

Mrs Beverley Jane Tydeman

# Tydemans Homecare

## Inspection report

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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?	Good ●

# Summary of findings

## Overall summary

Tydeman's Homecare is a domiciliary care agency that provides personal care to people living in their own flats and houses. Not everyone using Tydeman's Homecare receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post who was also the registered 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 said they felt safe. Comments included "I feel safe because I know someone is coming every morning." Risks to people were assessed and care plans guided staff how to reduce the risks of harm to people whilst maximising their independence. Medicines were managed safely. Safe recruitment practices were followed.

People's needs were assessed and regularly reviewed. Staff were trained to undertake their roles. Staff said they felt well supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives gave consistently positive feedback about staff. They said "I couldn't ask for better staff; they are friendly, polite, professional, and nothing is too much trouble."

Care plans were person centred. People were involved in regular care plan reviews. The service was responsive to people's needs. One person said, "Sometimes [relative] goes to another family member's

house to stay to give me a break. Tydeman's transfers the care to that house so [relative] gets exactly the same help. It is brilliant. It makes such a difference to get that support so [relative] is happy and well cared for, and I get a break safe in the knowledge that [relative] is looked after there."

There was a positive culture that was embedded within the day to day running of the service. Staff spoke highly of the support they received from the registered manager and the deputy. There were robust quality assurance systems in place. The service had good links with the local community. People said the office was easily accessible because of its location. Comments included "It is lovely because it's local and I can drop in the office. [Staff members] are always friendly and helpful."

Further information is in the detailed findings below

## 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 remains Safe.

### Is the service effective?

Good ●

The service remains Effective.

### Is the service caring?

Good ●

The service remains Caring.

### Is the service responsive?

Good ●

The service remains Responsive.

### Is the service well-led?

Good ●

The service remains Well-led.

# Tydemans Homecare

## **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 was a comprehensive inspection. The inspection took place on 3 May and was announced. 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 inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the 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.

During the inspection we spoke with two people using the service, six relatives of people, three members of staff and the registered manager. We reviewed three people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.



## Our findings

People and their relatives said they felt safe. Comments included "Yes, I know [relative] is safe because staff know what they are doing and by the time I get here, she is up, dressed, had breakfast and is happy" and "I feel safe because I know someone is coming every morning." One relative said, "Yes, definitely [relative] is much safer now that Tydeman's are going in three times a day as well as family visits."

Staff were trained to protect people from harm. They demonstrated their knowledge through scenario based questions. One said "If I notice something like bruising, I would report it straight away."

Care plans contained risk assessments for keeping people safe whilst also maximising their independence. These included assessing people for the risk of falls, mobility and pressure sores. Details of mobility aids were documented. Equipment in use to support people was detailed. For example, in one plan it was documented 'assist to shower, ensuring non-slip mat in place and that she uses grab rail and shower stool.' When people had Lifelines, an emergency call bell system, staff were instructed to ensure people had these with them before leaving people alone. Environmental risk assessments were comprehensive and included areas such as security, electrical appliances and gas equipment. Staff were provided with personal alarms and circuit breakers to maintain their safety too.

The provider had procedures in place to ensure that only suitable staff were recruited. These included inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There was enough staff on duty to meet people's needs. There was minimum 30 minute visit duration. Staff said this meant they had time to do everything they needed to and still have time to talk with people. They said visit times were analysed to ensure the time allocated was sufficient. One member of staff said, "We can increase visit times if needed. Or sometimes people might need less." One relative said, "My relative started having two visits, then they needed more support so we increased it to three visits."

People told us visits were almost always on time (or within an agreed time slot e.g. mid-morning). People said the staff didn't rush them. Comments included "I never feel like the staff are in a rush to go" and "I never feel like they are clock-watching." One person said "They are never in a rush to leave and [name of carer]"

always checks I have everything I need like a drink, before she goes." One member of staff said "I don't feel under pressure between visits. If I'm delayed because of traffic I can ring the office and they will let people know I'm running a bit late."

Medicines were managed safely. At our previous inspection we made a recommendation that the medicines policy was updated to reflect that staff often administered people's medicines rather than prompting or assisting them. At this inspection we saw the policy had been updated. Documentation in relation to medicines administration, including eye drops, topical creams and lotions had also been reviewed. All of the records of administration we looked at had been signed in full by staff. This indicated that people had their medicines administered and creams applied as prescribed. Staff were trained in the safe administration of medicines. They explained how the team checked and verified the contents of newly dispensed dosette boxes. The registered manager said when discrepancies were noted these were addressed with the pharmacy. This meant the service ensured people received their medicines as prescribed.

Staff were trained to protect people from the risk of cross infection. They were provided with personal protective equipment (PPE) such as gloves and aprons. Staff confirmed they knew when and why this needed to be worn. Regular 'spot checks' were undertaken when the registered manager and deputy observed staff on visits to monitor that PPE was used correctly.

Incidents and accidents were identified and investigated. However, these were not always reported via the incident reporting process. For example, an issue with one person's medicines had been documented in the daily records, reported to the pharmacy and resolved through action taken by the agencies staff. However, the issue had not been formally reported internally as an incident. We discussed this with the registered manager during the inspection. They said they would rectify this with immediate effect.



## Our findings

People's needs and choices were assessed and regularly reviewed. The registered manager told us, "We do a pre-assessment, then a few weeks after being on the service we do a review of care. We do this to check everything is working and that we're meeting people's needs." Care plans showed that when people's needs changed the support plans reflected this. Feedback from relatives confirmed that the support provided to people reflected their needs and wishes.

Staff were trained to carry out their roles. There was a training matrix in place which showed that staff were up to date with their training; this was reviewed on a quarterly basis. The registered manager said that when additional training needs were identified, following observation, supervision or appraisal, this was provided. We looked at a supervision record and an observation record for one staff member where the need for refresher training had been highlighted. We discussed this with the registered manager during our inspection and they confirmed this had been arranged. Staff comments included, "I've had lots of training and if we want more we just ask" and "I'm just doing my NVQ level 3 training." People and their relatives gave examples of good practice where staff had demonstrated their skills and experience. One relative told us, "[Relative] was suffering very sore and painful eyes. The member of staff recommended some eye wipes which I was then able to get on prescription from our GP which have helped no end and made [relative's] eyes so much better and pain free."

Staff had regular supervision sessions with their line manager. This meant there was an opportunity for staff to discuss their performance, their training needs and access support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. One member of staff told us, "We have supervisions, appraisals and spot checks. And we all meet every Friday. There's lots of support." Another member of staff told us, "We [care staff] are told never to feel like we're on our own. I always feel I've got back up if I need it."

When staff were required to prepare meals for people, the care plans detailed people's choices in relation to what they liked to eat and drink and which room people preferred to eat in. One person said "[Staff] make my breakfast exactly the way I like it, it's lovely." One relative said "They'll make my aunt whatever she likes" and "They know she likes a piece of fruit by the bed at night." People and their relatives reported that staff encouraged them to drink plenty and prompted fluid intake even if the purpose of the visit was just for personal care. People shared positive comments such as, "They come to get me up in the mornings, washing and dressing, and they always make sure I have a cup of tea and a jug of juice before they go", "[Staff] always makes sure I have plenty to drink" and "They always put the kettle on and make me a cup of



tea straight away but never stop for one themselves."

Staff understood the importance of gaining people's consent before supporting them. One member of staff said, "I support people to make their own choices about all of the care I give. So even if someone always has porridge for breakfast, I'd still ask them if they wanted it or something else." Another staff member said "When giving personal care, I always ask if they're happy for me to help them."

Staff liaised with other health professionals when required, such as the district nurse team. If people needed them to, they supported people to attend appointments. The registered manager told us that a member of staff had taken one person to an appointment at the local surgery recently.



## Our findings

Comments from people and their relatives about the staff were overwhelmingly positive. Comments included "The staff are lovely, all of them [name] especially" and "The staff are fabulous." One person said "I couldn't ask for better staff; they are friendly, polite, professional, and nothing is too much trouble." One relative said "She [relative] knows all the staff and is very happy with them. They're her life line; she looks forward to their visits."

There was a 'Customer Charter' in place which was provided to all people using the service. This explained what they could expect from the service. Staff said they knew to treat people with respect. One said "I always ask people first, and even though it's personal care, it's still important to give people privacy. If I was washing someone and they wanted the toilet, I'd leave them to it and step outside until they needed me again." People said staff treated them with respect and maintained their dignity. One person said "When the staff help with with a bath and dressing, they always make sure I am covered up to keep my dignity, and straighten my skirt up and nice things like that." A relative said "When they [staff] are helping [relative] bathe, they are really sensitive, gentle and keep her covered up. It's really dignified."

Relatives spoke of the kindness shown by staff. They said "[relative] has a perching stool and they do little things like cover the seat with a towel so it's softer and nicer for her" and "The staff do small things like do [relative's] hair. Small touches like that are important to people." Other comments included "It's a hard job but the staff come every day and seem like they are happy to be there, like it's not just a job to them, it's lovely to see" and "The staff are respectful to [relative] and to us as a family, which is really important when people are coming into your home."

Staff spoke passionately about their roles and the impact they made on people's lives. One said "I care for people who want to stay in their own home where it's all familiar. I think people enjoy us popping in and out. For some of them, we might be the only people they get to speak to."

The registered manager and the deputy manager both spoke of their aim to provide a high standard of care. The deputy manager explained the 'spot checks' they carried out. They said "The carers don't know I'm going, but the customer does. I get there first, so that I can hear them enter the house, hear how they interact with people. I do a lot of work with the staff to make sure they work to and meet our standards."

Feedback from people and relatives about the standard of care was also consistently positive. Comments included "They are faultless, absolutely faultless" and "There is complete trust between my relative and the

staff. If she's sad, they'll put an arm round her. They've got to know her really well."

One relative gave an example of staff going the "extra mile." They said "I am my [relative's] only carer and I never go out socialising because I worry too much. I actually went out once at Christmas and [relative] had a bit of a funny turn. [Manager] told me to go out and enjoy myself while they stayed with [relative] and phoned me to reassure me. That meant a lot because I got a couple of hours to myself for once. It's so hard but they are life-savers, I couldn't cope without them."



## Our findings

The registered manager said people's needs were assessed prior to receiving care at home. This assessment formed the basis of the care plan. All of the care plans we looked at were detailed and person centred. They included information about people's choices and preferences for how they wanted to be supported. This covered all aspects of care being provided, such as whether men preferred a wet or dry shave, and what time people liked to be helped into bed. The registered manager was keen to ensure person centred planning was at the core of the service. Staff said their aim was to support people to be as independent as possible. One said "We help out if people need it, but we try to maintain people's independence for as long as possible so that they can stay at home."

The registered manager or the deputy manager always attended the first visit. They said this was to ensure the package of care met the person's needs. Care staff told us they never went to people's homes alone without having been introduced to them first. They said "The deputy will take us in one by one so that we can meet people. Or I might shadow someone else so that I can meet a new customer. It's better for people that way and better for us too." Staff we spoke with demonstrated they knew the people they were supporting well and understood their needs.

Regular care plan reviews were carried out. Records showed that people and their relatives took part in these. People's independence was always promoted. For example, in one review it had been documented that the person could now be left alone to undertake one aspect of their personal care. One member of staff said "We give 100% in order to meet people's individual needs. If people's needs change we react very quickly."

One relative reported that the team were particularly flexible in how care and support was provided. They said "Sometimes [relative] goes to another family member's house to stay to give me a break. Tydeman's transfers the care to that house so [relative] gets exactly the same help. It is brilliant. It makes such a difference to get that support so [relative] is happy and well cared for, and I get a break safe in the knowledge that [relative] is looked after there."

There was a complaints procedure in place and a copy was provided for people at home. No complaints had been received. None of the people and relatives we spoke with had ever had the need to raise a complaint but everyone felt confident that they could, and that if they did, they would be listened to. Additionally, they all reported that visits were on time and that staff stayed for the required times. Nobody said a visit had ever been missed.

'Customer surveys' were carried out twice yearly. These could be completed anonymously if people preferred. Feedback from these was consistently positive. The registered manager said results of feedback was communicated verbally to the staff team.

The service had received many compliments, such as "Thank you lovely ladies for being so good and coming to look after [person's name] through the cold weather", "Your staff are so happy and so kind" and "I could not have managed without you all. I much appreciated your kindness." One relative we spoke with said "I would thoroughly recommend them; I've only ever had 100% professionalism from them."



## Our findings

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

There were quality assurance processes in place, many of which had been improved upon since our last inspection. For example, medicine audits were undertaken weekly and regular announced and unannounced observations of staff took place to monitor the quality of care. The service used an electronic system to monitor when staff started and finished visits. The deputy manager said the information was downloaded weekly to assess whether visit timings were still meeting people's needs. There were policies and procedures in place for staff to follow and these were regularly reviewed.

Feedback was sought from people using the service and their families. These surveys were carried out twice a year and the results analysed on an ongoing basis. We looked at the cumulative survey results for the past 12 months and saw that feedback was consistently positive.

There was a positive culture amongst all members of the care team and the management team. The registered manager said, "We've got high standards, which include all aspects of the service, even down to staff uniforms. Our staff are always smart and courteous" and "I truly believe we look after people just like they were our parents. In fact the staff have looked after my parents when they needed support at home."

Feedback from people and their relatives about the management of the service was overwhelmingly positive. Comments included "Yes it is well managed, staff are well trained, friendly and turn up on time and everyone in the office is brilliant to deal with, very professional and helpful" and "I worked in the care industry so I know what good care and good management looks like. They are well managed, professional, friendly and brilliant to deal with. I can't fault them."

All of the staff we spoke with said they felt supported by the registered manager. They said "She [the manager] is so experienced and very supportive of me. I can tell her anything" and "The manager is just great. She listens and any problem, she sorts it out straight away." One staff member said "I think it's because we're a small company, but I feel supported and valued. I think I'd feel different working for a big company."

The service had good links with the local community. The office was based in the town centre and feedback from relatives was that this local presence was reassuring for them. They said "It is really handy because it's on the high street so when I am in town I can always drop in. I am always made welcome" and "It's lovely because they are locally based, meeting the needs of local people." The registered manager said "We're local, accessible and people know us. We're visible so people trust us." One relative said "Even before [relative] received care from Tydeman's, I dropped in a few times and asked for advice. They couldn't have been more helpful. I really appreciated that, and it wasn't a hard sell to use their services, they just freely gave their advice. I am so grateful."

The registered manager said, "We tell our customers about things going on locally, like tea parties, church open doors and Age Concern mornings. People do go these events which they might not have known about otherwise."

There were systems in place to ensure staff were supported seven days a week. There was an on-call folder with details of all people using the service and their needs. The registered manager said all visits planned took place and no visits were ever missed. People and their relatives confirmed this.