

T-Bot Care Dynamics Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: T-Bot care at home is a Domiciliary Care service providing care for people in Tilbury, Essex and surrounding areas. They are registered to provide personal care in people's own home and for treatment and disorder. At the time of inspection, the service had recently grown from providing care to two people to seven people.

People's experience of using this service:

The Registered provider had not carried out sufficient and robust recruitment and training of staff. Where they had been unable to obtain references, they had not appropriately carried out risk assessments and followed up with competency checks on staff.

There were poor quality governance processes in place to ensure staff were competent and the quality of the service was being adequately monitored.

Staff understood how to identify safeguarding concerns and had received safeguarding vulnerable adults training in induction. However, the registered manager had not considered what training they would need to access for staff for an annual update.

Risk assessments identified people's risks well and care plan interventions appropriately informed staff how to manage these risks.

Whilst staff did not administer medications and provided only prompting, one person told us that staff had given their relative a home remedy on the instruction over the phone. We have made a recommendation about medicines training in the safe domain.

Staff appropriately supported people with nutritional and hydration needs.

Care plans were person centred, detailing how people liked to be supported in easy step by step guidance for care staff.

There was a complaints procedure in place but it was not clear how complaints would be reviewed to improve the quality of the service because the registered manager had not recorded them.

However, people did not experience missed visits, and told us they were happy with the care provided.

Governance processes to monitor the quality of the service provided was poor.

Rating at last inspection: This is the first rating of this service.

Why we inspected: This was a planned inspection.

Enforcement You can see what action we told the provider to take at the end of the report.

Follow up: The service will submit to the commission an action plan of how they aim to become compliant and we will monitor this closely. We will return to inspect the service based on its current rating.

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

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 effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 always not well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

T-Bot Care Dynamics 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 (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.

Inspection team:

The inspection team was made up of one inspector due to the small size of the service.

Service and service type: This service is a DCA (Domiciliary Care Agency) providing care to people in their own homes. The service was also registered for treatment and disorder; the registered manager was also a registered nurse trained in providing lymphatic care and could be commissioned to support people with this need.

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 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The first day of inspection took place on the 16 May 2019. We visited the office location to see the manager and office staff and to review care records and policies and procedures. On the 21 May we contacted people using the service by phone for feedback about their experiences of care.

What we did:

Before the inspection we reviewed all the information we held about the service. This included notifications, enquiries made by the service and a report submitted by the provider about how they monitor the quality of their service.

During the inspection we spoke with the registered manager, two members of staff and reviewed the three most recent staff recruitment files. We also reviewed a variety of policies and procedures and audits carried out to review the quality of the service.

Following our visit to the service office spoke with four people and one relative.

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

Staffing and recruitment

- The registered manager had a values approach to interviewing potential new staff, identifying people's knowledge and understanding of care. However, we reviewed the three most recent staff files and found in two of the three files there were no interview notes. The registered manager told us, "If people have no experience of care I don't do the interview questions, I invite them in for a chat. I don't record this conversation."
- One member of staff had no previous experience in care and had only a personal reference. The registered manager had no systems in place to assess and review the person's competency. Whilst they told us they observed shifts for the person, they did not record this. It was also evident that this member of staff had not been performing well as they had constantly been cancelling visits.
- The registered manager had set up a social media chat group for staff and published a policy of the week for staff to read. Staff used this group to identify if they had additional availability should care visits need to be covered.
- The registered manager was in the process of recruiting male carers to support those people who preferred male carers.

This was a breach of Regulation 18 of the Health and Social Care Act, 2014; Staffing.

Systems and processes to safeguard people from the risk of abuse

- All staff had received safeguarding vulnerable adults training as part of their care certificate training. The registered manager had no system in place to review when people needed to have the training updated. At the time of inspection all staff were not due for an update.
- The registered manager had not had to raise any safeguarding concerns about people at risk.
- People told us they felt safe and staff arrived when they should do to provide the care they needed.

Assessing risk, safety monitoring and management

- People's risks were identified within the assessment process. This included where people had reduced mobility and high risk of developing pressure ulcers. Care plan interventions were in place to manage these risks and included monitoring of risks and when to report concerns.
- Staff completed incident forms when concerns were raised. We observed an incident record of when staff had found a person's silicone hearing aid stuck in their ear. Staff acted appropriately and managed the situation properly ensuring the person got the correct medical support. We saw another where staff identified that a person who had been complaining of chest pain and had bruising to the eye. Staff established that the person had fallen in the night and they arranged for them to be seen by the GP.

Using medicines safely

- Staff do not have medicines management training. The registered manager told us that staff did not administer medications to people, and only prompted people with reminders.
- Care plans supported that staff were not administering medications. They included details of the medicines people were prescribed, the reasons for the medications and the potential side effects that staff should be aware of.
- People told us, "They don't give me medications just remind me to take it;" and "Sometimes they check I have taken it and remind me."
- However, the statement of purpose included the services ability to support people with medication, and one relative told us, "I phoned them and told them they could give [relative] two paracetamol for pain, and they did."

We recommend that the provider ensures that staff have appropriate training to meet peoples medicine needs, should a person require administration of medication.

Preventing and controlling infection

- Staff had access to gloves and aprons to ensure good infection control practices. These were stored in people's homes and spares were kept in the office.
- The registered manager talked staff through how to wash their hands and tested people's knowledge. They told us, "I also check that people are washing hands when preparing food for people. I don't record these observations."
- The registered manager carried out a cleanliness and infection control risk assessment in each person's home to ensure that the facilitates were safe. One-person self-administered injections and it was recorded that there was appropriate, safe disposal in place at the persons home.

Learning lessons when things go wrong

- The registered manager had signed up to a local governance complaints forum where case studies were provided about learning from events.

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

RI: □ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff that had prior care experience did not always undergo any core subjects relevant to role training. The registered manager told us, "They have been trained before in their old care job."
- One member of staff told us, "I had training in my last job so didn't need it for this job." When asked how long the induction to the service had been they said, "Very short, I didn't need induction I have experience in care work. I did read all the policies I was given. I didn't shadow existing staff as it was one to one."
- The registered manager had sourced and paid for external training for staff induction, the Care Certificate and mandatory training, but had not considered what they needed to do to ensure staff were supported to keep their knowledge updated and in line with best practice.

This was breach of Regulation 18 of the Health and Social Care Act, 2014; Staffing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples preferences and choices were recorded in care plans and staff were able to tell us about the people they cared for. Staff had a good understanding of mental capacity and ensuring that people had rights to choose.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff received training in safe food and hygiene as part of their induction to the service.
- People had care plan interventions in place that informed staff of their nutritional and hydration needs. These had good detail, outlined the risks and risk management such as supporting a person with unexplained weight loss and how to prevent risk of constipation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager identified when additional support was needed to manage peoples care and treatment. We saw examples in care entries when other health and social care professionals had been contacted about a variety of issues such as a request for equipment or for a review, advice and support when peoples physical and or mental health had deteriorated.

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

- People had signed a consent to care form as part of their initial care plan review. We saw that people had care plans in place detailing when they had capacity and variable capacity. These care plans informed staff that they should always seek to gain a person's consent prior to all task.

Is the service caring?

Our findings

Our findings - Is the service caring? = Good

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ 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 and diversity

- People told us that staff were respectful and supported them with dignity. One person told us, "They are very nice, they stay and chat to me when they have finished."
- Another person said, "They are very caring and supportive. [The registered manager] is very caring. They do what I ask and are always polite."

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

- People told us that they were able to tell staff how they liked to be supported and express themselves when unhappy with the care provided. One person said, "[The registered manager is very kind and staff do as I ask them to do."
- One relative told us, "I devised the care plan for my [relative] who has dementia. The carers are shadowing me before they provide care to make sure my [relative] likes them and they know what they need to do. My [relative] can choose the people that help them with care tasks."

Respecting and promoting people's privacy, dignity and independence

- Care plans had a clear focus on supporting people to remain independent. This included working with other agencies, such as live in carer staff.

Is the service responsive?

Our findings

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

End of life care and support

- The service was not supporting people with end of life care as staff were not trained to provide this level of care. The registered manager told us they would consider end of life training for staff as they appreciated that people might deteriorate and require such care from them in the future.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints process in place; provided to each person in their folders. There were no records of any complaints received. The registered manager told us only minor concerns had been raised and these were acted on immediately.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and detailed about people's individual needs and staff could tell us how they supported people. One person had a physical disability that meant that their mobility was variable. Clear guidance was given about how staff should support the persons independence, and when they were having a bad day, how best to support them whilst retaining their dignity.
- Care plans were reviewed as required or every four to six weeks to ensure that the information remained relevant. We observed that they were thorough and gave information about how staff should best support people if their needs fluctuated. For example, if the person was suffering from constipation
- People had their preferences recorded so that staff understood the best way to support them. This included the type of soap to use, and temperature of water to help cleanse the person. Instructions were in clear step by step processes.
- One person who was unable to communicate verbally had care plan interventions that detailed how they might become distressed, possible reasons for becoming distressed and what staff should do to manage the person when presenting in this way. This included the type of music the person liked, activities to offer and to check for physical concerns such as constipation and hunger.
- Staff completed daily care logs which included information about how the person was as well as the care tasks that they had completed. This demonstrated that staff were considering the whole person during their visits and not just the care tasks at hand.
- People received calls at the time they requested them. We also observed that staff supported people to health appointments if needed.
- People also received care for the same staff group throughout the week and this supported continuity. This was particularly important as some people were living with dementia, or with learning disability and staff had developed good relationships with them.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider/registered manager did not have a safe and robust recruitment system to ensure new staff recruited were safe and fit for the role.
- The provider/registered manager did not have a robust system to ensure effective and recorded competency assessments were carried out.
- Review of care records was not effective because it did not include peoples care logs to check that staff were following care plan interventions, nor did it include what actions need to be taken within the audit tool.
- Staff, including the registered manager did not have business insurance to drive their own car for work purposes such as driving to people's homes. There was no process to check this and the registered manager was unaware that this was needed. They had also not assured themselves that staff cars were road worthy. This meant that staff would not be insured should they have an accident whilst at work. The registered manager gave us assurances that they would take immediate action to ensure that all staff who drove had business insurance.
- The registered manager had put in place a staff matrix to record when background checks and training had been completed. But this was very basic. It did not detail what training staff had completed, when they had completed and when it would next be due.

This is a breach of Regulation 17, of the Health and Social Care Act, Good Governance.

- Staff had supervision every two months, or earlier if there had been an identified need. Staff told us, "We talk about people we are caring for, what we need to do for them, policies and procedures." We observed that one member of staff had not been performing, cancelling shifts with short notice and the registered manager had met with them to discuss these concerns and how to overcome them.
- The registered manager was aware of their regulatory requirement to report to the commission and incidents that were notifiable by law. Although they had not had any such incidents at the time of inspection.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a statement of purpose in place which identified the vision and values of the service but this was not made available to staff at the start of their employment.

- Staff were provided with a variety of key policies and procedures, such as the whistle blowing policy and procedure, the safeguarding vulnerable adults policy, lone workers policy and privacy and dignity policy to name a few. Staff were required to read these and sign to agree they understood. On the social media chat group for all staff, the registered manager regularly posted a policy for review to keep these fresh in staff's minds.

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

- The service was very small and had recently increased from two people to seven people receiving care. Despite this we saw that the registered manager was carrying out surveys of people's experience. Whilst only three had been received at the time of the report, all feedback was positive, indicating that staff arrived on time, were friendly and caring and supported people in the way they wished to be supported.
- Care plan interventions were clear about how staff should support any equality characteristics that people had. This included where people had physical disability and how the disability affected them.

Continuous learning and improving care

- The registered manager had signed up to a variety of forums for regular newsletters on health and social care matters. This included local government new adult social care complaints and decisions which included scenarios and actions. They also had signed up to social care television and Social Care Institute for excellence. However, there was no evidence that information learnt had led to improvements in care.

Working in partnership with others

- The registered manager regularly attended meetings to meet local businesses, organised by the local authority. There was a chat service so that they could ensure that if people needed a hairdresser then the service could help them to access this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have robust systems in place to monitor the quality of the service provided.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider did not have robust recruitment and induction systems in place. They had not assured themselves that staff had the right skills and knowledge.