Tonna Care Services Limited

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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

This inspection took place on the 21 June 2017 and was announced.

Tonna Care Services Limited is a domiciliary care agency predominantly providing a supported living service to people. A range of support is provided to people living in their own homes, some of whom share accommodation with others. The service supports mainly people with a learning disability and associated needs. At the time of the inspection the service was providing personal care to approximately 74 people.

There was a registered manager for the service. 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 and their relatives told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were robust, medicines were managed safely and there were sufficient staff to provide safe, effective care.

There were procedures in place to manage risks to people and staff. Staff were made aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

New staff received an induction and spent time working with experienced members of staff prior to working alone with people. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People and their relatives said they felt listened to and the majority were happy with the service provided. They told us that staff treated them with kindness and respected and involved them in decisions about their care.

People's needs were reviewed and updated regularly. Individual care plans were in place which provided information about people's care needs and they were specifically designed to promote person-centred care. Up to date information was communicated to staff to ensure they provided appropriate care. People were supported to contact healthcare professionals in a timely manner if there were concerns about their wellbeing.

People and their relatives told us they had been asked for their views on the service and were able to raise concerns and complaints if they needed to. They felt confident that staff and members of the management team would take action if necessary.

The provider had an effective system to regularly assess and monitor the quality of service that people

received. There were various formal methods used for assessing and improving the quality of care. Feedback was sought from people, their relatives and health and social care professionals and care records were audited. Complaints were addressed and action was taken according to the provider's policy.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported and encouraged to make as many decisions for themselves whenever they were able. Access to community facilities and spontaneous outings were possible due to the nature and size of the supported living service.

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 is safe.

Staff knew how to protect people from abuse.

People and their relatives felt that they were safely supported.

There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service is effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People had their needs met and were supported by staff who had received relevant training.

Staff sought advice with regard to people's health in a timely way.

Is the service caring?

Good

The service is caring.

People were treated with kindness and respect.

Their privacy and dignity was protected. People were encouraged and supported to maintain independence.

People were involved in and supported to make decisions about their care.

Is the service responsive?

Good

The service is responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns or provide feedback.

Is the service well-led?

Good

The service is well-led.

There was an open culture in the service. People and staff found the management staff approachable and very supportive.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored and action was taken when issues were identified.

Tonna Care Services Limited

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 21June 2017 by one inspector and was announced. The provider was given a short notice period because the location provides a domiciliary/supported living care service and we needed to be sure that the registered manager and senior staff would be available in the office to assist with the inspection.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service. The service had sent us notifications and information as required. A notification is information about important events which the service is required to tell us about by law.

During our visit we spoke with one person who used the service and one care support worker. We met with the registered manager, the two directors, a co-ordinator and the administrator. As part of the inspection we contacted a range of health and social care professionals, care staff who worked at the service together with people and their relatives. As a result we received information from one commissioning officer, a staff member and a person who uses the service who was supported by a support worker. In addition, we spoke on the telephone with six relatives and received email information from another.

We looked at three people's records and documentation that were used by staff to monitor their care. In addition we looked at four staff recruitment and training files, duty rosters, minutes of staff team meetings, complaints and records used to measure the quality of the services.

Good

Is the service safe?

Our findings

People who used the service and their relatives said they felt safe with the staff who supported them. They told us they had no cause for concern about their safety or in the way they were treated by staff. One person said, "I have no complaints about the staff, they are all very nice". A relative told us, "I have been using Tonna Care for many years. I am happy with their service". One commissioner answered 'yes' to the question, "Do you think people are safe and being treated with respect by the staff/service." One relative did feel that she was not provided with sufficient support and that some staff were not as creative as they could be with regards to the activities undertaken.

During our inspection we found there were sufficient staff available to keep people safe. There was a core of established staff employed by the provider who were supported by the management and office based staff. The service recruited to specific packages of care and although staff turnover was relatively low there were constant recruitment processes in place. Staff told us that there were enough staff to meet the needs of people and this would be reviewed if someone was particularly unwell and required additional support.

Care packages were implemented according to people's individual needs and as commissioned by the local authority and/or by the direct payments paid to individuals. There were risk assessments individual to each person that promoted their safety and respected the choices they had made. These included risks such as those associated with attending activities and their nutritional needs. People's homes were assessed for any environmental risks and according to the service's health and safety policy and procedure. Staff told us they reported anything they thought had changed and/or would present a risk for the person to senior staff. Incident and accident records were completed and actions taken to reduce risks were recorded.

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. One member of staff told us, "I would not hesitate to report issues to my manager and feel she has always responded with good advice and taking appropriate action".

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks for adults and where appropriate for children. This was to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults or children. Application forms were fully completed and notes from interviews were kept and formed the basis for future supervision and training needs. References from previous employers had been requested and gaps in employment history were explained. An agency on behalf of the local authority had undertaken an audit of 13 randomly chosen staff files on 1st June 2017. The audit was designed to assess whether all the required checks and documentation was in place. Of the 13 files there was one late response to a reference request which resulted in a 98% score by the agency. It was planned that these audits would take place every three months.

People's medicines were handled safely. Medicines were stored in people's homes appropriately. People

were given their medicines by staff who had received training in the safe management of medicines. Only those staff assessed as competent to do so were allowed to administer medicines. Staff confirmed they had received training and that their competence had been checked by a senior staff member observing them administering medicines. Staff training records confirmed that all staff had received training before handling medicines.

Good

Is the service effective?

Our findings

People told us that they thought staff were well-trained and effective. Comments from relatives included, "They are excellent and from what I see they are trained properly" and "My son has had same support worker for a few years and a regular support worker who covers when necessary."

Staff including office based staff told us that they felt they had received a good induction that gave them the confidence and skill they needed to work with people independently. The induction included a combination of on line e-learning and face to face training. Face to face training was considered to be the most effective for staff but not the most economical or accessible. All new staff shadowed more experienced staff before being assessed as competent to support people on their own.

Mandatory health and safety training had been completed by staff. In addition, all staff received training in a range of core topics including first aid, fire awareness and respect and dignity. We were provided with a copy of the training matrix for the service. The registered manager stated current training was provided in line with the new care certificate. The Care Certificate was introduced in April 2015. It is a set of 15 standards that new health and social care workers need to complete during their induction period.

Staff were given the opportunity to study for formal qualifications such as Qualification and Credit Framework (QCF) to a minimum of level 2 in health and social care. These are nationally recognised qualifications which demonstrate staffs competence in health and social care. Additional training was provided in relation to any procedures or practices which were delivered to meet individual's particular needs such as challenging behaviour, catheter care and dementia. Staff described the training as of a good standard which was well organised and they were always supported to attend.

Staff attended regular six monthly staff meetings for which they were paid. They received quarterly one to one supervision meetings with their line manager that were structured around their development needs. New staff had supervision more frequently over their induction period and observation of staff practice took place regularly by senior staff. One relative told us that they had never experienced the support staff being observed by more senior staff. This was fed back to the provider who undertook to check the observation charts to ensure that all care staff had their practice observed periodically. All staff were booked to have an individual appraisal during the course of 2017.

Staff had completed training on the Mental Capacity Act (2005) (MCA). 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. They were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. We were told and saw that mental capacity assessments and best interests meetings had been held where appropriate. People had been asked if they gave their consent for care and support to be provided in line with their care plans. Whenever possible,

people had signed their care plan to indicate their consent.

Staff were deployed by the use of a weekly rota which was sufficiently flexible to accommodate people's changing needs and requirements. The majority of staff had regular work patterns which provided continuity for people. Some people with intensive packages of care would have a team of support workers who they would get to know well over time. Annual leave and absences were covered by staff who were familiar to people wherever possible.

People were supported with their meals when identified as part of their assessed needs. Staff completed records of food and drink taken by people assessed at risk of poor nutrition. They would alert the management team if they had further concerns that needed to be reported to external professionals such as a GP and/or dietician.

People were supported by the service to attend appropriate health care appointments. One person receiving a service told us, "They are great. I get support to attend hospital appointments whenever I need it." When staff identified concerns about a person's health they supported people to contact their GP or other health professionals. Staff ensured actions taken were communicated to each other through handover meetings or records so that all staff were fully updated on a person's changing needs. People's medical history and health care needs were detailed within their care plan. Staff worked closely with health professionals such as psychologists and speech and language therapists. Where appropriate, individuals had health passports in place which assisted with medical appointments and health action plans when their health needs were complex.

Each person had an easy read support agreement which detailed the support that they could expect to receive. One staff member told us, "The service does work in their best interest, they have activities that are of interest to them as individuals and visit places they enjoy going to, things they did not do before". We observed positive interaction between a support worker and a person being supported. The person being supported was clearly at ease in the support workers presence and looked to them for guidance and reassurance.

Good

Is the service caring?

Our findings

People and/or their relatives told us that staff were kind and helpful. One person said: "They are really nice and supportive." A relative said, "My son truly enjoys the time he spends with his support worker. He has difficulty with new people and Tonna Care are sensitive to this and supportive". Comments from other relatives included: "They understand 'family member's name' and their needs very well".

People were given choices and supported to make as many decisions as they were able to and were comfortable with. These included choosing meals, activities and where they wanted to spend their time and with whom. Staff described what they were doing and why and people were asked for their permission before care staff undertook any care or other activities. Staff promoted and encouraged people to maintain their independence and control in as many areas of their life as possible. Care plans described how staff should encourage and support people to do as much for themselves as they could.

People had been involved in planning their care and in making decisions about how their care was delivered. Relatives told us they had been consulted if needs changed and were informed and encouraged to be involved with an individuals care and support as appropriate and with the persons permission. One relative told us that, "My son has had same support worker for a few years and a regular support worker who covers when necessary." Staff told us that changes for people were communicated very well between the team members. Overall communication between staff, managers and between shifts was described as very good. Staff described how they provided support to people in a caring way which was personal to them. Staff told us that they thought the standard of care provided was, "Excellent" and "Very good".

The service was committed to identifying, respecting and supporting peoples diversity. Care plans included any religious, cultural or lifestyle choices. They noted any support or help people might need to meet their diverse needs. These included physical needs, religion and ethnicity. For example care plans noted if people celebrated particular religious festivals or lifestyle celebrations, if they liked to give gifts and who to. They were then supported to celebrate these occasions as they chose. People were accompanied and/or transported to their chosen places of worship and staff were knowledgeable about their beliefs which were respected.

We observed staff communicating with people in a respectful manner. It was apparent that staff knew people and their needs extremely well. People were shown respect and their privacy and dignity was protected. Staff told us that they had received training in dignity and respect and this was confirmed in records we reviewed. People and/or their relatives told us that staff made sure their privacy was maintained when they were assisted with personal care.

Good

Is the service responsive?

Our findings

People's care and support needs were reviewed at least annually or as any changing needs were identified by the provider and/or health and social care professional involved in their care. Their families told us they were invited to care plan reviews.
People's initial assessment was completed with them and /or their families and other professionals as appropriate. Care plans were developed together with individuals and their involvement in the process was clearly recorded. The service worked with people and other professionals, as necessary, to plan and deliver care according to people's individual needs, preferences and wishes.

People who were able told us that they felt staff listened to them and supported them in the way they wanted. We were told by the registered manager that a review of all care and support plans had been undertaken when she took up the post. The highly personalised care and support plans we reviewed contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. Each plan had a document at the front which provided a pen picture of the person that included their likes and dislikes and any particular communication methods they used. Staff told us that they felt there was enough detailed information within people's written plans to support them in the way they chose.

Appropriate staff were trained in assessing needs and some staff were involved in updating support plans to ensure they were thinking in a person centred manner. They were described as personalised with people's likes, wants and desires being central to the aims of the plans. We were told and saw samples of people's review documentation which took account of people's wishes. We noted that local authority representatives were rarely in attendance at reviews. However, the service kept relevant personnel up to date with progress and ensured that significant changes were communicated without delay.

A range of activities was available to people using the service and each person, where relevant, had an individualised activity timetable. People were supported to engage in activities outside their home to help ensure they were part of the community. Members of the management team told us activities were an essential part of people's support and helped to stimulate individuals and avoid them becoming bored. Staff told us that the supported living arrangements provided for greater spontaneity and flexibility in accessing the community and meeting people's preferences. We were provided with some examples of where staff had suggested spontaneous trips such as visiting the pub or family members. The more independent individuals undertook activities appropriate to their level of independence. People were able to pursue a wide range of leisure interests including shopping, cycling, attending musicals, walking and in one example supporting a national football team. People were supported to stay in touch with families and some people visited their family on a regular basis.

The service encouraged and/or supported people to put forward their views of the care they received. This included using the complaints procedure. People knew how to make complaints if necessary. People said they knew who to tell if they were not happy or were worried in anyway. The service had a robust complaints policy and procedure which they followed when they received a complaint. The complaints procedure had

been produced in an accessible version which included photographs pictures and simple English. The service had received one complaint and five compliments since August 2016. Complaints were recorded in detail and where appropriate action had been taken to resolve any issues. Families of people told us they were confident that the staff and the provider would listen to them and act on any concerns they had. Comments included, "I would call the office if I needed to speak with someone about an issue." "I have raised a few minor things and they have been dealt with quickly and efficiently."

A recent quality assurance exercise had resulted in 34 written responses from staff which were all positive. There had been six responses from other professionals which had all been positive and 25 responses from people using the services of which 23 were positive. In addition, 13 responses had been received from family members with only one where a negative comment was made. The management understood the reason for the negative comment and was working with those involved in the situation.

The office based staff told us that any comments or concerns raised by any individuals whether people themselves or their relatives were addressed without delay. This prevented issues becoming complaints. Staff knew people sufficiently well that they could tell from body language, expressions and behaviours when people were unhappy or unwell. Positive feedback from relatives and health and social care professionals was captured and recorded from reviews, visits or surveys and used to provide a continuing programme of improvement.

Good

Is the service well-led?

Our findings

There was an open and positive culture which focussed on individual people and their needs, interests and preferences. Staff praised the provider and the leadership team for their approach and consistent, effective support. Staff we had contact with told us that they felt valued working in the service, and felt motivated to maintain high standards of care. The registered manager and supporting staff were open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service.

People and their relatives told us that the registered manager, management team and staff were caring and dedicated to meeting their needs. They were invited to share their views about the services through quality assurance processes. These included care reviews, visits by senior staff in order to speak with people and the staff that support them and questionnaires. They told us that they would not hesitate to approach them if they had something to say as they felt they would be taken seriously. They also confirmed that they had been asked their opinion periodically about the services and had felt listened to. We were told by relatives, "We have absolutely no complaints. The service is very good." "We are usually kept informed of changes but sometimes staff do call in sick and we understand that."

Staff told us they were never left in doubt about the values of the provider or the values they were expected to display in their day-to-day work. Feedback we received indicated that staff morale and satisfaction was good. One staff member told us, "We are out all the time to activities, shopping, cinema, swimming, and day trips. We can be very spontaneous".

Quality assurance processes had been subject to review across the service. Quality and compliance spot checks were undertaken on the service by the registered manager and a senior support worker. Areas checked included support plans, accidents and incidents, medication arrangements and financial audits.

Various staff and team meetings were held regularly. Meetings covered information giving, learning from incidents and the discussion of developments and changes. Policies and procedures, values and expectations of the organisation and general topics were discussed at meetings as well as individual development and practice issues. Staff were provided with regular updates to keep them up-to date and informed about what was happening in the service.

There was an emphasis on partnership working and it was recognised that this was an essential part of working in the best interests of people and meeting their changing needs. There was regular contact with families and funding authorities who were encouraged and supported to be involved in the care and support of each individual.

All confidential records were kept locked in filing cabinets within the office. Records within people's homes were kept as securely as possible. The records we reviewed were accurate and up to date. We noted that the regulated activities and service user bands for the service were not up to date and did not accurately reflect the services provided. The provider confirmed that this was the advice provided at the time of registration

but he undertook to update these as a matter of urgency.