

TILDA HEALTHCARE LTD

Courtyard Mews

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

Courtyard Mews is a domiciliary care service providing personal care to people living in their own home. At the time of the inspection, they were providing personal care to 72 people. People using the service were older people and at the end of life.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Feedback from the person we spoke with was positive. They were satisfied with the care provided by the care staff.

People received safe care and support from Courtyard Mews. The registered manager and staff we spoke with knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The registered manager carried out home visits to ensure both staff and people were safe.

Care plans contained detailed risk assessments. This mitigated any identified risks. Environmental risk assessments were also in place, which identified and reduced any environmental risks to people and staff.

People's needs were assessed prior to receiving support including their protected characteristics under the Equalities Act.

Robust recruitment processes were in place. This prevented unsuitable staff from working with people. Staff were skilled in carrying out their role. The registered manager ensured staff were appropriately trained.

Staff were caring and always protected people's dignity and independence. Staff gave people choices in their care daily.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. For example, Staff had the information they needed to support people to make choices. Staff knew people had the right to make unwise decision.

The service had an effective system in place to assess, monitor and improve the quality and safety of the services provided.

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

Rating at last inspection

This service was registered with us on 31 January 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time since the service registered with us.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Courtyard Mews on our website at www.cqc.org.uk.

Follow up

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

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Courtyard Mews

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 March 2022 and ended on 22 March 2022. We visited the location's office on 16 March 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 three people and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and two administrators.

We reviewed a range of records. This included four people's care records. We reviewed medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, recruitment and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person told us they felt safe. They said, "The carers are brilliant. Absolutely brilliant. I am very lucky to have them and feel safe with them."
- The provider had a safeguarding system in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these. Staff demonstrated their knowledge on how to report abuse to the registered manager in the first instance and then to the local authority and CQC if required.
- A healthcare professional told us, 'This particular agency has taken on packages of care and in general they have provided safe care from what I understand.'
- Staff had received training on adult safeguarding and understood their responsibilities to record safeguarding incidents, raise concerns and near misses, and to report them internally and externally, where appropriate.
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "Whistleblowing is to report if you see anything not right, report it anonymously to your manager or higher up. I can go outside the organisation too"

Assessing risk, safety monitoring and management

- The risks to people's health, safety and well-being were appropriately assessed, acted on and reviewed. People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety. For example, risk assessment around incontinence ensured increased fluid intake of up to two litres a day, high-fibre diet, good toilet habits and use of aids such as incontinence pads. Staff spoken with confirmed they had read and always followed this.
- Staff were protected from risks from the environment. Adequate processes were in place to identify and reduce any environmental risks to people. Potential risk and hazards such as uneven surfaces, appliances, inadequate lighting or trailing wires within the person's home had been adequately identified and appropriate risk assessments were in place.
- There was an on-call system in place to ensure advice and support was available to people and staff out of hours.

Staffing and recruitment

- People were supported by enough staff and staff always arrived on time. One person said, "They arrive on time at all times." And another person said, "They do arrive on time. They come at the time I want, which is lovely for me."
- Staff had been safely recruited. Checks were completed to make sure new staff were suitable to work with

people. Two references, and Disclosure and Barring Service (DBS) criminal record checks were obtained. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were safely managed. People that required support to manage their medicines received them safely. Each person had specific guidance for staff to follow, detailing the support that was required to take their medicines, such as prompting.
- Staff had received medicines training. Yearly medicine administration competency checks were carried out.
- Medicines administration records (MARs) were completed by staff each time medicines were administered. One relative said, "No problems with medicine here. It is given as they should."
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff. Medicine audits were carried out.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. For example, the registered manager had ensured all staff used appropriate protective equipment (PPE), due to the COVID-19 pandemic.
- We were assured that the provider's infection prevention and control policy was up to date. Staff had completed the relevant training.
- Staff had access to enough personal protective equipment (PPE). Staff confirmed they used their PPE at all times. A member of staff said, "Checks on PPE usage are carried out and we have never ran out."
- We were assured that the provider was using PPE effectively and safely.
- A healthcare professional told us, 'We have had Tilda Healthcare support a lot in the past years especially during the peak of Covid-19, they have always been going the extra mile to prove the service and they are continuing to do so.'

Learning lessons when things go wrong

- The registered manager had a folder for recording any accidents and incidents. The registered manager told us they had not had any incidents or accidents since the service started.
- The registered manager told us that any incidents, accidents and near misses would be documented and monitored to ensure they learn lessons from it.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager undertook an initial assessment with people before they started providing care and support using information supplied by either the Clinical Commissioning Groups (CCGs) or the local authority. Evidence seen showed people and their relatives were involved in the assessment process.
- Records showed that the initial assessments had considered people's protected characteristics under the Equalities Act 2010. These were identified as part of their needs assessment, such as their race, gender, sexual orientation and religion.

Staff support: induction, training, skills and experience

- New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of that role. Care staff also completed shadow shifts before attending visits on their own.
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector. A member of staff said, "I have completed Level 3 Health & Social Care, which had helped me."
- As a newly registered service, staff had not yet had an annual appraisal. Evidence showed that staff had monthly supervision meetings with the registered manager. Staff told us they felt supported in their roles.

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

- Care plans included a nutrition and hydration risk assessment and guidance for staff on people's dietary requirements.
- Staff demonstrated that they understood the importance of following set guidelines that were in place. They followed people's care plans which detailed the support they required with eating and drinking.
- Staff received training regarding food hygiene, nutrition and hydration, so they had the knowledge to support people to eat healthily.

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

- Staff were not directly involved in people's healthcare needs. However, care plans showed that healthcare

formed part of their initial assessments, which were taken into consideration before support started.

- Staff monitored people's on-going health conditions and sought assistance for them as required. For example, seeking guidance from district nurses and hospice team whenever required.
- Staff told us that they would report any concerns they had about the person's health to their relatives and healthcare professionals who would in turn take required action.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to care and support had been assessed and recorded. For example, some people had signed and consented to the care that was provided by the service.
- The registered manager and staff had received MCA and DoLS training. They understood people had the right to make their own decisions about their care.
- Staff understood and supported people to make day to day choices. Where people had capacity, staff understood they had the right to make unwise decisions. Staff said, "For example, if and when providing foods, I show them options for them to choose from. Further, I always provide choices for people in all they require."
- Where relatives had lasting power of attorney for people and were legally able to make decisions on people's behalf the registered manager or the CCG had checked this was in place before service started.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The person we spoke with told us they were treated well. One person said, "I believe they are fine, they are doing very good."
- Staff knew people well. People's equality and diversity needs under the Equality Act 2010 were supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion.
- We were told staff were caring. One relative said, "The carers are caring."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity. One person said, "Yes, [staff] does respect my privacy and dignity."
- People told us staff treated them with respect. One person said, "They are terrific. They give me a good service, treat me with respect and I am very happy with them"
- Staff spoken with gave us examples of how they supported people to maintain their dignity. For example, during personal care, the door would be kept closed and people covered as much as they required.
- People were supported to express their views regularly and were involved in making decisions about their care and support. Staff understood the importance of respecting people's individual rights and choices.
- Care records promoted people's right to independence and focused on what people were able to do for themselves.
- The registered manager was aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets in the office and electronically on the computer. We observed in the office that computers were password protected to ensure only those authorised to do so could access them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a good understanding of people's individual preferences. Care plans supported staff by including personal history, interests and staff understood these.
- Each person had a designated care staff who supported them with all their daily needs. Staff were matched with each person they supported. For example, female staff were matched to people based on their preference.
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured good communication between staff, benefitting the care of the person.
- A healthcare professional told us, I don't have any major concerns about this service as they have provided good care to clients and they continue to do what is in the best interest of their service users.'

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us that they would make documents available to people they supported in different formats such as large print if needed.
- People's communication needs had been assessed and staff knew how to communicate with people based on the assessment. The assessment asked people how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave people the choice of how to be communicated with.

Improving care quality in response to complaints or concerns

- People knew who to contact if they were concerned about anything. One relative said, "If I had any complaints, I can talk to them if concerned."
- The service had not received any complaints in the last 12 months.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

End of life care and support

- At the time of our inspection, eight people were receiving end of life care. The registered manager developed end of life care plans with people, when the service started. There was information in people's care plans about whether they wanted to be resuscitated by the emergency services should they require this intervention to maintain life.
- The registered manager told us about how people were supported at the end of their life. They told us that they worked in partnership with the local hospice and healthcare professionals to make sure that people were supported in a way they wanted. The support provided promoted people's independence and increased their confidence and self-esteem. The registered said, "We had the hospice working with us. We had direct contact with the NHS palliative care team. We use them for advice if when needed."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "The manager is approachable. Yes, I do talk freely at the staff meeting. They do listen to me."
- There was a positive focus on supporting people to communicate, express their views and be independent. There was also positive focus on supporting staff to communicate and express their views. A member of staff said, "The manager is approachable. I can talk freely. Lovely and always there."
- Staff received regular supervision and there were meetings for staff where they could raise any concerns. Staff said they felt listened to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were effective systems in place to monitor the quality of the service. A range of quality audits such as care plans, medicines, spot checks and staff files were in place and completed. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered manager. This meant that the registered manager had a robust system in place for monitoring the quality of the service.
- Staff told us that the registered manager encouraged a culture of openness and transparency. The registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "I do know this much. The manager is hands on deck with staff. She is there for both staff and service users".
- Records were adequately maintained. Care plan records were reviewed regularly and up to date.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager had informed CQC of significant events that happened within the service, as required by law.
- There had been no incidents or accidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood the need to be open and transparent if there was such an incident and understood their duty of candour responsibilities.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority and NHS for care providers.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The registered manager worked with funding authorities and other health professionals such as Eleanor hospice team, district nurses, physiotherapist and doctors to ensure people received joined up care.