by senior staff who noted the correct use of PPE.

- Staff told us they kept a stock of gloves and aprons and they collected stock from the office whenever they needed it.

Learning lessons when things go wrong

- The registered manager encouraged a 'no blame culture'. This gave staff confidence to report any errors or mistakes, such as medicine errors.

- Any accidents were logged and investigated. The registered manager took appropriate actions following incidents and learning was shared with staff.

- Risk assessments and care plans were updated after accidents and incidents to ensure risk reduction measures in place were effective.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, choices and preferences were assessed prior to using the service to make sure their needs could be met. Assessments included meeting any needs and lifestyle choices a person may have to ensure their rights under the Equality Act 2010 were fully respected, including needs relating to disability, sexuality and religion.
- Prior to starting a new care package with Tordan Healthcare, the registered manager or care managers undertook an assessment of their needs, considering the views of the person and how they liked to be supported. They also considered the skills and life experiences of the workforce and matched people to support workers with the right knowledge and qualities to provide support.

Staff support: induction, training, skills and experience

- People told us that staff were trained and knew how to provide the right care and support. One person commented, "I am involved in the training of my staff team. This training has to be bespoke to me. The staff are very well trained, they don't work with me if they haven't had the training."
- Staff completed an induction when they joined the service and shadowed experienced colleagues to get to know people. Training was closely monitored to make sure staff completed refresher courses when needed to make sure they kept up to date with best practice.
- Additional training in topics such as use of Percutaneous Endoscopic Gastrostomy (PEG), oxygen, tracheostomy, stoma care and anxiety were completed to make sure staff had the skill they needed to provide the right care and support to people.
- Staff told us they felt supported. One to one and group supervision meetings were held regularly to share ideas and updates and to discuss personal development. Staff said, "This is by far the best care agency I have worked for. The managers value you here and always contact me to see if I am okay" and "Supervisions are always available, which for me is great to have contact with the management."

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

- Some people needed support with their meal preparation. There was guidance for staff about what support was needed and what people's preferences were.
- People were assessed to see if they were at risk of malnutrition or dehydration. When needed staff recorded information on food and fluid charts to make sure people ate and drank enough. Staff liaised with health care professionals, such as speech and language therapists and dieticians when needed and followed any advice given to them.

Supporting people to live healthier lives, access healthcare services and support; staff working with other

agencies to provide consistent, effective, timely care

- During an initial period, care plans were closely monitored and reviewed to ensure all needs were identified and plans were established to meet presenting need. The service was flexible and could change the hours with a person to meet any unforeseen events, such as medical appointments or visits to clubs.
- The staff we spoke with knew the people they supported well and could quickly recognise when a person's needs had changed, or they were becoming unwell. People were confident that their support workers would support them to access healthcare. One person told us, "I have five staff that are available to provide my care, so I have no worries about my rota."
- Staff worked with other professionals to ensure people's needs were met. One health and social care professional we spoke with told us, "I have worked closely with Tordan in the last six months and I am so impressed with them. From the management to care staff, they work tirelessly to meet my client's needs."
- Staff took appropriate action when people were unwell, referred people for specialist help, and supported people to attend hospital appointments.

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.

- No-one who used the service was subject of an order made by the Court of Protection that resulted in the care being provided restricting their liberty, rights and choices.
- Staff gained people's consent before providing care and support and people were supported to make their own decisions and choices.
- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had capacity to make decisions and to ensure people were supported in the least restrictive way.

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 now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service had strong, visible, person centred culture. People, relatives and professionals praised staff and described them as, "Outstanding" and "Truly caring service." One relative said, "For what they have done for [person's name] I am lost for words to describe how wonderful they are." A relative provided feedback to the service in an email and wrote, "I am pleased with the way things are going and very grateful for you listening to what is important for [person's name]. The team around [person's name] are wonderful."
- Care provided to people often exceed expectations. A healthcare professional told us about a person who was moving to another service told us, "The staff have gone above and beyond for [person's name]. Without asking the agency they have been to [person's name] new property and cleaned it to ensure it will be a smooth transition for them. The management have provided comprehensive risk assessments, care plans and advice to the new staff to help them meet the person's needs effectively."
- Staff went the extra mile for the people they supported and were committed to ensuring people were happy and content in their lives. We were provided with multiple examples of where staff had gone above and beyond their job role. One example included the service supporting a person living with dementia to attend a space festival, so the person could watch their idol Professor Brian Cox lecture. This person's support worker realised they would soon forget this experience due to their dementia. So, to enhance this person's experience the support worker wrote to the professor prior to the lecture to gain his permission to record the event, which the professor agreed. This had a positive impact for the person as they would watch the lecture back as if it was the first time.
- Another example of going above and beyond included the service supporting a person who was suffering from depression. The service made a plan with the person on the goals they wanted to achieve, with one of these goals accessing the community independently. The first step was encouraging this person to access specialist mental health services, such as Healthy Minds to help manage their anger management issues. This person also wanted to start running to keep healthy but could not find anyone to run with them. Tordan Healthcare management team stepped in and for a number of weeks would give up their Saturday mornings and run with this person to build up their fitness and confidence. As a result of this the person wanted to do a 5km run. The service arranged and paid the entry fees for the person to enter the Manchester 5km colour run, which was a success for the person. Staff began to notice a huge difference in this person's mental health and their depression lifted, with the help of a strong committed staff team.
- All staff undertook equality and diversity and human rights training. The provider told us they welcomed and encouraged lesbian, gay, bisexual and transgender (LGBT) people to use their service. Staff told us they would provide care to LGBT people without any discrimination and support them to meet their individual needs. An example was provided where staff supported one person who was part of the LGBT community to

an event that they couldn't get a ticket for and lacked the confidence to attend. With no tickets available, this person's staff team work together to source a ticket and supported this person to the event, which was a success as it helped the person meet new friends.

- People were at the heart of the service and staff were motivated to deliver exceptional care by the providers' values, commitment and the training staff received. A member of staff told us their training was focussed on the person they were supporting. They told us, "The training is tailored to the client's needs and we involve the person if possible in their own training to make sure it is person centred."
- People spoke fondly about the staff who supported them and the relationships they had formed. Staff were repeatedly described as "Amazing", "Considerate" and "Compassionate." One person told us, "Really wouldn't cope at all without my staff. I can count on them."
- Relatives told us the reliability of the service and the outstanding care provided had made a difference in their lives too. One relative told us, "We have had many care agencies over the years, but Tordan is special. They go the extra mile, they know [person's name] needs better than I do. I can go on my holiday knowing [person's name] is being very well cared for."

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

- People's feedback overwhelmingly demonstrated they were supported by a service which truly cared about them and went the extra mile to deliver personalised care. The service ensured new support packages were bespoke to the person to make sure the care plan truly reflected their needs. They then tailored the care plan and recruited staff according to the identified needs. This ensured people received care from a team who were fully committed to finding innovative ways to ensure they received person-centred care.
- Where possible people were involved in the recruitment of new staff. People told us this was an integral to ensuring that staff shared the same interests as they did and would be able to provide the support they needed.

Respecting and promoting people's privacy, dignity and independence

- Staff worked innovatively to promote independence. People were supported to gain voluntary employment and make community connections. Care records showed what aspects of daily living people could manage independently and how people were encouraged to contribute to day to day household tasks. This gave people a sense of purpose and responsibility.
- People told us that staff gave them encouragement and promoted their independence. One person told us, "I call my carers personal assistants, they assist me with my new job. The staff blend in the background and are always professional while I am at work. Without the staff I couldn't do my job and lose any sense if independence."

There were many examples of people's quality of life improving because of the management and staff support. These examples included people who were supported to be more independent, taking control of their lives, learning about being part of society. Another person who was initially on a 24-hour care package, was supported to be more independent and was now on a reduced support plan because they had regained confidence and independence. This was a real achievement for this person and made a significant difference to their life.

- Staff told us they would ask before providing support and when assisting someone with personal care would ensure the person was covered, curtains drawn, and doors closed. One member of staff told us, "Protecting our clients privacy and dignity is paramount. We want them to feel comfortable."

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had care plans in place which had been developed based upon an assessment of their individual needs and preferences. Care plans included information about people's support requirements as well as details of their life histories, likes and dislikes, and their preferred daily routines.
- People told us they were involved in the planning of their care and that their care plans were reviewed with them periodically. One person said, "I enjoy sitting down with the manager to speak about my care needs, so the care plan is all about me."
- Staff demonstrated a good knowledge of the people they supported and their preferred daily routines. One staff member told us, "We tend to work with the same clients, so we have a good understanding of their needs. I believe we provide a very good continuity of care."

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.

- Care plans indicated people's communication needs and how to overcome any difficulties.
- The registered manager understood their responsibilities to meet the Accessible Information Standard and told us that they ensured people were provided with information in a format they could understand.
- The care manager explained how office staff would visit a person who may be hard of hearing, rather than speaking to them over the telephone.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which gave timescales for how long it should take to address a complaint, and details of who to contact if they remained dissatisfied with the service.
- People told us they knew how to complain. One person said, "I would be surprised if I needed to complain, this is a caring agency and they do their best for you."

End of life care and support

- At the time of our inspection there was one person who was on the end of life pathway. Staff understood the importance of ensuring people's last days were pain free and as peaceful as possible. One staff member told us, "I feel honoured to be a part of someone's care at the end of life stage, as I feel we can make a huge difference to their comfort and help their family through this hard stage of life."
- The registered manager told us about a person who had expressed a wish to remain in their own home and

staff supported the person to do this until they died. Records showed that staff had supported them in their own time to help achieve a dignified death in the place they wished to be.

- Tordan Healthcare had also achieved accreditation with the Gold Standards Framework (GSF) for end of life care. This meant people's wishes were respected, minimising hospitalisation and allowing people to pass away in a pain free environment in their preferred place of care.
- The service also employed a social worker who had been trained with the GSF. This staff member was also involved in the development of Tordan Healthcare's palliative care assessment. This has been beneficial as it has allowed for a smooth transition when assessing people's end of life care needs.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives were consistent in describing the positive impact the care they received had on their well-being. One person told us, "I would be lost with them. They do so much for me that other agencies would never do." A relative said, "I am over the moon with Tordan. The managers are lovely and always do what they can to help."
- The service was led by a management team which was extremely committed to providing high-quality person-centred care and had recruited and retained staff who shared that vision. Staff morale was high, and support workers told us they were proud of their achievements. All the people we spoke with praised the leadership and the culture of the service. One support worker told us, "[The managers] are superb. I really love working for them. They invest in the staff so much, from training to paying above the average in care. I feel valued for sure."

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

- The organisation strongly believed in supporting staff to develop and invested time in their skills, including developing their leadership skills. The service currently employed four care managers who had all been trained to level 5 Diploma in Leadership for Health and Social Care or had a social worker qualification.
- Staff knew their roles and responsibilities in meeting regulatory requirements. They had a good knowledge of the provider's procedures and told us they were well supported by a strong management team. One staff member said, "[The registered manager] is always there if you need support and will happily meet you at client's homes to talk through any issues we may have."
- The management team carried out spot check visits to people's homes to observe the care practice delivered by staff. These were carried out to ensure that staff were effective in carrying out their role, this included assessing if staff arrived on time for each visit, followed good infection control procedures, respected people's privacy and dignity and followed the care plan. Records and staff confirmed this. Other audits included infection control, health and safety, incidents and accidents.
- The provider demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.

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

- The registered manager understood their responsibilities under duty of candour. When concerns were raised they were responded to. If things had gone wrong, apologies were offered, and staff worked with

people to improve the situation.

- Robust systems to review, audit and analyse data and other records ensured that quality standards remained high. An annual review analysed service delivery and a business plan outlined aims for the future, identifying achievable targets and current achievements.
- People were encouraged to keep in regular contact with office staff to report any concerns they might have. They were asked to comment on the service they received during spot checks, and the service completed annual surveys with all the people who used the service. We saw that there had been a good response to the most recent survey, which showed a high level of satisfaction.
- Care staff were seen to be engaged and involved. They told us that they were able to share their views and did not need to wait until their supervision sessions to discuss issues affecting their working practice.

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

- The provider carried out an annual survey to gain people's feedback. The responses to the most recent survey showed that people were very happy with all aspects of the service they received. This was reflective of the feedback we received from the people and relatives we spoke with.
- Staff felt valued and listened to at all times. They were involved in the running of the service and because of the open style approach followed by the management team, everyone using the service felt this way too. Some people communicated with the office staff daily, which made them feel connected to the running of the service and made them feel they mattered.
- The service also held a monthly award for the care staff who have gone the extra mile. This award was called Turtle of the month, where the staff member received a gift voucher, a turtle teddy and certificate. The director of Tordan Healthcare told us, "It's a small gesture to our care staff of how much we value their contribution."

Continuous learning and improving care; Working in partnership with others

- The management team were committed to continuous improvement of the service, learning from incidents, audits and new guidance/best practice to help improve the service and improve outcomes for people who used the service.
- The service liaised with a variety of networks including the local authority, as well as members of the United Kingdom Home Care Association (UKHCA) and Recruitment and Employment Federation (REC). Tordan healthcare signed up to information from National Institute for Health and Care Excellence (NICE), Social Care Institute for Excellence (SCIE) and Skills for Care.
- The service had strong links with local community services and liaised closely with social workers, pharmacists, general practitioners and other NHS staff such as speech and Language therapists and district nurses. We saw good evidence of partnership working to ensure the service provided a seamless and high quality of care.