

Tender Lasting Care Services Limited

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Inspection report

St. Albans House Enterprise Centre St. Albans Road Stafford Staffordshire ST16 3DR Date of inspection visit: 04 February 2019

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Ratings	
Overall rating for this service	Good •
Is the service safe?	Good
Is the service effective?	Good •
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the Service:

Tender Lasting Care Services provides personal care and support to people in their own homes. Some people who received support were living with complex health needs which required specialist support. At the time of the inspection there were 11 people who used the service.

People's experience of using this service:

People and their relatives told us that the care being provided was safe.

People were appropriately assessed from the outset, risks were safely managed and people received the correct level of care tailored around their support needs.

Medication management procedures were in place. There was an up to date medication policy staff received appropriate medication training and the registered manager ensured that the competency of staff members to administer medication safely was routinely assessed.

People were protected from the risk of harm and abuse. Staff were supported with training in relation to safeguarding and knew how to report any concerns that presented. There was also an up to date safeguarding and whistleblowing policy for staff to refer to.

All staff received a thorough induction and were able to 'shadow' more experienced staff before they began providing support to people. The provider operated safe recruitment practices with appropriate recruitment checks carried out before staff commenced employment.

Staff understood and respected people's right to make their own decisions and supported people to make choices. People were involved in any decisions that needed to be made and consent was gained in line with the principles of the Mental Capacity Act 2005.

People received support from consistent members of staff who were familiar with their support needs. Staff received specialist training to help develop their skills and knowledge.

Records contained detailed person-centred information about the person. This documentation had been regularly reviewed and updated when people's needs had changed. Staff were able to give clear examples of the care people required.

People received 'End of Life' support in a dignified, respectful and compassionate manner. Staff had received training in end of life care.

People and their relatives told us staff were kind, caring and compassionate. Staff developed positive relationships with the people they were supporting and knew their likes, preferences and wishes.

The registered provider had a complaints process in place; people and their relatives knew how to raise a complaint and were confident that any such concerns would be listened and responded to.

The registered manager was committed to providing high-quality, person-centred care. The quality and safety of the care was continuously reviewed. People and their relatives were encouraged to share their thoughts, opinions and views of the care being delivered and areas of development were identified and followed up on.

Rating at last inspection: At the last inspection service was rated 'Good' (report published September 2016)

At this inspection we found that the registered provider continued to provide a good provision of care. The evidence we reviewed and feedback we received continued to support the rating of 'good' and there was no evidence or information from our inspection or ongoing monitoring that demonstrated serious risks or concerns.

Why we inspected: This was a planned, announced inspection to confirm that the service remained 'good'.

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 remained safe	
Details are in our 'safe' findings below.	
Is the service effective?	Good •
The service remained effective	
Details are in our 'effective' findings below.	
Is the service caring?	Good •
The service remained caring	
Details are in our 'caring' findings below.	
Is the service responsive?	Good •
The service remained responsive	
Details are in our 'responsive' findings below.	
Is the service well-led?	Good •
The service remained well-led	
Details are in our 'well-led' findings below.	



Tender Lasting Care Services Limited

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was completed by one adult social care inspector.

Service and service type: Tender Lasting Care Services is a domiciliary care agency, providing personal care and support to people living in their own homes. It provides personal care to both younger and older adults.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit. This is because it is a small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in the office when we visited.

The service had a manager registered with The Care Quality Commission (CQC). This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did: Before our inspection we looked at information we held about the service. The registered provider had completed a Provider Information Return form (PIR). A PIR is a form we ask registered providers to submit annually detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents may have occurred. We also spoke to the Local authority and commissioning team to gain feedback about the service. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

The inspection site visit took place on 4 February 2019 and follow up phone call to people and relatives took place on 5 February 2019.

During the inspection we spoke with the registered manager, finance director, training manager, five members of staff, three relatives and one person receiving support. We also checked the recruitment records for four members of staff and other records relating to the management and quality monitoring of the service.



Is the service safe?

Our findings

Safe – this means that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

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

- •The registered manager had appropriate safeguarding and whistleblowing procedures in place. Staff knew how to report any concerns and who to report their concerns to. One member of staff said, "Oh I know exactly what to do and who to report it to."
- •Staff received safeguarding training and were able to demonstrate their understanding and importance of 'safeguarding' when we discussed this with them during the inspection.
- •Systems and processes were in place to ensure people were protected from avoidable harm and potential abuse.

Assessing risk, safety monitoring and management

- •People we spoke with told us they felt safe. Comments we received included, "The carers are very nice and I feel safe when they come." Relatives also told us, "They are [staff] absolutely fantastic" and "We are very, very happy with then [staff] all the care is tailored around [persons] needs."
- •People were appropriately assessed from the outset and support measures were in place to reduce the level of risk. For instance, people had risk assessments in place for skin integrity, mobility, medical conditions, access to the community and the environment.
- •People received care and support from trained members of staff who were familiar with the tailored level of support people required.
- •Risk assessments contained up to date, consistent and relevant information. Staff told us people's records were routinely updated and that they had access to the correct level of information they needed to provide the safest amount of support.

Staffing and recruitment

- •People told us, "Staff turn up as near to the time as possible, if they are going to be a bit late, I'm always told." Relatives also said, "The support [person] receives is from a small, consistent team who are excellent" and "We have no issues with the staffing levels at all."
- •Recruitment procedures were safely in place. The registered provider ensured that all potential employees had a criminal conviction check to ensure that they were safe and suitable to work with vulnerable people and previous employment references were obtained.
- •People and relatives told us that the staff members always arrived to provide support at the time that had been scheduled and would always stay for the full amount of time that had been allocated.
- •People and relatives told us that care and support was provided by staff who were familiar with their support needs; no agency or bank staff were used to provide support.

Using medicines safely

•Medication management procedures were safely in place. Staff received medication administration training

and their competency levels were routinely assessed. There was also an up to date medication policy that staff could familiarise themselves with.

- •Staff were knowledgeable around the areas of medication management and explained the importance of complying with medication administration procedures.
- •People and relatives told us that staff were well trained and equipped to administer and support people with their medications. One relative told us, "The staff are all very familiar with [persons] medication. They [staff] are very good with meds."
- •Medication administration records (MARs) were appropriately completed by staff and the registered manager conducted regular audits and reviews to ensure medication compliance was maintained.

Learning lessons when things go wrong

- •The registered provider operated an open and transparent culture. Staff were encouraged to report any accidents/incidents that occurred and were familiar with the incident reporting procedure.
- •All accidents and incidents were discussed and analysed during routine management meetings. This meant that measures could be put in place to further reduce the level of risk a person may be exposed to.

Preventing and controlling infection

- •There were appropriate infection control procedures in place.
- •Care records clearly indicated the importance of complying with infection control measures. Staff were provided with personal protective equipment (PPE) when providing personal care. One member of staff told us, "We are given hand gels, first aid kits, foot covers, aprons as well as receiving training around infection control."
- •Staff demonstrated a good knowledge of infection control procedures.



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

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; supporting people to live healthier lives, access healthcare services and support.

- •People's support needs and level of risk was regularly assessed and effectively monitored. People's health and well-being was supported by a range of other healthcare professionals. For instance, we saw evidence of Speech and Language Therapists (SALT), social worker, Occupational Therapists and District Nurse involvement.
- •Relevant guidance and best practice was incorporated within people's care records and staff were familiar with the support that people required.
- •People received a holistic level of care and relatives told us that positive outcomes were being achieved. One relative told us, "Without this care package in place, we would definitely struggle, the staff know [person] so well, I can't fault them [staff]."

Staff skills, knowledge and experience

- •Staff received a comprehensive induction and were also supported to complete 'The Care Certificate' which is an agreed set of standards that staff within the health and social care sector are expected to complete.
- •All staff received appropriate training to meet the needs of the people they cared for. The registered provider also ensured that staff received specialist training for the more complex support needs some people were living with.
- •We received positive comments about the skills and experience of the staff team. Comments included, "[Person] has very specific needs, they're [staff] very well trained and are confident when providing care" and "Staff are extremely familiar with [persons] support needs, they definitely get the training they need, they're trained to a very high standard." One staff member told us, "We get all the training we need."

Supporting people to eat and drink enough with choice in a balanced diet

- •Care records we reviewed indicated that people were provided with adequate nutrition and hydration care.
- •Staff were familiar with people's specialist dietary requirements. Any guidance that had been provided by SALT or dietetics teams in respect of people's nutritional needs were being followed by staff accordingly.

Staff providing consistent, effective, timely care within and across organisations

- •People's support was provided by a consistent staff team familiar with their support needs.
- •One person said, "The carers are very nice, and very good, they're hands on." Relatives also told us, "[Person] loves [carer] coming, they've got a great relationship" and "We get consistent staff, you need consistency."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications to deprive people of their liberty in community services must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- •People's consent to care and treatment had been obtained. We saw evidence that people were involved in any decisions which needed to be made around the care and support they required.
- •People were not unnecessarily restricted and 'best interest' decisions were made on people's behalf when they did not have the capacity to make these decisions for themselves??
- •Mental Capacity Act training had been arranged. All staff members had been enrolled and were expected to complete the training day as part of their learning and development.



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

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 diversity

- •People were treated with care, compassion and kindness. Feedback from people confirmed this. Comments we received included, "They're [staff] absolutely fantastic, the care has been phenomenal", "We have the deepest respect for them [staff] they're all brilliant" and "They're all very well trained and able to deliver the care [person] needs."
- •Staff were familiar with people's support needs and knew their likes, preferences and wishes. One person we spoke with and relatives confirmed that staff provided care that was tailored around their needs and they received care that was compassionate and dignified.
- •People were appropriately assessed from the outset and received support that was tailored around their equality and diversity needs.

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

- •People were assisted to make decisions about their care as much as possible, people and their relatives were involved in the care planning process and regular reviews took place.
- •Staff explained how they would involve people in the care they were providing. Staff would seek consent before delivering personal care, engage people in conversations and encourage as much involvement from the person as possible.

Respecting and promoting people's privacy, dignity and independence

- •People and relatives told us that staff promoted people's privacy and independence as well as providing care in a dignified and compassionate way. Relatives told us, "The support is from every angle, we receive a lot of support from TLC (Tender Lasting Care) everything is tailored" and "The care is very bespoke, it's high quality, we have peace of mind" One staff member also told us, "Dignity and respect is about considering the clients wishes, making sure that personal care is appropriately provided."
- •People were supported and encouraged to remain as independent as possible. Staff supported people to access the local community and engage in activities and hobbies they enjoyed. For instance, we saw a weekly activities planner for one person who enjoyed socialising and accessing a local community centre.
- •Confidential information was securely stored and protected in line with General Data Protection Regulations (GDPR). This meant that people's sensitive and private information was not unnecessarily shared with others.



Is the service responsive?

Our findings

Responsive – this means that the services met people's needs

People's needs were met through good organisation and delivery.

Personalised care; accessible information, choices, preferences and relationships

- •People received care that was person-centred and tailored to meet their individual needs. People had care plans in place; these had been devised with input from people and their relatives.
- •Staff were familiar with people's likes, preferences and wishes. Care records contained tailored information that enabled staff to develop a good knowledge and understanding of the people they were supporting. One relative told us, "Positive relationships have been developed."
- •People were encouraged and supported to participate in activities and hobbies. Staff were committed to providing care and support that enabled people to remain as independent as possible. For instance, one person was supported to engage in weekly social activities and the registered manager ensured that over the Christmas holidays people were taken out to enjoy Christmas meals and social events.
- •The service was meeting the Accessible Information Standards (AIS). These standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information could be provided in different formats upon request.

Improving care quality in response to complaints or concerns

- •The registered provider had a complaints policy in place. A copy of the complaints procedure was provided to all of the people using the service and their relatives
- •People and relatives told us that they knew how to make a complaint and would feel confident that their concerns/issues would be appropriately managed and responded to. One relative said, "[Manager] is fantastic, any concerns and she deals with it."
- •At the time of the inspection, no complaints had been submitted.

End of life care and support

•At the time of the inspection, nobody was being supported with 'End of Life Care'. However, the registered manager confirmed that all staff had received 'End of Life Care' training. We found that staff understood the importance of providing end of life care that was tailored around the person's wishes and preferences.



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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high quality care and support with openness; understanding and acting on their duty of candour responsibilities.

- •People received person-centred, high quality care. This was evident from the positive feedback we received during the inspection.
- •Management and staff were committed to delivering care and treatment that was tailored around the person.
- •Staff and relatives told us that the registered manager was committed to providing high-quality care which led to positive outcomes for people. Comments we received included, "[Managers] oversee care very well, we have no issues", "Excellent team", "[Manager] is always on the other end of the phone" and "[Manager] is fantastic, very approachable, easy to talk to and so caring."
- •Care and support was delivered in an open and transparent manner. Positive relationships had developed between Tender Lasting Care services staff, people receiving care and their relatives.

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

- •The service was well-run. We received positive feedback about the provision of care people received and the importance of maintaining high-quality and safe care.
- •Quality assurance systems and processes were in place to ensure that the people received safe, effective, compassionate, high-quality care.
- •Regular audits, checks and reviews enabled the provision of care to be continuously monitored and assessed.
- •Regular manager and staff meetings were taking place. Such meetings encouraged staff to discuss any current concerns, areas of risk management, training, staff rotas and other areas of service delivery.
- •The registered manager was aware of their regulatory responsibilities and understood the importance of complying with the Health and Social Care Act, 2008.
- •Statutory notifications were submitted accordingly; this enabled CQC to monitor and assess the quality and safety of care people received.
- •The registered manager had up to date policies and procedures in place. Staff explained the importance of complying with different policies and procedures and where to access them if and when needed.

Continuous learning and improving care

•The registered manager demonstrated an open and positive approach to continuous learning and development. Regular audits and action plans were in place and it was evident throughout the inspection that the quality and safety of care was a priority.

- •Monthly reviews as well as competency checks and observations enabled the registered manager to establish the quality and safety of care people received and if any improvements were required.
- •A 'live' action plan had been devised by registered manager. This concentrated on key areas of improvement/development in relation to the provision of care people received. For instance, a 'dignity champion' was being introduced; the champion was going to focus on key dignity principles, ensuring that people continued to receive dignified and respectful care.
- •Accident and incident procedures were in place; this helped to identify any 'lessons learnt' as well as improving the quality and safety of care.

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

- •People and relatives we spoke with during the inspection all felt completely involved in the care that was being delivered.
- •We received positive feedback about the approach of the management and staff team and their commitment to provide high-quality care to people who were living with complex support needs.
- •Relatives expressed that the quality, safety and standard of care was exemplary. Relatives said, "We have so much trust and confidence in the staff", "It's definitely high-quality care" and "They're [staff] all absolutely brilliant."
- •At the time of the inspection satisfaction surveys were being circulated to people and relatives to capture their thoughts, views and opinions about the quality and safety of care people received. Feedback helped the registered manager to review areas of strength as well as areas of improvement.

Working in partnership with others

•Tender Lasting Care services worked in partnership with people, relatives and health-care professionals to seek positive outcomes for people receiving support.