

Tehy Care Group Ltd

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Inspection report

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15 December 2020

21 December 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Tehy Care Group Limited is a domiciliary care service, supporting people living in their own houses and flats with personal care. At the time of the inspection, the service was supporting 15 people 13 of whom received help with personal care.

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

Although staff knew people well changes in their needs were not always clearly documented in their plans. We saw no evidence of any negative impact on people, but this is not in line with best practice guidelines. We discussed this with the management team who assured us this would be addressed.

The providers website had a link to the to the latest inspection report rating, but it did not display the services CQC rating in line with CQC guidance and their regulatory responsibility. The provider was in the process of amending this and we will continue to monitor them to ensure they do so.

Medicines were managed safely. Systems were in place to monitor staff competencies to administer medication and identify and address concerns.

Staff had been recruited safely. There was enough staff to support people and missed and late calls were no longer a concern.

Staff were provided with appropriate PPE and people told us staff used this when supporting them.

Incidents and accidents were monitored and reviewed to ensure that actions had been taken and lessons were learnt.

People using the service and their relatives were happy with the care they received and were cared for by the same familiar staff with whom they had developed good relationships. People who had raised concerns felt these had been dealt with by the management team and they were happy with the outcome.

Since the last inspection the management team had been restructured. Effective quality monitoring systems were now in place to ensure the management team had oversight of the service.

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

Rating at last inspection and update

The last rating for this service was inadequate (4 June 2020).

We carried out an announced comprehensive inspection of this service on 26 February 2020. Multiple breaches of regulations were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

This service has been in Special Measures since 10 September 2019. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tehy Care Group Ltd on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Tehy Care Group Ltd

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 two inspectors and two assistant 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 1 December 2020 and ended on 21 December 2020. One inspector and an assistant inspector visited the office on 1 December 2020. Follow up telephone calls with staff, people using the service and the registered manager were completed on the 15 and 21 December 2020.

What we did before the inspection

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 judgments in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from organisations and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, governance lead and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed a limited number of key records to minimise our time at the service.

After the inspection

We spoke with two people using the service and one relative about their experience of the care provided and to three care workers. We continued to seek clarification from the provider to validate evidence found on inspection and reviewed a range of records including two people's care plans, training data and a variety of records relating to the management of the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection risks to people had not always been properly assessed and management plans were not effective in mitigating potential risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety and well-being had been assessed and records of care provided by staff showed care plans had been followed and people's needs were being met.
- Care plans were personalised and included pen profile outlining key information about people's care needs, preferences and likes and dislikes.
- Staff knew people well and spoke to us about changes in individuals care provision to reflect their changing needs. However, these changes were not always documented in care plans. We saw no evidence of any negative impact on people, but this is not in line with best practice guidelines. We discussed this with the management team who assured us this would be addressed.
- Care plans included COVID-19 risk assessments. Anyone identified as being extremely clinically vulnerable to the virus had been allocated a dedicated staff group who only supported them during the pandemic.
- The implementation of an electronic call planner enabled the registered manager to promptly respond to concerns raised by staff. For example, a person's pain medication had been reviewed by their GP after a staff member raised concerns about their pain management during a visit.

Staffing and recruitment

During our last inspection, we found recruitment systems were not robust enough to demonstrate recruitment was effectively managed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Pre-employment checks were completed to ensure the safe recruitment of staff. Disclosure and barring (DBS) checks had been requested and the outcome of the checks were known before staff started to support

people in their homes.

- People were supported by a consistent staff group who knew them well. Feedback from people and relatives included, "Definitely [having consistent staff] is very high on my list as inconsistency would not work because of [relatives] needs but the staff know [my relative] very well." And, "I have different carers but I know them all. I don't ever get anyone coming in that I don't know."
- There were enough staff available to safely support people. The registered manager used an electronic call system to monitor call times and the duration of visits. When a concern had been identified we saw prompt action had been taken to address it and ensure the person was kept safe.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Daily medication audits were completed by the last staff member on shift. This ensured any concerns were promptly identified and responded to.
- The registered manager also completed monthly medication audits. They shared the outcome of their audits with staff and we saw evidence of this being used to drive improvements. This provided reassurance people received their medication safely and as and when prescribed by the GP.
- Staff told us, "I've completed the training. There are also regular spot-checks to make sure everything is alright. If any problems are found, we talk about them at staff meetings." And, "I had all my competencies completed when I first started. I have also had spot-checks where my work is regularly assessed."
- The providers medication policy contained clear guidance on the management of homely remedies but did not include protocols to guide staff when medicines prescribed on an 'as required' (PRN) should be administered. This meant staff did not have guidance to administer these medicines effectively as is best practice considered by The National Institute for Health and Care Excellence (NICE). We discussed this with the management team who agreed to review the policy further.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they were safe with their regular carers and trusted them in their homes, "Absolutely I feel safe with staff and have every confidence in them."
- Staff had completed safeguarding training and were clear about the processes they would follow if they needed to report any concerns. Comments from staff included, "I would report if I saw my colleague doing something wrong and they didn't change when I challenged them. I would let the office know if there was any wrong doing to my client." And, "I would go to [registered manager] or someone else in the office. I would have no issues whistle blowing. I've never had to do it so far."

Preventing and controlling infection

- Plans were in place to protect people from the risk of infection and mitigate the increased risks from the COVID-19 pandemic. Staff told us, "We had specific training on COVID and PPE too."
- Staff followed best practice in terms of infection control procedures. They were provided with personal protective equipment (PPE) and people confirmed staff wore this when providing care, "They come in all kitted up now. They are always clean, and they wear a mask and a shield with gloves and plastic aprons on."
- We were assured that the provider was meeting shielding and social distancing rules.

Learning lessons when things go wrong

- Improvements had been made to the monitoring of incidents and accidents. We discussed incidents recorded in the log with the registered manager. They provided a comprehensive outline of what had happened, and the action taken to mitigate future risk.

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-centered care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centered care.

How the provider understands and acts on the duty of candor, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection, we found the provider was failing to display their rating on their website. This was a breach of Regulation 20A (display of ratings) of the Health and Social Care Act 2008 (Registration) Regulations 2009.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic and decided that enforcement action was not necessary or proportionate in the current climate. Therefore, although the provider had not fully met the requirements of the regulation, they had made sufficient changes to no longer be in breach of regulation 20A.

- The providers website had a link to the most recent inspection report but the rating was not displayed in line with CQC guidance.
- Guidance about how to correctly display the rating has been sent to the registered manager. We will monitor the provider and take the necessary enforcement action if the required amendments to the website are not made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centered, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection, the systems in place to monitor the safety and quality of the service were inadequate. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection there had been a restructure of the leadership of the service, including the appointment a governance lead. This had led to the development of effective processes to monitor the

service, drive improvement and provide oversight. The registered manager told us, "It works so well now. We have good systems and a structure with clearly defined roles."

- A COVID-19 business contingency plan was in place to mitigate risk to staff and people using the service during the pandemic.
- The management team had worked hard to ensure staff were supported during the COVID-19 pandemic. They had embraced new ways of working for example, a conference call had been used as a platform to discuss concerns about the recording of homely remedies with staff. Following this a new system was implemented to record homely remedies more efficiently.
- Staff felt comfortable and were given the platform to express concerns and make suggestions to improve the service through 'virtual' staff meetings and supervision sessions. The registered manager responded to concerns and ideas raised by staff. For example, they had promptly addressed and resolved concerns about the allocated travel time between visits.
- Staff moral had improved. They were positive about the management of the service and the support provided. Comments included, "I'm happy working with Tehy and like my job." And, "Everyone is happy with everything because the office is very responsive. They always call us back and help us if there are any concerns."
- Feedback from people using the service and relatives was also positive. They had confidence in the management team and how concerns were addressed, and changes implemented. Comments included, "I have a lot of contact with [management] and changes are acted upon as soon as it is needed." And, "[Staff] know [relative] very well and Tehy have worked so hard to achieve it. I can't thank them enough. I am so grateful for the care they provide. They have gone over and above to ensure [relative] is well cared for."

At the last inspection, the sole director of the service did not have the qualifications, skills and experience to fulfill their role. This was a breach of Regulation 5 (Fit and proper persons: directors) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 5.

- As part of the management restructure a new director had been appointed. They had worked in health and social care for a number of years and had the knowledge and skills to support the registered manager and help drive improvement in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The management team regularly contacted people and their relatives for feedback about the service and the care they received. Where people had expressed concerns, we saw the registered manager had acted on these and made improvements. Everyone we spoke with had given positive feedback and were happy with the service they received.
- Systems and processes had been developed to address shortfalls identified in previous inspections. The registered manager told us, "We have all learned so much. I think we have got there now."
- Since the last inspection the registered manager had completed an advanced management qualification.