

Miss Claire Louise Webber

Tendring Care

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

About the service:

Tendring Care is a domiciliary care service that provides support and personal care to older people in their own homes within the Clacton area. At the time of our inspection the service was supporting 24 people with personal care.

People's experience of using this service:

At our last inspection in December 2017, the service was rated requires improvement overall. The key questions for safe, effective, caring, responsive and well led were rated requires improvement. There were breaches of Regulation 9: Person centred care, Regulation 10: Dignity and respect, Regulation 12: Safe care and treatment, Regulation 17: Good Governance and Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found improvements had been made.

The registered manager had implemented new systems to record any checks that had been completed on people's care records, daily logs and medication administration records. They had also completed regular observations on staff competency to deliver effective person-centred care. Some staff observations had not been recorded, however staff confirmed that these were carried out on a regular basis. We made a recommendation in relation to this.

People told us they felt they received care in a safe way. Individual risks to people and the environment had been identified and assessed and measures put in place to manage them and minimise the risk of harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm.

Medicines were managed safely by trained staff who ensured that people received medicines at the right time.

Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's individual needs.

Staff had received a range of training and support to enable them to carry out their role safely. People told us they received the right care and support from staff who were well trained and competent at what they did.

Staff were motivated to deliver care in a person-centred way based on people's preferences and likes. Staff treated people with kindness, compassion and respect and ensured that people's dignity was maintained at all times.

People spoke positively about the care and support they received. People told us they received support from regular staff who knew them well. They told us staff always arrived on time and stayed the right amount of time.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People received support to maintain good nutrition and hydration and their healthcare needs were understood and met.

Records relating to consent for care were accurately completed and people told us they were always offered choice and control over the care they received. Care was delivered in a personalised way which was in line with information recorded in people's care plans.

People and family members knew how to make a complaint and they were confident about raising concerns should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted person centred care and a positive culture within the staff team. People, family members and staff all described the registered manager as supportive and approachable.

The registered manager showed they were working hard to improve on the service and displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed.

Rating at last inspection:

Requires improvement (Report published 21 February 2018)

Why we inspected:

This was a planned comprehensive inspection based on the rating from the previous inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 improved to good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service improved to good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service improved to good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service improved to good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service improved to good.

Details are in our Well Led findings below.

Good ●

Tendring Care

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: This inspection was conducted by one inspector.

Service and service type

Tendring Care is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service predominantly to older adults in Clacton on Sea and the surrounding areas. At the time of our inspection the service was supporting 24 people and employed 14 members of staff.

The service had a manager registered with the Care Quality Commission. The registered manager was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone was available at the office. Inspection site activity took place on 26 February 2019 and telephone calls to people using the service, staff and relatives were made on additional days. We visited the office site location to see the registered manager and office staff and to review care records and policies and procedures.

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give

some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people and two relatives of people who use the service to ask about their experience of the care provided. We spoke to five members of staff including the registered manager who is also the provider, and administrator and care staff.

We reviewed a range of records. These included four people's care and medication records. We also looked at five staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

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

At our last inspection in December 2017 the key question for safe was rated requires improvement. There was a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and people were receiving a safe service

Systems and processes to safeguard people from the risk of abuse

- People were protected because the provider ensured all staff knew how to recognise and report abuse. Staff told us they would not hesitate to report their concerns to a member of the management team. All were confident action would be taken to keep people safe.
- The provider worked with other relevant authorities, such as the local authority, to make sure people were protected from abuse and avoidable harm.
- People felt safe with the staff who supported them. One person told us, "I feel very safe with this company, all the staff I have visit are very kind and caring."

Assessing risk, safety monitoring and management

- Control measures were put in place to minimise identified risks to people. For example, people receiving medication had a risk assessment regarding prescribed medicines and there was clear guidance to show staff how the risks would be minimised.
- Staff were able to explain to us how they minimised risks to people's health and well-being. For example, regularly changing the position of people if they were immobile to avoid pressure damage affecting their skin.
- People could take part in activities of their choosing, maintain their independence and receive care and support safely because risk assessments were carried out.

Staffing and recruitment

During the previous inspection we identified that staff were not always recruited fully in line with the service policy and records highlighted gaps in the process. We made a recommendation with regard to the provider seeking additional support and guidance with recruitment procedures.

At this inspection we found

- The provider operated a robust recruitment process which helped to minimise risks to people. All staff were checked before they began work for the service to make sure they had the appropriate skills and character to work with vulnerable people. Staff told us they had not been able to start work until all checks had been carried out.

- There were sufficient staff to meet people's needs. Staff told us they worked flexibly to make sure all contracted hours were covered and they were able to respond to changes, such as supporting people to attend appointments. One person told us, "The carers arrive within their time frame, however if they are running late, they phone to notify me."
- The service used an electronic system where staff recorded when they entered and left a person's home. This information was relayed via computer to the main office to enable the office staff to track staff movements and ensure people received their allocated hours.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People who required help to take medicines received support from staff who had received specific training.
- Staff kept records of when medicines were received and when administered or refused. This helped them to monitor the effectiveness of prescribed medicines.
- People were happy with how their medicines were managed.

Preventing and controlling infection

- People were protected from the risk of infection because staff had received training about infection control and followed safe practices.
- Staff had access to personal protective equipment, such as disposable gloves and aprons.

Learning lessons when things go wrong

- The provider used management meetings to discuss issues of concern and ensured any changes as a result of learning from incidents was shared with the staff team.
- The provider listened to feedback and monitored incidents and accidents to make sure people received safe care. For example; Where there had been minor errors made with medicines, monitoring measures been put in place to reduce any re-occurrence

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in December 2017 the key question for effective was rated requires improvement. There was a breach of Regulation 18: Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and people were receiving an effective service.

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

- People's needs were fully assessed before they began to use the service. This helped to make sure the service had the staff available to provide personalised care in accordance with needs and wishes.
- People's care and support plans clearly set out their needs and preferences for how they wished to be supported.
- People received care and support in accordance with their assessed needs because staff understood the importance of care plans and made sure they were kept up to date.

Staff support: induction, training, skills and experience.

- People were supported by staff who had the skills and knowledge to effectively and safely support them.
- New staff completed an induction programme when they began work and had some opportunities to shadow more experienced staff.
- Staff felt well supported by the provider. Staff said the management team were approachable and they were always able to contact someone if they required advice or support. One member of said, "the office is always contactable, the manager is really helpful."
- People's specific needs were met because staff received training to meet individual needs. For example, one person needed to use a hoist to help them to move and staff had received specific training in how to safely operate this equipment.

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

- Staff helped some people to prepare and cook meals. One person said staff cooked meals and told us; "They cook it just how I like it."
- Staff worked with other health professionals to make sure people received food and drink according to their needs. For example staff were vigilant about monitoring people's intake and told us they would if necessary make appropriate referrals to people such as dieticians or the GP should they be required if they felt people were at risk of malnutrition or were not eating properly.

Supporting people to live healthier lives, access healthcare services and support.

- Care plans showed staff monitored people's health and supported them to attend medical appointments. One person said, "They help me with appointments sometimes."

Staff working with other agencies to provide consistent, effective, timely care.

- The provider worked with other professionals to make sure people received effective care and support.
- The staff worked with other healthcare professionals to make sure people's health needs were met and they had the equipment they required to promote their safety and independence. For example one person had regular input from the district nurses.
- The provider told us they had good relationships with local professionals and they worked in partnership to assess people's needs and arrange independent personalised care packages of that promoted people's well-being and independence.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- 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 supported this practice.
- Related assessments and decisions had been properly taken.
- The majority of people were able to make decisions for themselves and staff respected people's choices.
- Staff worked in a way that respected people's individuality and were non-judgemental when people made choices which other people might consider unwise. One person said, "I do what I want to do, but they [staff] will ask before they help me with anything."
- Staff helped people to make choices by a variety of methods. Care plans clearly set out how staff should support people to make choices. This included using pictures, ensuring people's hearing aids were in and observing facial expressions and body language.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure decisions made were in the person's best interests.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in December 2017 the key question for caring was rated requires improvement. There was a breach of Regulation 10: Dignity and Respect, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made in and people were receiving a caring service.

Ensuring people are well treated and supported; equality and diversity.

- People told us that staff were kind and caring. One person said, "I have nothing but praise for them all. [Person] is not the easiest to look after, but staff are all so good with [person]. We really appreciate what they all do." Another person commented, "I have never had a carer who is rude."
- Staff knew about people and their interests and the registered manager told us they were certain all of the care staff were genuinely caring towards the people they cared for.
- People were asked questions about topics such as religious beliefs, ethnicity and sexuality at their initial assessment and though the service was currently not providing services to anyone who observed specific religious following, for example, they had policies and procedures in place to ensure that people were supported according to their beliefs.

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

- People and their relatives were involved in care planning and supported to attend reviews.
- Information was communicated in a form people understood and the review form was completed step by step at a pace that suited each person.

Respecting and promoting people's privacy, dignity and independence.

- The provider had implemented procedures whereby staff all signed to ensure they understood policies around confidentiality and the use of social media to ensure people were protected.
- People were encouraged to maintain their skills. One person's care plan stated, "[Person] can assist with most things. I like a cup of tea with no sugar in a mug with a straw. The carer should hold the mug for me." One staff member told us, "I always see what a person can do themselves first and help where they have a problem."
- Staff told us they would ask before providing support and when assisting someone with personal care would ensure the person was covered, curtains drawn and doors closed.

Is the service responsive?

Our findings

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

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

At our last inspection in December 2017 the key question for responsive was rated requires improvement. There was a breach of Regulation 9: Person Centred Care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and people were receiving a responsive service.

Personalised Care; accessible information, choices; preferences and relationships.

- People's individual care needs had been identified. Care plans had been developed with the involvement of the person and their family members where appropriate.
- Care plans were person centred and they took into account people's likes, dislikes, wishes and preferences in relation to their daily routines.
- Staff had access to information about people's care needs; care plans detailed all tasks required for each visit and ensured that people received care that was person centred and appropriate to their needs.
- Staff completed a daily record at each visit to ensure that any concerns or identified changes were recorded. This ensured that staff had access to relevant and up-to-date information.
- People told us they received care and support from regular staff who knew their routines well. Comments included "I generally get the same staff but sometimes they are different." And. "Would not change anything they do a good job."
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, where people were identified as having hearing difficulties.
- People and family members told us staff were always on time and stayed the allocated amount of time as stated within their care plans. One relative told us, "I don't know of any occasion where a carer has not turned up. If they have difficulties they generally let us know."

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the registered manager about their experiences of care. The service provided a range of ways to do this through care review meetings and regular surveys.
- People and relatives were given information about how to raise a concern and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.
- Complaints that were made had been dealt with appropriately by the registered manager and where required were used as an opportunity to improve the service.

End of life care and support

- There was no one using the service at the time of the inspection that was receiving end of life care.
- The provider advised us that end of life care had been discussed with all staff when they commenced in their role. Training was provided so staff knew what to do if someone needed end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in December 2017 the key question for well led was rated requires improvement. There was a breach of Regulation 17: Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and people were receiving a well led service

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

- People told us they were happy with the care they received and they had confidence in the registered manager.
- People received quality personalised care because the provider was committed to making sure everyone received care which was individual to them. Although the service had grown since the last inspection the provider was clear they wanted to grow at a manageable pace which meant they did not compromise on quality.
- In addition to knowing all the people who used the service, the provider had a good knowledge of staff and shared their philosophy in an informal way and through formal staff appraisals.
- The provider understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that must be met by all providers and details the actions that they should follow when things go wrong, including making an apology and being open and transparent.

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

- The provider was supported by an administrator who attended the office and was available by phone.
- Since the last inspection the management team had changed to reflect the changes and expansion of the service. At the time of the inspection new roles had been created and responsibilities were clearly understood
- The management team worked alongside staff and also carried out observational visits to monitor quality and individual staff practice. This helped to ensure people received a consistent level of support.
- Communication within the service was effective. One relative told us, "Communication is good here, they listen to you."
- The service had a management team who were committed to on-going improvements. There were regular management meetings where issues were discussed and action plans put in place to show how improvements would be made.

- The provider was investing in technology to improve how information was stored and had also put in place electronic monitoring for staff. This involved each member of staff checking in and out of each visit by mobile phone and a key fob. This helped the provider to monitor the times and duration of visits and alerted them if staff did not arrive at their next visit.
- There were audits in place to ensure that the service was performing at a high standard. The provider had a spreadsheet of all audits which alerted them to when they were due. Audits included checking risk assessments, quality questionnaires and care plans.
- The provider ensured that statutory notifications were completed in a timely manner.

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

- The provider spent time with people who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes.
- People were able to share their views through annual satisfaction surveys. The results of the last survey showed a high level of satisfaction with the service.
- People's views were listened to and acted upon.

Continuous learning and improving care.

- The provider was updating their care records via an electronic system. They told us that this would improve the service provided as they would be able to have live updates, allowing them improved oversight of the effectiveness of care being provided and any developing risks.
- The provider was systematically updating their policies and procedures in line with changes to legislation and best practice.
- Due to the small size of the service, the provider had regular oversight of the care being provided and the records completed by staff; this meant that any issues identified could be addressed straight away.
- Staff felt confident they would be supported with any learning or development needs or wishes and described a culture of learning.

Working in partnership with others.

- The provider had positive relationships with health and social care professionals. These include working closely with the Local Authority, GP surgeries, district nurses, occupational therapy services and physiotherapists. This ensured that people were referred appropriately and provided the registered manager with links for advice and guidance.