

Tender Hands Ltd

Tender Hands Ltd

Inspection report

3a Chapel Lane
Milford
Godalming
Surrey
GU8 5HU

Tel: 01483421100

Date of inspection visit:
31 January 2019

Date of publication:
21 March 2019

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 Hands Ltd is a domiciliary care agency that was providing personal care to 39 people at the time of the inspection, 32 of whom were receiving personal care. Most of the people using the service were older people although some were younger adults who needed support due to healthcare conditions.

People's experience of using this service:

People told us the best aspect of the agency was its staff. They said the care workers who visited them were kind, caring and compassionate. People had developed positive relationships with their care workers and enjoyed their company. Staff always treated people with respect and maintained their dignity. People who received support with personal care described staff as considerate and gentle.

People and relatives also highlighted the responsiveness of the agency as one of its strengths. They said the agency responded quickly when they needed support and was flexible if they needed to change arrangements. People's care was personalised to their individual needs, wishes and preferences.

The agency was managed well, which meant people received reliable, well-planned care. People told us the agency communicated with them well and said they always had access to the information they needed. People could rely on staff to arrive when they expected them and said they never felt rushed or hurried when staff provided their care. Staff told us they always had enough information about people's needs before they provided their care.

The registered manager and care co-ordinator spoke regularly to people who used the service and their relatives to hear their views. This regular contact and communication meant that any issues people had with their care were addressed before they became complaints. The agency had a written complaints procedure which was given to people when they started to use the service.

The agency worked effectively with other professionals to ensure people received the care they needed. Staff had liaised with GPs, district nurses, pharmacists and occupational therapists about people's health, medicines and equipment. Some relatives told us their family members relied on the support of the agency to manage and co-ordinate these aspects of their care.

Staff received the induction, training and support they needed to carry out their roles well. New staff shadowed experienced colleagues to understand how to provide people's care safely and in the way they preferred. Following their induction, staff had access to regular refresher training to keep their skills and knowledge up-to-date. The registered manager and care co-ordinator provided good support to staff through regular individual and team meetings.

Checks were carried out on staff before they were appointed to ensure they were suitable to work in health and social care. Staff received safeguarding training and understood their responsibilities to report any

concerns they had about people's safety or welfare.

People's needs were assessed to ensure the agency could provide the care they needed. Staff helped people keep their homes clean and maintained appropriate standards of infection control. Risks to people and staff were assessed and managed well. Medicines were managed safely.

The service met the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection:

This was the first inspection of the agency since its registration with Care Quality Commission (CQC) on 19 January 2018.

Why we inspected:

This was a scheduled inspection based on the date the service was first registered with CQC.

Follow up:

We will continue to monitor the service through notifications and communication with partner agencies such as local authorities and other commissioners. We will inspect the service again according to the rating achieved at this inspection unless we receive information of concern, in which case we may bring the next inspection forward.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Tender Hands Ltd

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Service and service type:

Tender Hands Ltd is a domiciliary care agency registered to provide personal care to older people, people with physical or learning disabilities, people on the autistic spectrum and people with sensory impairment.

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. The registered manager was one of the provider's directors. The other director was employed as the agency's care co-ordinator.

Notice of inspection:

We gave the service 48 hours notice of the inspection visit because we needed to be sure the registered manager would be available to support the inspection.

Inspection team:

The inspection was carried out by one inspector.

What we did:

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) submitted by the provider on 12 December 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Inspection site visit activity started and ended on 31 January 2019. We visited the office location on 31

January 2019 to see the registered manager and to review care records and policies and procedures. We checked care records for three people, including their assessments, care plans and risk assessments. We looked at four staff files and records of staff training and supervision. We also checked records including satisfaction surveys, complaints, accident and incident records, quality monitoring checks and audits.

After the inspection, we spoke with three people who used the service and four relatives to hear their views about the care and support provided. We received feedback from eight staff about the training and support they received from the agency to carry out their roles.

Is the service safe?

Our findings

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

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

- Assessing risk, safety monitoring and management
 - Risks to people were assessed before they began to use the service. Risk assessments addressed the environment in which care was to be provided and any equipment involved in people's care. If risks were identified through the assessment process, measures were put in place to minimise these.
 - The provider had an effective system in place to monitor call times and to help ensure no care calls were missed. The provider told us in the PIR that using an app-based system helped ensure people received a safe and reliable service. The PIR stated, 'Carers have an app on their phone where they log in and out of care calls. The office can see if the carers have logged in and out and where they haven't we can telephone the carer to see why.' There had been no missed calls since the agency began providing a service.
 - People and their relatives told us they could rely on their care workers. They said staff almost always arrived on time and always stayed for the correct length of time. The agency had a business contingency plan to ensure people's care would not be interrupted in the event of an emergency such as adverse weather affecting staff travel. This prioritised the delivery of care to people who would be most at risk if their visits were cancelled.
 - People could be reassured that staff knew how to respond in an emergency. On one occasion, the registered manager arrived at a call and found the person they were visiting on the floor. The registered manager called an ambulance and waited four hours with the person until paramedics arrived. The registered manager accompanied the person to hospital and stayed with them during their assessment before bringing the person home at 5am the following day.
- Systems and processes to safeguard people from the risk of abuse
 - Staff attended training in safeguarding and knew how to recognise and report potential abuse. Safeguarding training was included in the induction for new starters and staff told us the registered manager had encouraged them to speak up if they had concerns. None of the staff who provided feedback had had to report a concern but all said they knew how to do so if necessary. One member of staff told us, "I have never had to deal with it but I would know what to do." Another member of staff said, "I have never had to report a concern but I know how to."
- Staffing and recruitment
 - There were enough staff employed to meet all the agency's care commitments. The registered manager

told us they would not take on a package of care unless they were confident the agency could provide the service required.

- Staff were recruited safely. Prospective staff were required to submit an application form with details of qualifications and employment history and to attend a face-to-face interview. The agency made appropriate checks on staff before they began work, including obtaining proof of identity and address, references and a Disclosure and Barring Service (DBS) criminal record check.

- Using medicines safely

- People who received support with their medicines told us staff helped them manage this aspect of their care safely. Relatives who provided feedback confirmed that staff ensured their family members received their medicines as prescribed. All staff received medicines training in their induction and their practice was observed and assessed before they were signed off as competent. Medicines administration records were checked and audited regularly to ensure people were receiving their medicines as prescribed.

- Preventing and controlling infection

- Staff maintained appropriate standards of infection control. People told us staff helped their homes clean and hygienic. They said staff wore gloves and aprons when necessary and maintained good hand-hygiene. Staff attended infection control training in their induction and had access to refresher training in this area.

- Learning lessons when things go wrong

- Staff were instructed to record any accidents or incidents in detail to ensure the factors contributing to the event could be reviewed and actions taken to keep people safe. No adverse incidents had occurred during the provision of care but we heard examples of actions the agency had taken to improve people's safety following accidents. One person had a fall while trying to walk unaccompanied to their bathroom at home. Following this incident, the agency arranged for two commodes to be installed in the person's home, one next to their bed and one next to their armchair, to prevent the person having to walk to the bathroom without support.

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
 - The registered manager or the care co-ordinator assessed people's needs before they began to use the service to ensure staff could provide their care. People told us their care needs and preferences had been discussed with them before they used the agency. They said the assessment focused on their views about the care they wanted to receive. Relatives told us they had been encouraged to be present when their family member's assessment was carried out and to contribute to the process.
 - The assessments we checked were comprehensive and addressed all areas of people's lives. They formed the basis of people's care plans and recorded people's wishes and preferences about their care.
- Staff support: induction, training, skills and experience
 - People and their relatives told us staff were competent and had the knowledge and skills they needed. One person said of staff, "They know what they are doing. They take very good care of me." A relative told us, "They do their job very well."
 - Staff had access to the induction, training and support they needed to carry out their roles. All staff had an induction when they joined the agency, which included shadowing another member of staff. Staff attended all aspects of mandatory training during their induction and had access to regular refresher training thereafter. Following their induction staff were expected to complete the Care Certificate, which is a set of nationally-agreed standards that health and social care staff should demonstrate in their work.
 - Staff who returned feedback confirmed they had received all the training they needed to meet people's needs. They said the induction they had when they joined the agency had prepared them for their roles. One member of staff told us, "I was talked through the job role and then did shifts shadowing another carer at work." Another member of staff said, "I understood what I'd be doing in my work before I started. As well as shadowing on the job I did a week training course."
 - Staff confirmed that they met with the registered manager or care co-ordinator every three months for one-to-one supervision. They said this provided opportunities to discuss their practice and their training and development needs. They told us that the registered manager or care co-ordinator was always available if they needed additional support or advice. One member of staff said, "Our managers are very supportive." Another member of staff told us, "[Care co-ordinator] or [registered manager] are always on the end of a phone if we need them."

- Supporting people to eat and drink enough to maintain a balanced diet
- People's dietary needs were assessed as part of their initial assessment and any dietary requirements recorded in their care plans. People who received support with meal preparation told us they were happy with this aspect of their care. They said staff prepared their choice of meals from stocks held at their homes. None of the people using the agency at the time of our inspection needed texture-modified (soft) diets or thickeners in their drinks. Staff attended training in nutrition/hydration and the agency had access to training in the use of percutaneous endoscopic gastrostomy (PEG) feeding tubes required.
- Supporting people to live healthier lives, access healthcare services and support
- Staff working with other agencies to provide consistent, effective, timely care
- The agency worked effectively with other professionals to ensure people's healthcare needs were met. For example, the agency liaised with healthcare professionals involved in people's care, such as GPs, district nurses and occupational therapists. We heard examples of staff contacting GPs if they had concerns about people's health and of staff liaising with district nurses about dressing changes and catheter management.
- One relative told us their family member relied on the agency to manage all their healthcare needs, including liaising with a pharmacist about their medicines and arranging their regular health checks. The relative said, "They do all her medicines, all her appointments. They do everything for her. They are absolutely reliable. She would be lost without them."
- Ensuring consent to care and treatment in line with law and guidance
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- We found that the registered manager had taken steps to ensure people's care was provided in line with the MCA. People were asked to record their consent to their care before their care plans were agreed. Staff had received training on the principles of the MCA and understood how these principles applied in their work. People told us that staff asked for their consent on a day-to-day basis before providing their care.

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; equality and diversity
- People were supported by caring and compassionate staff. People told us staff were kind and were gentle when providing their care. One person said of staff, "They are lovely people. They are so caring. They are never rough with me; they are gentle and kind." Another person told us, "They are very kind."
- People had established positive relationships with staff and enjoyed their company. They said staff had time to spend talking with and expressed an interest in them and their lives. One person told us, "I get on very well with them. I can have a joke with them." Another person said, "I think a lot of them; I get on very well with them." One person told us, "They have time for a chat and they show an interest in what I have to say. It's so nice to talk to them."
- Relatives confirmed that staff were kind and that their family members got on well with staff. One relative told us the best thing about the agency was, "The carers. They are really nice, polite and helpful. [Family member] is over the moon with them." Another relative said "They give great care to [family member]."
- Respecting and promoting people's privacy, dignity and independence
- Supporting people to express their views and be involved in making decisions about their care
- People told us staff treated them with respect. They said staff maintained their dignity when providing their care. People who received support with intimate care told us staff always closed doors and covered them to protect their privacy. One person told us, "They put a towel over me to protect my dignity."
- The provider's PIR set out how the agency ensured that people's individual rights and beliefs were respected, stating, "We always consider each service user as an individual. What are their beliefs, values, background, cultural or religious differences, personal preferences, etc. We discuss with them how we can accommodate and respect these when delivering care. Tender Hands treats each person like we would want to be treated, or how you would want a loved one to be treated in care."
- The registered manager told us they emphasised the importance of promoting independence when they met people to assess their needs and plan their care. The registered manager said, "We promote independence. I always say to people at assessments, 'We are not here to take over your care, we are here to support you.' I give people options - it's about how they want their care."
- People confirmed that staff supported them to be independent where this was important to them.

Relatives told us that staff encouraged their family members to manage aspects of their care where possible to maintain their independence. One relative said support from the agency had enabled their family member to remain living at home, as was their wish, although their needs had become complex. The relative told us, "Without them, he would be in a care home."

- People and their relatives had been encouraged to contribute to the development of care plans. People told us the registered manager and care co-ordinator had been keen to ensure that their care plans reflected their wishes and preferences about their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

- Planning personalised care to meet people's needs, preferences, interests and give them choice and control
- End of life care and support
- Relatives told us the responsiveness of the service was one of the agency's strengths. They said they could rely on the agency to respond quickly when their family members needed them. One relative told us their family member experienced distress from a condition which occurred without warning. The relative said, "[Family member] can ring the office and they will get someone over there. It's excellent because otherwise she would be sitting there until I got home from work." Another relative told us their family member attended regular medical appointments and often needed to rearrange their care visits as a result. The relative said of the agency, "They have been very flexible with arranging visits around her appointments."
- Relatives told us the agency had been proactive in helping people obtain the equipment they needed to maintain their mobility. One relative said their family member had found it difficult to use the equipment originally provided by an occupational therapist. Staff from the agency noticed this and contacted the occupational therapist, who reassessed the person and sourced a more suitable item of equipment.
- People's care was planned to meet their individual needs. For example, the agency supported one person who did not communicate verbally and used a keypad to communicate. The registered manager explained how they had discussed this person's needs with them before they began to use the service and planned their care. The registered manager said the staff who supported the person knew how to communicate with the person using the keypad and understood the person's other methods of communication, such as blinking. The registered manager told us the person chose to communicate with the office via text and email.
- Care plans were reviewed regularly to ensure they continued to accurately reflect people's needs. The provider's PIR stated, 'Support plans reflect people's needs and are reviewed regularly. Our service users are listened to and opinions are acted upon.' People and their relatives confirmed they were encouraged to contribute to reviews and that their views were listened to. Relatives said the registered manager had acted promptly to review the care their family member needed if their needs changed. For example, one relative told us the registered manager had reviewed their family member's care plan when they were discharged following a period of illness and a hospital stay.
- The agency had established the wishes and preferences of people receiving end-of-life care. People's wishes about their end-of-life care were reflected in their care plans. The registered manager told us that they selected staff with the most appropriate skills and experience when planning end-of-life care. The

registered manager provided examples of how the agency had supported the families of people receiving end-of-life care when they experienced emotional and practical challenges.

- Improving care quality in response to complaints or concerns
 - The agency had not received any complaints since its registration. Regular communication with people who used the service and their relatives meant the registered manager became aware of any issues before they became concerns. The provider's PIR stated, 'We haven't received any complaints. We communicate with our service users regularly and if there are concerns these are resolved straight away.' This was confirmed by the people and relatives we talked to, who said they spoke regularly with the registered manager. They told us the registered manager encouraged them to speak up about any issues they had with the care provided.
 - The agency had a written complaints procedure which set out how any complaints would be managed. This was given to people and their relatives when they began to use the service. All the people we spoke with told us they were confident that any concerns they did raise would be taken seriously. No complaints about the agency had been made to CQC.

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.

- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- □ The registered manager and care co-ordinator formed an effective management team and had a good oversight of the service. Responsibility for key parts of the service, such as care planning, supporting staff and quality monitoring, was clearly defined which increased accountability. This meant that people received consistent, reliable and well-planned care. The registered manager understood their responsibilities as a registered person and the requirement to submit statutory notifications when required.
- □ Staff were clear about their roles and understood what was expected of them. They told us they always had enough information about people's needs before they began to provide their care. They said they were introduced to people before they provided their care and had enough time at each visit to meet their needs. One member of staff told us, "We get all the information we need from the care plan and also our manager." Another member of staff said, "We are introduced to all clients before we start their care. We can ask [registered manager] any questions if we are not sure about something."
- □ There were effective systems in place to monitor the quality of the service, which included seeking feedback from people who used the service. The provider's PIR stated, 'We do regular spot checks, observations, MAR [medicines administration record] sheets are checked regularly. We conduct reviews and the carers regularly update the office regarding our service users. The office regularly speak with our service users and their families.' We found evidence to support this. Documentation related to people's care was audited regularly and people had regular opportunities to give their views.
- Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
- □ People and their relatives told us the service was run in an open and transparent way. They said the management team communicated well with them and that they could always access any information they needed. People told us they received information about which staff would be visiting them and were kept up-to-date about any changes. A relative said of the registered manager and care co-ordinator, "They are very hands-on, they are very approachable. We have been very impressed." Another relative told us, "We have always had a good relationship with them."
- □ Staff said they could rely on the management team to plan their work well and to keep them updated

about any changes. They said they could always access management support when they needed it, including out-of-hours. One member of staff told us, "Managers are great at communication, they are so helpful." Another member of staff said, "Tender Hands are a great company to work for, [care co-ordinator] and [registered manager] are both very supportive." A third member of staff told us, "There is lots of support from managers, they are always available if needed. Communication is very good between us and our managers."

- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- Working in partnership with others

- The relatively small size of the agency enabled the management team to maintain regular contact with people who used the service, their families and staff. People told us they saw the management team regularly and were encouraged to give feedback about their care. One person told us, "Both [registered manager] and [care co-ordinator] have been out to see us to check we are happy with things."

- Staff told us that the management team encouraged them to speak up if they had concerns or suggestions for improvement. They said the management team listened to their views when they expressed them. One member of staff told us, "I am encouraged to speak up, managers always listen to what carers have to say." Another member of staff said of the management team, "They take on board our suggestions."

- Staff and the management team communicated effectively with other professionals involved in people's care. This included contacting GPs or district nurses if they had concerns about people's health or wellbeing. In some cases, staff arranged appointments for people and liaised with professionals about the care and treatment people needed. The provider's PIR stated, 'We keep the district nurses informed of any concerns and the GP, social services and CCG [Clinical Commissioning Group]. We work collaboratively with the community mental health team, GP, district nurses, reablement teams, hospitals, occupational therapist and physiotherapist.'

- Continuous learning and improving care

- The registered manager organised team meetings to keep staff up-to-date with good practice and relevant developments in the care sector. The management team had signed up to regular communication and updates from professional networks in the sector, such as Skills For Care and Dementia Friends. Staff told us team meetings were useful for, "Discussing anything that we have issues with, talking about how to make things easier for people, training updates." Staff said the registered manager encouraged them to raise concerns as soon as possible rather than waiting for team meetings so that these could be addressed promptly. One member of staff told us, "Team meetings are held but [registered manager] talks to the carers as soon as a concern comes up, before it comes a problem."