Tender Loving Care Services Chesterfield Limited

Tender Loving Care Services

Inspection report

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Tel: 01246767392

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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

This inspection took place on 12 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records.

The service provides personal care and support to people who live in their homes in and around the Chesterfield area of Derbyshire. At the time of this inspection 24 people received support from the agency.

The service is required to have a registered manager. 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.

The service could not demonstrate all staff, including the registered manager, had maintained up to date skills and knowledge in areas relevant to people's care and support, including safeguarding people and the Mental Capacity Act.

The provider did not have a policy in place on the Mental Capacity Act 2005 and records did not always show that people's consent to their care and support was obtained in line with guidance.

In addition, other policies had not been up dated to reflect changes. The registered manager had not always sent through statutory notifications as required.

Evidence of audits and checks to ensure the quality and safety of services were not evident for all areas of service provision.

People told us staff were competent and well trained and staff we spoke with understood how to care for people effectively. Staff felt supported by the registered manager and had regular contact with them.

Staff understood how to support people with their nutrition and hydration needs. Staff were mindful of people's healthcare needs and supported people to access other healthcare provision when required.

Staff spoke confidently about how to record administrations of people's medicine. However, the provider did not provide medicine administration (MAR) charts as requested to assure us people received their medicines as prescribed. The medicines policy did not provide instructions to staff on how to record medicines administration.

Risks to people's health and risks in their homes were identified and assessed in care plans with people. Staff recruitment and deployment was managed safely.

People were cared for by staff who were friendly and caring. Staff knew the people they supported and provided consistent and regular support to people. Staff supported people with their independence and promoted people's dignity and privacy. People were involved in planning their care and support.

People knew how to raise any worries or concerns. People received personalised and responsive care and their views and preferences were respected.

The service promoted an open and inclusive culture. The registered manager demonstrated and open and inclusive style of leadership.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The safeguarding policy used by the service was not up to date. People felt cared for safely and risks were identified and assessed. Sufficient staff were available to meet people's needs. Staff employed by the service had been subject to pre-employment checks to make sure they were suitable to work at the service. Not all assurances were in place to ensure medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not effective.

The provider did not have a policy in place for the Mental Capacity Act 2005 (MCA) and people's consent to care and support was not always recorded as obtained in line with guidance. Staff training had not always been kept up to date. Staff felt supported through supervision and meetings with their managers. People were supported to have good health and nutrition.

Is the service caring?

Good

The service was caring.

People felt staff were friendly and caring. People felt staff promoted their dignity and independence. People were involved in planning the care and support they required and their views and decisions were respected.

Is the service responsive?

Good

The service was responsive.

The views of people and their preferences were respected. People knew how to raise compliments or complaints and any complaints received were investigated. People received personalised care, responsive to their needs and were involved in planning and reviewing what support they needed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Policies and procedures were not always kept up to date, or contained sufficient instruction for staff. Audits on the quality and safety of services were not evident in all areas of service provision. Notifications were not always sent when required. The management and culture of the service was open and inclusive.

Tender Loving Care Services

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.

This inspection took place on 12 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. The inspection team included one inspector and an expert by experience. An expert by experience is a person who has personal experience of using for caring for someone who uses this type of care service.

Before the inspection we looked at all of the key information we held about the service. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

In addition, during our inspection spoke with eight people or their relatives on the telephone. We also spoke with the registered manager and assistant manager. We spoke with four care staff and one person who worked in the office.

We looked at three people's care plans in full, and other care records relating to an additional four people. We reviewed other records relating to the care people received and how the agency was managed. This included risk assessments, staff training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

Some people received support to help them manage their medicines. One person's relative told us, "My relative has a poor memory so carers do have to remind [them] to take their tablets." Staff we spoke with told us they had been trained in medicines management and were clear on their responsibility to record any administration of medicine on a medicines administration record (MAR) chart. However, the provider did not provide MAR charts as requested as part of the inspection to provide assurances that people received their medicines as prescribed. In addition, the provider's medicines policy did not provide instructions for staff on how to record medicines administration. Without this evidence being considered as part of our inspection the provider could not assure us people received their medicines as prescribed.

People we spoke with told us they felt safe with the service they received from Tender Loving Care Services. One person told us, "I always feel very safe with them." Other people told us, "I am safe because they are very professional," and, "They are very good and there's no reason not to feel safe with them." A family member commented, "[My relative] is definitely safe with them; they know [my relative] well and [my relative] gets on with all of them [staff]." Staff we spoke with could identify some of the potential signs of preventable harm and abuse that people may be at risk from. Not all staff had received up to date training in safeguarding and all staff we spoke with told us they had read the provider's safeguarding policy. However the provider's policy dated 2013 had not been updated to include changes made to the types of abuse and preventable harm now covered by safeguarding. It also did not include the process to make a safeguarding referral in line with the local authority's policy and procedure for safeguarding adults. As such, the provider could not demonstrate all staff were up to date with safeguarding procedures.

People we spoke with told us how staff helped them stay safe. One person told us, "I only use a walker to get around and [staff] always make sure there are no rugs or anything I can trip on." Another person told us, "I only use a zimmer frame because my mobility is not good; the carers make sure I am safe walking." Staff we spoke with told us they knew about risks to people and told us these were in care plans and risk assessments. For example, staff told us they knew to observe people's skin so that any signs of pressure areas developing could be referred for specialist advice. Records we saw confirmed risks to people, and ways to reduce those risks were identified. This meant staff were well supported to understand individual risks to people and to take action to reduce those risks.

Staff told us, and records confirmed they reported any accidents or incidents to the registered manager. Records showed accident or incident forms were reviewed by the registered manager who confirmed what actions they had taken when steps were identified to reduce risks further. This meant any risks to people were managed safely.

The service checked to ensure staff employed were suitable to work with people using the service. When we checked staff recruitment files we found checks on people's suitability to work with people had been completed. This included references from previous employers and checks to confirm people's identity. The provider had also obtained information from the Disclosure and Barring Service (DBS) to help them make safe recruitment decisions. One DBS check was still pending and the registered manager had put in place a

risk assessment until the DBS check had been completed. This helped to ensure people with the right skills and approach to working in care were employed by the service.

People told us there was enough staff to provide them with a service. People told us staff arrived together if they were expecting a call by two carers. For example, if two carers were required to assist a person with mobilising. People also felt staff had good timekeeping. One person told us, "[Staff] are usually one time," another person told us, "[Staff] sometimes stay over their time; they go over and above." One relative told us, "[My relative] has never complained about them being late." People were supported by sufficient staff who were able to meet people's needs.

Requires Improvement

Is the service effective?

Our findings

People told us staff were well trained and competent. One person told us, "I think they are very well trained; they certainly know what they are doing." Other people commented, "[Staff] are very professional," and, "[Staff] know what they are doing." Staff we spoke with were clear about the individual care and support needs of people they supported. Staff told us the registered manager would provide any training needed specific to individual people's needs. This included any training on equipment needed to help people mobilise, such as hoists or rotundas. One staff member told us, "Every [first] call I've been to [the registered manager] has been there." Staff also told us the registered manager had supported them to attend training so they could develop their knowledge and skills. This had included training on people living with dementia and end of life support.

The registered manager had a wide range of experience in supporting people with their care and support and staff spoke highly of their experience. However training records showed the registered manager, and some staff had not always maintained up to date skills and knowledge in some areas relevant to people's care and support. For example, safeguarding adults and the Mental Capacity Act (MCA) 2005.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The service was not providing support, at the time of our inspection, to anyone who lacked capacity to consent to their care and where an application had been made to the Court of Protection. Applications are made to the Court of Protection when people require restrictions on their liberty in order to keep them safe.

We requested to see a copy of the provider's policy on the MCA and the paperwork they used should they have to record a capacity assessment on a person using their services. The provider told us they could not locate this policy and procedure. The provider could not therefore assure us that they had the correct policy and procedure in place, should a person using their service require a mental capacity assessment or lack the mental capacity to consent to their care and support. In addition, records did not always show that people had given their consent to their care and support in line with guidance. This was because we found relatives had signed to give their consent to the person's care, when the person concerned had mental capacity to do this for themselves. At the time of our inspection the registered manager confirmed the service was not supporting anyone who lacked mental capacity. However, a policy and process for staff to follow to assess people's capacity in line with the guidance should be in place. This would ensure that if a person lacked capacity to make a specific decision regarding their care and support staff would have a process in place to follow to ensure any decisions made in the person's best interest were made in line with guidance.

Some staff we spoke with told us they had not had any training on the MCA and the registered manager had not been trained in the MCA since in 2008. The registered manager was not aware of how the MCA had been affected by a Supreme Court ruling after the date of their training. They had therefore not kept their skills and knowledge up to date in this area.

Staff told us, and records confirmed they had regular supervision and team meetings. Staff also told us they could contact their manager at any time. One said, "I can just give [registered manager] a call at any time, or I can always call [the office]." Records showed the registered manager observed aspects of their practice to ensure their competency and provided feedback to staff.

People who received support with their meals had sufficient to eat and drink. One relative told us, "[Staff] do get [my relative's] breakfast ready and always leave [them] a drink; [staff] also make sure [my relative] has a drink at [their] bedside." Staff we spoke with knew people's preferences for food and drink, however staff told us they always asked people what they would like to choose. Staff were mindful of leaving people with drinks and snacks available so that they received sufficient amounts to eat and drink in between their calls. Records showed people's dietary needs, including any special diets or where food was fortified were known. People were supported to have sufficient to eat and drink.

People were supported to access other healthcare services. One person told us, "[Staff] are going to take me to the doctors this week." Staff told us and records confirmed they involved other professionals, such as district nurses where appropriate to help people receive the appropriate healthcare and treatment. One staff member told us, "I recognised a problem with [a person's] catheter straight away." They went on to explain that they knew the person well as they regularly attended their calls. They told us they contacted the District Nurses and the person received appropriate care. People were supported to maintain good health as they had access to appropriate healthcare.

Good

Is the service caring?

Our findings

All the people we spoke with told us staff at Tender Loving Care Services treated them with respect. One person told us, "They are very caring." Another person commented, "They are really nice people, very kind," A family member told us, "I have been at [my relative's home] when [staff] are there and they always speak in a very respectful way with [them], but also very friendly and caring." People also commented on the registered manager's caring approach. One person told us, "[Registered manager] is very kind and very caring."

People also told us staff spent time talking with them and they appreciated this. One person told us, "[Staff] sit and talk to me for a while." Staff told us they knew it was important to people to receive a caring service. One staff member told us, "We can have a bit more time with people, it's the personal touch, we can make sure they are happy." Another staff member told us, "We get time on calls to build relationships with people." We saw the service had received thank you cards and these commented on the kindness of staff. One thanked staff for staying all day when the person required the doctor and then an ambulance. One person's family member had commented on a survey questionnaire, they said, "[Name of person] is not very communicative especially in a morning so it's good that the [staff] chat to [them] and ease [them] into the day." Staff supported people with a caring and considerate approach.

People also told us staff promoted people's dignity helped them maintain their independence. One family member told us, "They have facilitated [my relative's] independence by giving support. [They] are much less tired now and [they] want to do more; [They] used to be poorly all the time but [they] are much better now and [staff] are helping." Staff we spoke with understood how to respect people's privacy and promote their dignity and independence. One staff member told us, "It' always a given that [staff] respect people's choices."

People told us they were involved in writing their care plan. One person told us, "I have a care plan and it is up to date." Records confirmed people had signed their care plans and care plans reflected people's views. Where reviews of care had been recorded, we again saw the involvement of the person and any other people involved in their care and support. People, and other people involved in their care and support, were involved in planning what care and support was needed.

Good

Is the service responsive?

Our findings

People contributed to the assessment and planning of their care. A relative told us, "We are involved in [my relative's] care plan reviews." They went on to say, "The service is very flexible and responsive; we had to cancel [the service] at short notice because [my relative] was admitted to hospital and then reinstated [the service] when [they] were discharged; no problems at all." Staff we spoke with told us the service was flexible around people's changing needs. One staff member told us, "[Registered manager] is very responsive to changes to call times." People received personalised and responsive care.

We saw reviews of people's care and support were held once a year or when their needs changed. Records showed care plans were reviewed with people and their relatives. People's views of their care were recorded at these meetings, for one person they had said, "100% happy with the service provided." People contributed to their care plans and reviews.

All the people we spoke with told us staff knew them well and understood their views and preferences. One relative told us, "[Staff] know [my relative] very well, and [my relative] them; [staff] know what [my relative] likes for breakfast." When we spoke with staff they told us people's preferences for their care and support. For example, staff told us about what people enjoyed doing, or because of a visual impairment, how one person needed everything left in its place so that they could find things where they expected them to be in between calls. Records showed people's choices and preferences, for example people's preferences for time of call or for food and drink. Staff provided personalised and responsive care and respected people's views and preferences.

People we spoke with told us they had no reason to complain about the service, however should they need to they told us they would feel confident to. One person told us they would contact the office if they needed to and said, "I really have not had need to contact them to be honest." Another person told us, "I have no reason to ring them but I know they are there if I need them."

The provider had a policy and procedure in place to manage and respond to complaints, this did not include details of the Local Government Ombudsman (LGO). The LGO look at complaints about adult social care providers. We made the registered manager aware of this so the policy could be updated. We saw people were provided with details on how to complain or raise a concern in their 'service user guide' which was given to people when they first started using the service. Staff checked with people each time their care and support was reviewed whether there was anything they were unhappy about and that they knew how to make a complaint should they need to. Records showed the manager had investigated any complaints raised with the service and that these had been resolved. Records also showed any learning and improvements to the service were also identified by the registered manager as part of their investigation to resolve any issues raised.

Requires Improvement

Is the service well-led?

Our findings

People told us the registered manager would visit and check on their care. One person told us, "[Registered manager] comes regularly." Staff also told us the registered manager assessed them as competent in certain areas before they completed work independently. We asked how the registered manager audited the service to ensure its safety and quality. They told us they visited people, observed how staff worked and also completed checks on people's records, such as care plans, daily notes and medicines administration record (MAR) charts. As these records were kept in people's homes we were unable to review them as part of our inspection. We asked for copies of MAR charts to be sent to us, however these were not received and so the provider did not demonstrate to us that all aspects of the service were checked to ensure the quality and safety of services provided.

In addition, the service user guide stated that the quality of care would be monitored by an external consultant, however the registered manager confirmed this arrangement was no longer in place. We found that systems and processes designed to evaluate and improve the service were not always effective. This was because audits had not identified policies and procedures in safeguarding adults and the MCA were out of date. Other policies, such as the complaints policy and the recruitment policy were also out of date. In addition, the medicines policy did not provide details for staff on how to record any medicines they had administered. People were not fully protected as policies and procedures to ensure their rights were upheld and to ensure they received safe care were not up to date.

Systems and processes to ensure staff, including the registered manager kept up their skills and knowledge were not effective. This was because changes in relation to the MCA and changes to safeguarding legislation had not been implemented into policies and procedures for staff to be aware of and follow. This meant the registered manager and staff had not developed their practice in these areas.

In addition, systems and processes to ensure statutory notifications were sent to CQC as required were not effective. Notifications are changes, events or incidents that providers must tell us about. This was because the registered manager told us two people who were using the service had died. Where people in receipt of a regulated activity die, the provider is required to send a notification to CQC. However, these notifications had not been completed as required.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with told us they felt the service was well managed and spoke highly of the registered manager. People's comments included, "I think it is 100% well managed;", "It's an excellent service, no problems at all with them;" and "[Registered manager] is very helpful and can't do enough for you."

Staff we spoke with praised the registered manager's leadership and open and approachable management style. One staff member told us, "I can go and talk to [registered manager] about anything, she's brilliant."

Another staff member told us, "[Registered manager] is one of the loveliest people you could work for." All members of staff we spoke with told us they enjoyed working for the service. One member of staff told us, "I love working for [registered manager], I love the company and I love the clients." Another member of staff told us, I love the job, the variety of service users and I like having a chat with them." The registered manager met with staff on a weekly basis and records showed other team meetings were held. This helped to ensure staff who worked across different geographical areas had the chance to meet and share their experiences. The service was led with an open and approachable management style and staff were motivated to care for people in their work.

People we spoke with told us they were satisfied with the service they received. One person told us, "I am very satisfied with them." The service also collected people's views on the service at each meeting to review their care and support, and also asked people their views each year through a survey type questionnaire. We read the responses to the last survey questionnaire and found these were all positive. Some people's comments had included; "[Staff] are prompt and do a very good job;" "Tip top, cannot fault in any way, a big help to me;" and, "All the staff are extremely friendly, helpful, caring and very patient." A newsletter was also sent out to people and we saw that this included contributions from a person using the service. People had also been invited, and helped to attend a local charity event organised by staff. People's views were gathered and people were involved in the way the service operated.

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 The provider did not demonstrate to us that all aspects of the service were checked to ensure the quality and safety of services provided. Systems and processes were not effective at ensuring skills and knowledge were kept up to date and that notifications were sent to CQC when required. 17 (1) (2) (a) and (b).