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Tendercare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 24 and 26 November 2015 and was announced. Tendercare provides personal care to people in their own homes. It had been operating for 17 years. At the time of our inspection there were eight people receiving personal care from the service. The registered manager provided most of the personal care and support herself and was helped by three members of staff when needed.

Tendercare had a registered manager. 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 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

When people were unable to make decisions and choices about their care or had fluctuating ability to make decisions, the principles of the Mental Capacity Act 2005 were not being followed. The appropriate assessments had not been completed and there was no written evidence when decisions had been taken in their best interests. When people were affected by events which impacted on them, the registered manager had not submitted notifications to the Care Quality Commission (CQC). CQC monitors events affecting the welfare, health and safety of people living in the home through the notifications sent to us by providers.

People's needs had been assessed and their care plans reflected their personal wishes and preferences for the way in which their personal care was delivered. People said they had been involved in this process and continued to be consulted about all aspects of their care and support. People told us, "We discuss what needs to be done" and "Everything is very straight forward and we have our routines". People said they liked the consistency and continuity offered by a small agency. Visits were agreed with them to reflect the times they preferred and they said they were usually on time and staff stayed for the correct duration. If staff were going to be late they let people know but this rarely happened.

People were confident with the skills and knowledge of staff. The registered manager was a qualified trainer and delivered some training to staff. Staff were completing the care certificate to make sure their knowledge and skills were up to date. Staff were supported by individual meetings and annual appraisals giving them the opportunity to discuss their roles, people's needs and any training they would like to complete. Staff were allocated to work alongside the registered manager when people needed two members of staff to help with their moving and handling. The registered manager had contingency plans in place to cover her when not working and in the case of emergencies.

People said they were very happy with the service they received. One person said they had recommended Tendercare to other people. The registered manager gauged the quality of service provided through

compliments received from people and the lack of complaints. People commented, "We couldn't have coped without you, you have been our rock" and "I admire all you do – it's lovely to know that mum is being well looked after".

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. People were kept safe from the risk of abuse or harm. Staff understood safeguarding procedures and when to raise concerns.

People were protected against the risks of harm and strategies were in place to reduce known hazards, keeping them as safe as possible.

People were supported by staff who had been appointed only after all the information required by law was in place.

People's medicines were administered safely.

Good 

Is the service effective?

The service was not always effective. People unable to make decisions about their care and support did not have the appropriate records in place in line with the principles of the Mental Capacity Act 2005.

People were supported by staff who had access to training to acquire the skills and knowledge to meet people's needs.

People's diet and health were monitored closely to help them stay well.

Requires Improvement 

Is the service caring?

The service was caring. People were supported professionally, respectfully and with kindness. People's preferences and wishes were understood by staff.

People were given information about the care and support they would receive and were involved in making decisions about the service they received.

Good 

Is the service responsive?

The service was responsive. People received individualised care which reflected how they would like to receive their care and which was flexible to take into account any changes in their

Good 

needs.

People knew how to make a complaint. No complaints had been received but compliments indicated people's satisfaction with the service provided.

Is the service well-led?

The service was not always well-led. The provider was not sending notifications to the Care Quality Commission for events affecting people using the service.

People's experience of the service was monitored informally by the registered manager through day to day contact, compliments from people and their relatives and annual reviews of their care.

Tendercare prided itself on providing a personal touch to people, offering a sensitive and professional service.

Requires Improvement ●

Tendercare

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 24 and 26 November and was announced. The provider was given notice of this inspection because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including past inspection reports. We had received feedback from six people using the service and one relative who provided responses to questionnaires we had sent to them.

As part of this inspection we talked with two people using the service and one relative. We spoke with the registered manager and had feedback from one member of staff. We reviewed the care records for three people including their daily records. We also looked at the recruitment records for a new member of staff, training records and policies and procedures. We visited two people in their homes and observed interactions with staff providing their care and support. We had feedback from one health care professional.

Is the service safe?

Our findings

People were kept safe from harm or abuse. People confirmed they felt safe with the staff coming into their homes. One person said, "I know the staff and always know who is coming." Everyone who responded to our questionnaires confirmed this. The provider information return stated, "We ask if people feel safe". The registered manager said if she or staff had any concerns about people's safety or well-being they would raise these with the appropriate social and health care professionals. She described how they monitored people for changes in physical or mental well-being. Daily notes were monitored to check for any ongoing changes in people's needs. For example, changes in people's skin condition which would be reported to community nurses. Staff had completed safeguarding training which was due to be repeated. They also had information about local safeguarding procedures and the registered manager knew who to contact if concerns needed to be raised.

Occasionally people's money was used for their shopping. Although separate records were not kept for expenditures, daily notes evidenced how much money staff had taken for purchases and how much they had spent. Receipts were kept for all purchases and all transactions were monitored by relatives.

People had agreed with the registered manager arrangements for access to their homes. Some people had installed key safes whilst others had given staff a master key. Records confirmed the arrangements in place. The registered manager said due to concerns about the security of one person's home they had agreed with their legal power of attorney to lock the front door as they left each evening.

People were protected against risks. Each person had been assessed to identify known hazards such as poor mobility or poor diet. Risk assessments described the ways in which hazards were reduced such as providing equipment to help them move around their home or prompted staff to make sure drinks and food were left within reach. A list of equipment provided in people's homes was recorded in their care records such as sliding sheets or pressure relieving mattresses and cushions. People's homes had been assessed to highlight any risks to staff or to people. For example, staff were prompted not to use water from taps or the toilet when a person was using the shower due to risks of the water temperature changing. Risk assessments were kept under review and staff knew to report any changes which might impact on people.

Any emergencies likely to be experienced by people had been explored. For example, staff being delayed or staff shortages. People knew the times staff were due to attend to them and were advised this would be within 15 minutes of the scheduled time. If for any reason staff were delayed longer than this they would be called by either the registered manager or staff. The registered manager said this had happened only once due to problems with traffic. One relative reflected, "They let us know if they are delayed, by text or calling." Staff understood what action they should take in an emergency if they found people unwell, such as calling for emergency services or the person's GP.

People had not had any accidents or incidents. There were systems in place to record these and to monitor for any trends. The registered manager commented, risks had been well managed reducing the risk of accidents and incidents. The registered manager confirmed environmental risks and risk assessments were

reviewed annually unless people's needs had changed prompting a review sooner than this.

People commented they liked the consistency of staff and knowing the staff who would be attending to their needs. The registered manager delivered most of the care and support to people and was helped when needed by three members of staff. One person needed two members of staff to support them with moving and positioning; schedules accounted for this. There had been no missed visits and the registered manager described strategies to make sure visits were covered when she was unavailable. People said they were introduced to new staff and got to know them before they provided their care; "[name] watched my care being given and was then observed doing it and we decided she was confident to support me". This was also confirmed in daily notes and induction records when a new member of staff had been introduced to people when shadowing the registered manager.

People were kept safe from the risks of inappropriate staff being appointed, due to safe recruitment processes. Staff were appointed after a full employment history, evidence of their character from references and a satisfactory Disclosure and Barring Service check had been received. A DBS Adult First check can be used in cases where, exceptionally, a person is permitted to start work with adults before a DBS Certificate had been obtained. Staff shadowed the registered manager for three days and completed an induction programme prior to supporting people alone.

People received their medicines safely. When people needed help or prompting to take their medicines they or their legal representative had signed a consent form giving permission for staff to do this. The registered manager said they gave medicines to two people. One person's medicines had been provided in a blister pack and the other person had two types of medicines as packed by the pharmacy. Medicine administration records were used to confirm medicines had been taken by people. Staff had completed training in the administration of medicines. The registered manager observed staff giving medicines to ensure they were competent. There had been no medicines errors. The registered manager described discussions with relatives who had requested staff to dispense medicines they had prepared and put into containers. Staff knew they could not do this.

Is the service effective?

Our findings

People's capacity to consent and make decisions about their care and support was not being recorded in line with the Mental Capacity Act (MCA) 2005. The 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.

We checked whether the service was working within the principles of the MCA. Some people were unable to make decisions and choices due to living with dementia or had fluctuating capacity to make decisions. People had legal powers of attorney appointed and this was evidenced in their contracts with the service. People's care records did not provide any detail about how their mental capacity had been assessed for individual aspects of their care or evidence how they were supported to make choices or decisions when able to. There were no records of how decisions were made in people's best interests although the registered manager understood this process. People's consent to their care and support was not being recorded in line with the principles of the MCA. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who responded to our questionnaires said they were offered choices about their care and support and how this was delivered. The registered manager described how staff offered people choices about how they received their personal care or what to eat and drink. If people refused help with personal care this was closely monitored and recorded in their daily notes. If needed relatives or community professionals were informed in case this was indicative of the person's needs changing. At the time of the inspection no one was being deprived of their liberty. The least restrictive safeguards were put in place for people at risk when leaving their homes alone; for example providing personal alarms.

People received care and support from staff who had the opportunity to acquire the knowledge and skills to meet their individual needs. People told us in response to our questionnaires they received consistent support from staff who were skilled and knowledgeable. A member of staff confirmed they had access to the training they needed and felt supported by the registered manager. The provider information return confirmed the training staff had access to which included health and safety, moving and handling and infection control. The registered manager confirmed she was qualified as a trainer in the lifelong learning sector to deliver training and vocational education to staff. Some external courses were also accessed such as safeguarding and first aid. New staff were completing the new care certificate and existing staff had been given the opportunity to refresh their knowledge by also completing this award. The care certificate sets out the learning competencies and standards of behaviour expected of care workers.

People benefited from staff who were supported by the registered manager through individual meetings held every three months and annual appraisals. Staff explored with the registered manager their training needs, roles and responsibilities and people's individual needs. The registered manager was accessible to staff through email, text and telephone. Staff knew they were able to contact the registered manager at any

time.

People's care plans described their support needs in relation to their diet. Some people needed reminding to eat and drink and staff were prompted to make sure they were able to access food and drink when left alone. Staff were observed checking with people that they had eaten and making sure they had drinks within reach. People had described their personal preferences and ways they liked food and drink to be prepared. The registered manager confirmed people's allergies had been noted but no one currently had any special dietary requirements. A person had previously been prescribed fortified foods and staff made sure they had access to these.

People were supported to manage their health care needs. Staff raised concerns when they noticed changes in people's well-being either with their relatives or with health care professionals. The registered manager said they worked closely with GP's and community nurses. A relative said they also kept in close touch with the registered manager to make sure she and staff had the latest up to date information about the health care needs of the person they supported

Is the service caring?

Our findings

People told us, "We get along quite well", "I couldn't manage without them" and "They are very good". In response to our questionnaires people confirmed staff were caring and kind and that they were happy with the service they received. The provider had received compliments about the service they provided which included, "So caring and listen to my needs" and "I admire all you do – it's lovely to know that mum is being well looked after". Observations of staff supporting people confirmed positive relations with people. People were treated professionally, kindly and enjoyed light hearted interactions.

People confirmed they felt listened to and their opinions about how they were supported were respected. They told us, "We discuss what needs to be done" and "Everything is very straight forward and we have our routines". People's preferences, wishes and backgrounds had been discussed with them and reflected in their care records. This helped staff to have meaningful conversations with people living with dementia or short term memory problems.

People's health and well-being were monitored closely and staff liaised with health care professionals to alleviate any distress or discomfort they may be facing. People discussed with staff changes in their health and how staff could help them to cope by agreeing changes to their care or support. The provider information return acknowledged staff talked with "service users about the care they received as per their wishes where possible".

People said they were involved in planning their care and support and were supported to make decisions about the service they received. A relative valued the flexibility of the service so they could take short breaks and be confident the person receiving a service was being well looked after.

People were encouraged to be as independent as possible. One person mentioned, "I manage a lot on my own" and confirmed staff prompted them to be independent. Their care records stated, "encourage you to prepare or assist you to do breakfast and drinks". Another person told us, "They base my care and support around me and how I am feeling. I can be independent depending on how I am". They appreciated the flexibility of staff to accommodate this.

As part of the assessment process, people were given information about Tendercare and later given a contract which detailed the frequency and scheduling of their visits as well as the cost to them. Each person had a personal folder which contained this information as well as their care records and policies and procedures relevant to them.

People confirmed they were treated with dignity and respect. One person said, "I am treated well." Observations of staff supporting people confirmed they were treated with respect and dignity. Tasks were explained as they were being carried out and people's permission was sought before offering to do anything for them. Staff asked "Do you mind?" and "Can I..?" before carrying out any duties. Relatives told the provider, "Thank you for being with granddad when he died, holding his hand and talking with him" and "You treated us as humans and as individuals".

Is the service responsive?

Our findings

People received care and support which was individualised and reflected their personal preferences and needs. The registered manager described how she assessed new people wishing to use Tendercare. Visits to them and their relatives included discussions about what they wanted help and support with, times to suit them and the length of the visit. The registered manager was open and transparent with people about whether their particular requirements were feasible. She described how she could not offer what one person wanted at the current time but promised to get back in touch if she was able to meet their requirements at a later date.

People's diversity was considered when assessing their needs and developing their care plans. The registered manager said people's care and support would be delivered to reflect people's spiritual, religious or ethical requirements if needed. One person told us they had stated a preference about who helped them to shower and this had been respected. Another person had requested they had female only staff to help them with their personal care.

People's care plans although detailing how they wished to be supported with their personal care also provided a personalised account of what products or cosmetics they liked to use, what staff should do and what equipment they should use. Care plans clearly stated what people were able to do for themselves and prompted staff to only offer assistance if people were feeling unwell or unable to carry out their own tasks. Staff said they went through the care plans with the registered manager. One person reflected, "I go with the flow and we get along quite well." Another person told us, "Staff understand what they can and can't do. The occupational therapist went through my support and cleared them to do certain tasks." People confirmed there was sufficient time with the length of their visits to meet their care needs, at their pace and their personal care was delivered how they wished.

People's care plans gave clear guidance where they had specific care needs in addition to receive personal care. For example, people needing support with continence care or people living with diabetes. The registered manager described the support provided to help people manage their individual conditions. As people's needs changed their care plans and risk assessments would be reviewed and amended to reflect any changes to their care and support.

People's care records were reviewed each month and any changes in their needs were highlighted in this summary. The registered manager said a health care professional had commended them on this approach because they could quickly see how a person's needs had changed. Each year people and their relatives would review their care records with the registered manager (or sooner if their needs had changed). A relative told us, "We are involved in care planning and we say how we want it done." The provider information return (PIR) confirmed, "All care plans are tailored to each individual and their requirements." In response to our questionnaires people said they were involved in making decisions about their care and support. The PIR confirmed, "I [registered manager] can respond immediately to any changes that are needed to be made."

People told us they had no concerns or issues about the service they received. This was verified by responses to our questionnaires when everyone said any concerns or complaints would be responded to by the provider. One person indicated they were unsure how to make a complaint. This information had been explained to people when they started using the service and a copy of the complaints procedure had been included in their personal files. People commented, "We have no problems" and "I have no issues, if I did I would change agency". The registered manager confirmed she had not received any complaints from people.

Is the service well-led?

Our findings

The Care Quality Commission (CQC) had not received any notifications from the registered manager. CQC monitors events affecting the welfare, health and safety of people using a service through the notifications sent to us by providers. We discussed with the registered manager an incident when she should have sent us a notification about an event affecting a person when staff were attending to them in their home. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

People were encouraged to give feedback about their experience of the service. In response to our questionnaires everyone said they knew who to get in touch with. People expressed their views informally whenever the registered manager was attending to their needs. People and their relatives also sent emails and cards to the registered manager expressing their thanks and appreciation for the service they had received. Comments included, "We couldn't have coped without you, you have been our rock", "You are amazing" and "Her flat feels so homely and you have only been in a week, such a wonderful difference". A person told us, "I wouldn't hesitate to recommend them and I have done."

Previously people and their relatives had been asked to complete surveys but the registered manager said she had decided not to carry on with this because it had not really provided any additional information. People talked with her daily and if any changes needed to be done they were agreed straight away. When the registered manager was away or absent she carried out telephone spot checks to make sure people were satisfied with the service they were receiving. Staff reflected on their roles and practice with the registered manager during their individual meetings or sooner if needed. She was very accessible, staff being able to contact her by calling, texting or email. The provider information return confirmed, "I listen to service users and staff, discuss any issues that may arise with individuals, implement all changes as necessary with their agreement."

The registered manager described her vision for the service as "to treat people with privacy, dignity, respect, to treat them as individuals, promoting their independence and autonomy". The statement of purpose for Tendercare said, "We offer sensitive and professional care which enables service users to continue to enjoy the highest possible quality of life." A member of staff said they had a great working relationship with the registered manager who "took her needs into consideration". The registered manager said she did not wish to expand the service, priding herself on providing "a personal touch". The registered manager described the challenges of a small service balancing what can and cannot be provided within the current regulations and minimising any conflict this may have on relatives expectations of what could be provided.

The registered manager amended records during the inspection to make sure they provided the correct information (complaints procedure) or asked for the right information (references requesting the reason for leaving former employment). Where breaches of regulations had been identified she immediately started to find the information to make the changes needed. After the inspection the registered manager confirmed she had completed a mental capacity assessment for a person who had just started using the service and had evidence of a lasting power of attorney.

The registered manager told us how she kept her knowledge up to date with changes in legislation and best practice. She had subscribed to national care magazines or periodicals, as well as accessing the websites for national and local organisations. She maintained her own teaching qualification and completed open learning with the local authority. The registered manager said she had signed up for the Care Quality Commission's newsletter.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not submitted notifications without delay as specified under this regulation. Regulation 18 (1)(2)(4A,B)(5)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person had not acted in accordance with the Mental Capacity Act 2005, where a person lacked capacity to give consent. Regulation 11 (3)