

Tehy Care Group Ltd

# Tehy Care Group Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

About the service: Tehy Care Group Ltd. is a domiciliary care agency registered to provide personal care and support to people in their own homes. At the time of our inspection, 12 people were using the service. Of those 12 people, 10 received personal care and the remainder received help in the home or companionship services. We only looked at the service for people receiving personal care as this is the activity that is registered with the Care Quality Commission (CQC).

People's experience of using this service:

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC 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. In the absence of a registered manager, the service was being managed by a care review officer who was acting as the registered provider's representative.

There was a lack of managerial oversight and scrutiny of the service. Significant improvements were required to ensure effective quality assurance systems and processes were in place and embedded to assess, monitor and improve the quality of the service.

Recruitment procedures were unsafe. Staff had been recruited without thorough checks being completed. Staff had not completed formal training since starting work at the service or had received regular supervision.

We found significant issues with the management of people's medicines; this included staff not undertaking medication training and receiving formal observation to check their competency to administer medicines. We have made a recommendation about the safe management of medicines.

Risk management plans were in place. However, some of these contained basic information and primarily covered identified risks within people's home environment. We have made a recommendation about the management of risks to people and staff.

Improvements were required to the registered provider's pre-assessment process and involvement of people in the development and review of their care and support. This included obtaining people's written consent to their planned care.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). Staff had not completed MCA training but understood the importance of choice and gaining people's consent before supporting them with care. No one currently using the service lacked capacity to make decisions.

People told us they felt safe using the service, staff were kind and caring and they were happy with the service they received. People's independence was promoted and, where possible, they were encouraged to do as much as they could for themselves.

Rating at last inspection: This is the first inspection of the service since registration with CQC.

Why we inspected: This was a planned comprehensive inspection of the service.

Follow up: We identified four breaches of regulations. You can see what action we told the provider to take at the back of the full version of this report. 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.

## 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 was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# Tehy Care Group Ltd

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one inspector.

#### Service and service type:

Tehy Care Group Ltd. is a domiciliary care agency. It provides personal care to people living in their own homes.

The service was required to have a registered manager. At the time of inspection, the service did not have a manager registered with the Care Quality Commission.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and management are often out of the office supporting staff or providing care. We needed to be sure they would be in.

Inspection site visit activity started on 12 February 2019 and ended on 15 February 2019. We visited the office location on 12 and 15 February 2019 to speak with the provider's representative and office staff. On 14 February 2019, we made telephone calls to people who used the service to gain feedback on their experience of the service.

#### What we did:

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with two people who used the service. When we visited the office on the 12 February 2019, we spoke with the care review officer who was acting on behalf of the registered provider and the administration officer. We spoke with three members of care staff over the telephone.

We looked at six people's care records, policies and procedures, training records, seven staff recruitment, training and supervision records, rostering information, complaints and compliments and quality assurance information.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and recruitment; Using medicines safely; Assessing risk, safety monitoring and management

- Some staff had been recruited and had started work without relevant checks being completed. This included disclosure and barring (DBS) checks and obtaining references.
- No risk assessments had been completed in the absence of these checks. This meant people were at risk of receiving support from staff who were unsuitable to work with vulnerable people.
- We discussed our concerns with the registered provider's representative. They took immediate steps to ensure DBS checks were carried out for staff without a DBS check, and gave us assurances pending the outcome of these checks that staff would not be lone working.

The above demonstrated a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had not received training to safely administer medicines or had their competency checked.
- Medication administration records had not been completed in line with best practice and had not been audited. There were several unexplained gaps in the records.
- The registered provider's representative told us people self administered their medicines and were 'prompted' by staff to take them. However, staff told us they sometimes supported people to administer their medicines.
- One person's medicines were left out for them to take later. No risk assessments had been completed.
- Where people were prescribed 'as and when required' medicines there were no protocols to assist staff to understand when to administer such medicines.
- The registered provider's medication policy was not aligned to the service provided. For example, the policy stated, 'All people who attend our services will have a learning disability'.
- Whilst there had been no significant impact on people using the service, improvements were required to ensure the safe management of medicines.
- Following our inspection, the registered provider's representative informed us they would be sourcing appropriate training for all staff and would be reviewing their medicines policy.
- Feedback from people was that they were happy with the support they received to take their medication.

We recommend the registered provider update their policy and practice in relation to medicines management to incorporate current best practice.

- Not all risks to people's safety and wellbeing had been identified, and suitable control measures had not always been considered and put in place to mitigate the risk or potential risk of harm for people using the service. For example, in relation to mobility and catheter care.
- Not all care plans provided staff with written guidance on how to safely use equipment in people's homes.
- There had been no significant impact on people using the service, however improvements were required all identified risks to people and staff were managed safely.

The above demonstrated a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient numbers of staff employed. One person told us, "Staff come at agreed times. Sometimes they are a bit later but that's by agreement." Another said, "Some staff are not very good at time keeping and may stay just 15 minutes, but they will let me know if they are running late." The registered provider's representative told us they were in the process of introducing an electronic call visit system to enable them to effectively monitor call visits.
- Feedback from people was they felt safe when staff visited them. One person told us, "I feel very safe. I get the same group of staff which is nice so I'm happy."

Systems and processes to safeguard people from the risk of abuse

- Staff had not been trained to safeguard people from abuse. Feedback from staff confirmed they would bring any concerns to the attention of management. Not all staff reported they would contact external organisations if they felt their concerns were not acted upon.
- There had been one safeguarding incident since registration of the service. No formal systems had been developed to review and learn from safeguarding incidents.

Preventing and controlling infection

- Staff had not received infection control and food hygiene training. This meant there was a risk of cross infection and poor food hygiene practices.
- Staff were provided with personal protective clothing (PPE) and told us they were always provided with enough PPE.

Learning lessons when things go wrong

- The registered provider's representative informed us lessons were learned when things went wrong. They said, "We try and develop a learning culture." However, there was no evidence in place to show how incidents had been used as a learning opportunity.



# 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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- No formal training had been completed by staff to enable them to care for people safely and effectively. This included practical moving and handling training, therefore presenting a risk of injury to both staff and people where people required support with moving and positioning.
- No systems had been developed by the registered provider to enable them to have clear oversight of staff's training and ensure it was completed. Following our inspection, the registered provider's representative assured us a training programme would be put in place immediately for all staff.
- Staff said they had received an induction to the service however there was no documented evidence which showed what the contents of the induction programme consisted of, or confirmation staff had fully completed it.
- Although staff told us they felt supported, they had not received regular formal supervision. This meant they were not provided with the opportunity to discuss their performance and development needs.
- The lack of training and formal supervision meant that people could receive care and support from staff who were not appropriately skilled and trained to meet their individual care and support needs.

The above demonstrated a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback from people was they were happy with the support they received from staff. One person told us, "I feel they have the right training."

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

- The registered provider's representative told us people's needs were assessed prior to them using the service. However, there was no formal pre-assessment information in people's care records. The registered provider's representative was unable to locate this information.
- People's care plans had not been signed by them. This meant we were unable to determine whether people had consented to the contents of their care plan.
- 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. The provider's representative told us people using the service had capacity to make their own decisions.

- Staff had not received MCA training. Not all the staff we spoke with were aware of the MCA legislation but understood the need to provide people with choices, respect their decisions and to gain their consent prior to providing care and support.

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

- Where required, people were supported with eating and drinking. Care plans included people's dietary likes and dislikes. One person told us, "The staff prepare meals. They always check what is in the fridge and freezer and ask me what I want." The registered provider's representative told us, "We work with people and their families to ensure meals are not repetitive."
- No one currently using the service was at risk of malnutrition or had any specific dietary requirements.

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

- The registered provider's representative told us, where required, they supported people to access other healthcare services. We asked to see documentary evidence to show where the service had supported people to access other agencies and healthcare professionals. The registered provider's representative could not locate this; however, one person told us, "If I need to go to hospital they are flexible with my visit times."

# 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

Requires Improvement: People did not always feel well supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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 were given the opportunity to provide feedback about the service and the care they received through the completion of questionnaires. However, there was no evidence to demonstrate how feedback from questionnaires was used. We discussed this with the registered provider's representative who confirmed they had looked at the feedback received, however no formal analysis had been undertaken.
- There was no evidence to show how people had been involved in the development and review of their care plans. We discussed this with the registered provider's representative who told us people had the opportunity to be involved in their care planning. They went on to say they would ensure this was clearly recorded and evidenced in future. Feedback from people included, "I don't know if I have a care plan." And, "I write my own care plans I know what I need."
- People were not always treated with dignity and their privacy respected. One person told us, "No one is disrespectful." However, another person said, "Most of the staff are ok but sometimes some staff tell me to 'come on hurry up', that's not good enough is it." We shared this feedback with the registered provider's representative.
- Staff recognised the importance of promoting people's independence. One person told us, "I do as much as I can for myself and they help when I need it; they really do care for people." A member of staff said, "I always let people do what they can for themselves and only step in and help when necessary."
- People's communication needs were recorded to help staff understand how to communicate with people in ways they could understand.

Ensuring people are well treated and supported

- Staff knew people well and were able to describe how they wished to be cared for.
- People told us staff were kind and caring.
- Staff and people had formed positive relationships. Feedback from people included, "They are all very good indeed. [Name of carer] is good at everything, so meticulous." And, "I give [names of carers] 10 out of 10 for their kindness. They are very understanding, very nice, very good."

# Is the service responsive?

## Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered provider's representative told us assessments of people's needs were undertaken prior to them using the service; however there was no formal documentary evidence to support this. The registered provider's representative was unable to locate the missing documentation.
- The content of people's care plans was variable. Whilst some were personalised and contained detailed information about individuals' hobbies, interests, likes and dislikes, people who were important to them, preferred routines, religious and cultural needs and preferences for how they wished to receive their care, others did not. Some care plans had limited information or had another person's name on them.
- People's care records did not always provide sufficient guidance for staff as to how people's needs were to be met. For example, no detailed care plans, risk assessments or guidance for staff was available for people who required support with catheter care.
- From April 2016, all organisations which provide NHS or adult social care are legally required to following the Accessible Information Standard (AIS). AIS aims to make sure people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. People's care plans recorded sensory and communication needs. The registered manager informed us they would, where required, source suitable formats specific to people's needs, such as large print, braille and pictorial.
- People benefitted from having regular care staff to promote continuity of care. One staff member told us if they felt a person's care needs had changed they would immediately inform the office to enable a review of the person's care.
- People told us they were happy with the service they received.

Improving care quality in response to complaints or concerns

- There was a complaints system in place. Information on how to raise a complaint was contained in the service user guide.
- We noted the complaints folder was empty. The registered provider's representative told us no complaints had been received. However, we found a complaint received by the service within a person's care records. The registered provider's representative told us they had responded to the complainant but could not find documentary evidence of this.
- The registered provider's systems for dealing with complaints was not effective and did not support continuous improvement to improve the quality of the service.
- Not everyone we spoke with were aware of how to raise a concern or complaint. One person told us, "I don't know the complaints process but I would tell a carer if I wasn't happy about something." Another said, "If I have a problem I go to [registered provider's representative]. We work it out, that's common sense. They will listen and sort it out."

#### End of life care and support

- No one currently using the service required end of life care and support. The registered provider's representative told us they would not take on end of life care but would support existing clients should they require end of life care.
- People's preferences regarding end of life care arrangements had not been discussed and recorded in their care plans.

We recommend the registered provider review their care planning process to ensure that people's preferences and choices for their end of life care are clearly recorded, regularly reviewed and upheld.

# 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

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service did not have a registered manager.
- The registered provider did not have sufficient oversight of the service and quality monitoring systems were ineffective.
- Significant improvements were required to ensure people received safe care and treatment. For example, the registered provider's recruitment process to ensure fit and proper persons were employed who were deemed suitable to work with vulnerable adults and children, ensuring staff completed the training they needed to safely and effectively fulfil their role and responsibilities, and systems in place to ensure the safe management of medicines.
- With the exception of questionnaires completed by people using the service, there was a lack of robust quality assurance. For example, audits had not been completed to monitor the quality of the service and drive improvements.
- Suitable control measures had not been considered and put in place to mitigate the risk or potential risk of harm for people using the service. The service did not follow relevant national guidelines, for example when supporting people with their medicines.
- The registered provider submitted a PIR to us in May 2018. Not all the information contained in the PIR was happening in practice.
- There had been some changes in management since the service was registered with CQC. Some people did not know who was managing the service. One person told us, "I don't know who the manager is, it's a funny set up, I don't know who the boss is."
- Complaints were not being effectively managed. There was no documentary evidence to show complaints were appropriately recorded, responded to and analysed to help drive improvements.
- The service had conducted eight satisfaction questionnaires between June and December 2018 and eleven telephone questionnaires with people in January and February 2019. This provided people with an opportunity to express their views on the service they received. We noted whilst the responses to the questionnaires were generally positive, suggestions had been made on how the delivery of their care could be improved. No formal analysis or action plans had been developed by the registered provider following this feedback.
- No staff meetings had been held. The registered provider's representative told us they would be

scheduling staff meetings. One member of staff told us, "It would be good if we had staff meetings to have the opportunity to keep up to date about best practice." Although there had been no staff meetings and staff had not received regular supervision, staff felt supported and told us management were approachable for support and guidance at any time.

- Care records showed people's consent to care had not been formally documented by the registered provider. We found no documentary evidence to demonstrate how people had been involved in the planning and review of their care.

The failure to ensure effective systems and processes were established to monitor and assess the safety and quality of the service and drive improvement was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Working in partnership with others

- The registered provider's representative told us they had attended local forums and were in the process of strengthening links with the local community and with other health and social care professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Improvements were required to ensure the safe management of people's medicines.</p> <p>Risks to people had not always been properly assessed and management plans put in place to mitigate potential risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure robust systems and processes were in place to enable them to assess, monitor and improve the quality and safety of the services provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The recruitment systems in place to ensure staff were suitable to work with adults and children were unsafe.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had failed to ensure staff received appropriate training and supervision to enable them to carry out their duties safely and effectively.</p>



