

T.N.P. Homecare (Uk) Limited

# TNP Homecare (UK) Limited

## Inspection report

TNP House  
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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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 26 January 2017 and was unannounced. At our last inspection on 12 November 2015 improvements were required with supporting people with their decision making and monitoring the quality of the service.

TNP House provides residential care for up to 12 older people. Dementia care and end of life care are provided for people who need this support. There were 12 people living in the home at the time of our inspection.

There was a registered manager in post who was also the provider. 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.

People received their prescribed medicines but the control of stock required improvement. The provider had not displayed their ratings poster in the correct format and size for people to view. People's risks had been assessed and their care was planned to reflect this. Staff understood their responsibility to protect people from harm, poor care and abuse and how to report any concerns that arose.

There were a sufficient number of staff to meet people's needs in a timely manner. There were recruitment processes in place to ensure staff working in the home were suitable to support people in a caring environment.

Staff understood the importance of gaining consent from people and how to support people when they needed help to make decisions. Staff received training and support to ensure they had the right skills and knowledge to care for people effectively. People were offered a choice of nutritious food and plentiful drinks to support and maintain their health and wellbeing.

People had access to healthcare professionals when they needed additional support to preserve their mental and physical health.

People were provided with kind and caring support by staff who were interested in them as individuals. Staff preserved people's dignity and recognised their right to privacy. Relatives and visitors were welcomed into the home.

People were asked to provide information about their past lives, likes and dislikes to enable staff to provide care in the way people preferred. Staff knew people well and understood what was important to them. There were arrangements in place to provide people with opportunities to spend their time doing activities and hobbies if they wanted to. Staff encouraged people to become involved but respected their decision if they chose not to.

There were arrangements in place for people to raise any concerns, complaints or compliments they wanted to share. People felt comfortable to raise their concerns directly with the provider and were confident that action would be taken.

People and relatives were provided with meetings to discuss what happened within the home and any plans for the future. The provider distributed satisfaction surveys to people, relatives and healthcare professionals to provide them with the opportunity to feedback their opinions of the care that was provided.

There were audit arrangements in place to monitor the quality and safety of the care and home environment.

People, relatives, staff and healthcare professionals felt the home was well-led and the provider/manager was approachable and supportive to them.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People's risks were assessed and they were protected from harm, abuse and poor care. There were a sufficient number of suitably recruited staff to offer care in a timely manner. People were supported to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective. Staff received training and support to gain the skills and knowledge to support people effectively. Staff understood the importance of gaining consent from people and supporting people who were unable to make their own decisions. People were offered a choice of meals and plentiful drinks. The advice and support of other healthcare professionals was sought to help people maintain their wellbeing.

### Is the service caring?

Good ●

The service was caring. Staff offered kind, compassionate care to people. People's individuality was recognised and promoted. Staff protected people's privacy and dignity and encouraged people to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive. People were asked about their likes and dislikes to enable staff to provide care in the way they preferred. People were able to spend their time as they wished and had support to take part in activities they enjoyed. There was a complaints process in place.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led. People's medicine records and stock were not always accurate. The provider had not displayed the ratings poster from the last inspection in the correct size and format. People, relatives and staff were consulted about the opinions of the service. There were arrangements in place to monitor the quality and safety of the service.

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## **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.

The inspection took place on 26 January 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 looked at the information we held about the service and considered this and the PIR when we planned the inspection.

We spoke with four people who lived in the home and observed the care and support they received in the communal areas of the home. We spoke with six relatives and a visitor to listen to their views on the way people were treated. We also spoke with three members of the care staff, two visiting healthcare professionals and the provider who is also the registered manager.

We looked at three care plans for people to see if they accurately reflected the care provided to them. We also looked at two recruitment files and records relating to the management and maintenance of the home.

# Is the service safe?

## Our findings

People were supported to take their prescribed medicines at the right time and correct dose. One person told us, "I needed some tablets in the night for pains in my legs and they brought them to me". We heard staff explaining to people what medicines they were taking. One member of staff said, "These are your chewy ones, do you want these first", and ensured that the person had taken their medicine before leaving them. Staff had received training on administering medicines and there were arrangements in place to check that staff remained competent and handled medicines safely. One member of staff told us, "I had my check yesterday done yesterday by the deputy manager".

The provider took action to minimise people's risks of abuse, harm or neglect. A relative told us, "It's safe for people here". A visiting healthcare professional told us, "We come here regularly. I've never seen anything to worry me". Staff understood the different types of abuse a person may experience and understood their responsibilities to record and report any concerns. A member of staff said, "I worked in a different home years ago and didn't like the way a person was treated-it upset me and I reported it. I worry about people. If I ever saw anything here I'd report it". Another member of staff agreed and said, "I'd speak with the [registered manager] and if they weren't around I'd contact the safeguarding team myself".

People were supported by regular staff who knew them well and who understood their individual risks. We saw that risks associated with people's care and support had been assessed, for example some people needed to be moved using equipment. A visiting healthcare professional told us, "We've watched the staff using the equipment; they're very good, they do it properly and safely". We saw staff supported people to mobilise in the way that was planned for them; for example, one person was assisted to stand using an aid. We saw staff completed the manoeuvre with skill and confidence whilst reassuring the person. This demonstrated that staff understood how to move people correctly.

There were sufficient staff to meet people's needs. People we spoke with told us they felt safe and staff responded to their requests for support in a timely manner. One person told us, "They come to us when we need them". Another person said, "We're alright for staff, there's enough". We saw that staff spent time sitting with people and chatting with them and were present in the communal areas of the home throughout the day to observe people and improve their wellbeing.

There was a recruitment system in place to ensure new staff's backgrounds were vetted before they were able to work in the home. One member of staff told us, "I filled in an application and had an interview. Then I had to give the names of people for references and complete a DBS application. I couldn't start here until everything was back and okay". DBS refers to the Disclosure and Barring Service which is a national agency which provides employers with information about people's previous convictions. We looked at two staff recruitment files which confirmed that the checking process was completed before staff were able to work within this caring environment.

There were arrangements in place to ensure people could be supported to leave the building quickly in the

event of an emergency. Each person had a personal emergency evacuation plan in place which was reviewed and updated regularly. Fire risks had been assessed and regular tests were carried out on equipment to ensure they were safe for people to use.

# Is the service effective?

## Our findings

Staff received training and support to gain the skills they needed to care for people effectively. One person told us, "The staff are very good, they know how to look after me". Staff told us they were able to access regular training and gain nationally recognised qualifications in care. One member of staff told us they had received training in supporting people living with dementia and said, "I learnt how to communicate with people, explain things step-by-step so they don't get confused". Staff told us they were provided with opportunities to discuss their progress and training needs during supervision sessions. One member of staff told us, "They always ask how I'm doing".

Staff understood the importance of gaining consent from people. 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. We saw there were mental capacity assessments completed for people who needed to be supported to make their decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated an understanding of the MCA and DoLS. One member of staff told us, "If, for example a person wanted to go out alone but you knew they wouldn't understand how to keep safe, you would need to apply for a DoLS". We saw that the provider had considered if people were restricted but had not identified that anyone currently required a DoLS application.

People were provided with a choice of food and drinks. One person told us, "The food is good here" and another person said, "If there's any food that doesn't suit me they give me something else". We saw that staff recognised when people's nutritional needs changed. Staff had noted that one person was not eating their meal at lunchtime but was fine with foods they could pick up. We saw this person was provided with finger foods for their lunch and enjoyed their meal. People were offered drinks regularly and frequently through the day. A relative told us, "[Name] is eating much better since they moved here". We saw that every time staff spoke with people they offered them additional drinks. Some people were having their intake of food and drinks monitored. We saw that staff recorded people's drinks and meals at the time they had them to ensure that accurate records were maintained.

People were referred for specialist healthcare support whenever necessary. One person told us, "If I'm not too good they send for the doctor". Another person told us, "I've definitely become healthier since I moved here". A visiting healthcare professional told us, "The staff act straightaway on our advice". People's care plans provided evidence of the care people received to support their physical, psychological and mental wellbeing.



## Is the service caring?

### Our findings

People received kind and compassionate care. Everyone we spoke with was complimentary about the registered manager and the staff. One person told us, "It's very nice living here. They look after us very well" and another person said, "You can't fault it. They go out of their way and genuinely care about us". A relative said, "There's a lovely homely feel in the home. Staff are very kind and people are well cared for". We saw there were caring relationships between people and staff. Staff listened to people's views with patience and interest. We saw that staff offered kind endearments and gestures for example holding their hands as they spoke together. We heard people laughing with staff and light hearted banter between them.

People spoke with knowledge about the staff and their families. For example we heard people asking the registered manager about their children and social events they had attended. One member of staff told us, "We get attached to people and treat people like our own families". Staff protected people's privacy and dignity. One person told us, "They always knock on my bedroom door before they come in. I've told them they don't need to but they still do it". We saw that one person preferred to stay in bed until later in the morning and staff respected this and left them undisturbed. We heard people being asked about their personal support needs in a discreet and quiet manner. When people's clothing became stained or dishevelled staff offered immediate support to them to ensure their dignity was maintained. This demonstrated that staff understood the importance of recognising self-worth.

Staff promoted people's independence. We saw staff offering support to people but encouraging them to do as much as they could for themselves. For example one person told us, "When I first came here I couldn't walk then gradually I got better. The staff used to walk behind me with the wheelchair in case I needed it". People were encouraged to interact with each other and staff ensured that everyone was included in their conversations. At lunchtime we saw one person helping another to eat their meal. Staff asked the person receiving help if they would like them to take over but they declined as they were quite happy being helped by their friend.

People were supported to maintain contact with their families and friends. We saw there were several visitors to the home during the day. There were facilities for visitors to make themselves and the person they were visiting a hot drink if they wanted one. One relative told us, "The staff are great here, the best in Staffordshire. Nothing is too much trouble". A visitor said, "The staff are very supportive".

## Is the service responsive?

### Our findings

People's care was planned to reflect their likes and dislikes. We saw staff sitting with a person who had recently moved into the home and asking them about their life and what was important to them. A relative told us, "When [Name] moved in they asked us what they liked and was there a particular way they liked things doing. We told them and they do it". We saw that staff knew people well and understood their preferences. One person told us, "I told them I like a particular tea and they got it for me". Staff were able to share their knowledge of people, their important relationships and their likes and dislikes with us which indicated an interest and understanding of people as individuals.

People were supported to spend their time as they wanted. One person told us, "We like to have a game. There's enough going on here for me". A relative told us, "We brought some CD's in for our relation to listen to and the staff play them". We saw people taking part in a game of floor snakes and ladders. The activity co-ordinator supported and encouraged people to take part but respected the views of people who did not want to participate. Prizes were provided for the winners of the game. One person told us, "[Name] won a beautiful handbag the other day". The activity co-ordinator told us, "I have a plan for the week but it depends on how people feel on the day. Some people like group activities and others are better with one-to-one. One person likes me to read to them".

We saw that everyone had a table beside them which had their personal items on, including puzzle books and magazines. Staff understood the importance of reminisce for people who were living with dementia. We heard music playing which people were familiar with and saw people tapping their feet to the music. A member of staff told us, "People may not always remember things but they can sing a song all the way through though". We heard a member of staff asking a person what hobbies and interests they enjoyed and if they had liked taking part in a game of bingo a few days previously. The person said, "Yes I did. I haven't played for years". Another member of staff said, "We're putting together personal activity plans for people to make them more individual".

There was a complaints procedure in place. People we spoke with told us they would be comfortable to raise any concerns or complaints they had. One person said, "I'd speak with the [registered] manager if I wasn't happy. She sorts everything out". We looked at the concerns which had been raised with the provider and saw that these had been investigated and responded to. We saw the provider recorded the compliments they had received from relatives and healthcare professionals. We read that these provided positive comments about the care provided including, 'There is an emphasis in the home on the wellbeing of the person' and 'People's needs are consistently met'.

## Is the service well-led?

### Our findings

The control of medicine stock needed to be improved. We saw that the stock levels for some people's medicines did not tally with the expected amount. This indicated that some people's medicines may not have been recorded accurately. One member of staff told us, "The deputy is on at people all the time about this". The registered manager told us they would call a staff meeting to re-enforce the need for maintaining an accurate record of stock control.

The provider had displayed the ratings poster from our last inspection but this was not shown in the correct format or at a size that would be highly visible to people. We discussed this with the registered manager who told us they had found the poster difficult to access on the internet but assured us the latest poster would be displayed correctly.

People, relatives and staff we spoke with told us the home was well-led and the provider was in the home regularly and available for them. One person told us, "She's the boss. She's lovely, always comes in for a chat with us". Another person said, "The [registered] manager is absolutely marvellous. If there's anything you want or need, she does it". Staff echoed the opinion of people and one member of staff told us, "You can't ask for a better person. We have everything we need for people". Another member of staff said, "The [registered] manager is absolutely wonderful, she puts her heart and soul into the home".

People, relatives and staff were encouraged to share their views on the way the home was run. We saw there were meetings for people to discuss their care and plans for the future. We saw from the minutes of the last meeting that people had confirmed they were happy living in the home and ideas were discussed for changes to the menu. People, relatives and healthcare professionals were provided with regular satisfaction surveys to feedback on the quality of the service. The feedback was consistently rated as either good or excellent and that people were satisfied with their care.

There were arrangements in place to monitor the service. We saw that the audit programme had been improved to identify shortfalls and where improvements needed to be made. The deputy manager told us they were working three supernumerary shifts per week. This had been introduced so that they could support the registered manager with the running of the home. The deputy manager told us, "I use this time to do the fire checks, review the care plans and medicine records and update the files". This demonstrated that there were processes in place to ensure management checks were completed.