Teasdale Healthcare Ltd

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Inspection report

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Date of inspection visit:
10 March 2017
30 March 2017

Date of publication:
12 June 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 10 and 30 March 2017 and was announced on both days.

Teasdale Healthcare Limited is registered to provide personal care to people over 18 living in their own homes, and provided personal care to 95 people at the time of our inspection.

The service had a registered manager in post. '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's complaints were not responded to in accordance with the company's own complaints procedures. People were not always confident to complain.

People did not always receive their care visits at the time they needed them. People sometimes received care visits which were late and not as they wished.

People did not always receive kind and caring support. People were not always involved in the planning of their own care and support. Some relatives of people were consulted about care decisions. However, the records did not always show what legal authority they had to represent people's views.

We found quality assurance systems were in place but these were not always effective in identifying the areas of improvement required in the service. Where some issues and concerns were identified these were not investigated and resolved in a timely way in order to ensure people were receiving the care they required.

People who used the service told us they felt safe. Care staff knew how to recognise and report abuse. The provider had a safe system for recruitment and made sure that required checks were carried out before new staff started work.

People were supported to eat and drink enough to help keep them healthy. Staff understood people's food preferences and acted in accordance with their wishes. People had access to health and social care professionals when required.

We found that although there were systems and processes in place to monitor the quality and safety of the service they had not been working effectively. This was because people's concerns about late and missed calls were not identified and dealt with in a timely manner.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

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.

People were supported by staff who understood how to recognise and prevent any unsafe or abusive treatment.
Risks to people's well-being were assessed and steps taken to reduce these.

Is the service effective?

Good

The service was effective.

People were supported by staff who were well-trained.
People were supported to make choices as to their care and support.
People were supported to eat and drink enough to maintain good health.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People felt some staff were uncaring and rushed. People did not always feel they were treated with dignity.

Other people felt the staff treated them with kindness and respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's complaints were not always dealt with by the provider and registered manager.

People were not always involved in planning their care and support.

Is the service well-led?

Requires Improvement

The service was not consistently well-Led.

Systems in place to monitor the quality and effectiveness of the

service did not always identify areas for improvement.

The provider and registered manager had identified areas for improvement. They were developing new processes to improve the service provided.

Teasdale Healthcare Ltd

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 10 and 30 March 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be available to facilitate the inspection process.

The inspection team consisted of an inspector and an expert-by-experience who conducted telephone interviews with people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments. We analysed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection of the agency.

During the inspection we spoke with 21 people and five relatives. We also reviewed 19 responses from people who completed CQC questionnaires. We spoke with 12 staff which included care staff, care coordinator and the registered manager. We viewed three records which related to people's care and support needs, people's medicines and assessment of risk. We reviewed two staff files to look at recruitment processes. We also viewed other records which related to quality monitoring and the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe when supported by the staff. People and relatives we spoke with said that they (or their relatives) felt safe with the staff and trusted them when they were in their home. People who relied on staff to enter their homes using their key safe, were happy that staff left their property secure. One person said, "They lock you in when they leave. I ask them to." Another said "They let themselves in and out. They are very careful. I trust them totally."

We looked at two care staff records. We saw the provider had systems in place to check that staff were suitable and safe to work with people who used the service. We saw, and staff confirmed, pre-employment checks had been undertaken. These included references from previous employers and criminal records checks. Criminal records checks are called disclosure and barring service checks.

The provider had a safeguarding people policy in place which staff were expected to work to. It provided care staff with information on their roles and responsibilities to protect people from harm. Care staff we spoke with confirmed they had been provided with safeguarding training and could describe the different types of abuse. They were clear of the actions they would take if they suspected abuse, or if an allegation was made, to ensure people's safety. One staff member told us, "I had safeguarding training during my induction. I would report anything I saw that I felt was not right to the manager. I am sure they would deal with it." Staff were also knowledgeable about the external agencies to contact, such as the local authority or CQC.

Risks to people's safety and well-being were assessed by the staff team. We looked at the care plan and risk assessment records for three people. For example, we saw that plans were in place to minimise risks associated with people's mobility. Staff needed to make sure people's rooms were uncluttered when using a walking frame. One staff member told us, "We are always looking for trip hazards in people's homes. It takes two minutes to clear spaces." Another staff member told us that the use of hoists in people's homes had been assessed for safe use. They said, "We have been trained to use them correctly and to check they are in good working order." The registered manager said that risk assessments were reviewed annually or sooner if there was any change in the person's needs.

We saw that personal protective equipment such as gloves and aprons were provided to staff. The provider ensured all staff were provided with uniforms and protective clothing. One person who used the service said, "Staff always have their gloves with them".

Many people were supported by their family members to take their medicines. People were supported by staff members where required to take their medicines. We reviewed the medicines administration records (MAR) of two people who used the service. We saw that the MARs were correctly completed and were easy to understand. We saw that staff were trained to administer medicines.

Good

Is the service effective?

Our findings

People told us they thought the care staff were competent to undertake caring jobs for them or small household tasks. One person said, "They get the jobs done. They could stay a bit longer, but they have other commitments." One relative, whose family member required the support of two staff said, "The majority are well trained but some say I don't know how to use that." However, other people told us that they thought the staff were receiving more training than before. One relative said "They are well trained now that [staff members name] has taken over the training. The recruitment has improved since they are employing more mature care staff. They are better."

People were supported by staff who had received training to enable them to provide effective care and support. We saw that new staff attended a comprehensive training programme for their induction when they first started working for the provider. In addition, new staff spent time with more experienced staff to learn the practical aspects of the role. Records showed that a range of training was undertaken by the staff team and this was confirmed by the staff we spoke with. Staff were also supported to improve their IT skills if required. One staff member told us, "With the safeguarding training, the importance of confidentiality was impressed upon us. We realised how easy it is to break a confidence without realising." Another staff member told us that the provider was supporting them to undertake nationally recognised training courses. They said, "They [provider] are keen that we learn as much as we can and help us to do so."

The service also supported people who were at the end of their lives. One staff member told us, "I have done End of Life care training to help me support people." Staff members had received dementia awareness training when they started work. However, some staff we spoke with were uncertain about how to support people living with dementia. For example, we spoke with one staff member who supported people living with dementia. They told us that they had been given a booklet to know what to expect from people with dementia. They also said that they had sourced some dementia training themselves. They said, "I enjoy looking after people with dementia so decided to learn more myself." One staff member told us, "I would always ask people, first and foremost, what they wanted to do. If they did not understand that I would try another way of explaining to them. For example, I would show them clothing so they could choose what they wanted to wear." Another staff member said, "It is about their own decision making. They should be able to do what they want."

The registered manager was always available to provide support for staff. One staff member told us, "I can go in and speak to the manager if I need to. It's not a problem." Another staff member said that they would always talk with the registered manager and provider if they had any worries. We spoke with one staff member who had recently undertaken observed practice whilst supporting a person with their care. They told us that they felt it was a good thing to do.

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 interest and as least restrictive as

possible.

People told us staff supported them to make their own decisions. People confirmed that staff asked their consent before they did things. One person said, "They ask you what you want to eat for breakfast. They don't lay down the law. I tell them what I want." Another person told us, "I want to do things for myself and the staff respect that. It is never a problem." Other comments included, "I rely on them. It works both ways. They do listen to you and you can ask them anything." Staff we spoke with confirmed that they would always ask people what they wanted to do. One staff member said, "If someone was not able to understand we would look at having a best interest decision, but the manager would need to do that." Another staff member commented that they would report any problems with people's understanding to the field supervisors and ask for help. They said, "I know we can do things in people's best interests but it needs to be a senior person who does it."

The registered manager confirmed that they and the staff team had undertaken training on the requirements of the MCA, including when a best interest's decision would be made. Most staff demonstrated they understood the basic principles of the MCA. They told us they would refer to people's care records to check if people had capacity to make decisions about their care. However, we found that not all staff understood the principles of the MCA. For example, one staff member believed that the manager was the person who would make decisions on behalf of people. They told us, "If a client does not have the ability to do what we want then I would inform the manager. They would tell us what to do." We discussed this comment with the registered manager. They confirmed that the staff member would be offered the opportunity to attend more training.

People received different levels of support from staff with regard to their food and drink according to their needs. Some people told us that the staff 'supervised them' whilst they prepared their own meals. They all felt that this helped them to stay independent. One person said, "I like to do the meals, because I like to make them from scratch. I do the preparation and they (staff) supervise me cooking." Others were reliant on the staff for their meals to be provided for them. One person said that their meals were properly cooked and the provision of meals was 'reasonable.' Three other people who spoke with us had food prepared for them by staff and they said they were very happy with what the staff provided for them.

People told us they were supported when necessary to access medical services. One person told us, "If there is anything wrong they (staff) contact the paramedics. They did this and stayed with me until they came. They were very helpful." Another person said, "They noticed something when I had water problems and swollen legs. They called out the district nurse and I had to go to hospital."

Requires Improvement

Is the service caring?

Our findings

People were not always treated as though they mattered or made to feel at the centre of the service. Some people were not getting their support needs met, as staff were not arriving on time. We spoke with one person who told us that, in the evening the staff were coming "later and later" and "it can be anybody who comes." They also said, "They rush off as soon as they can. They are off when the telephone rings. They don't hang around. I feel they are hurrying, because they need to get to the next person." Another person told us that they did not always have a wash. They went on to say, "Sometimes they (staff) don't ask me if I want a wash. The staff member this morning did not ask me." Another person said that, although their main regular carer was "brilliant", some of the others were "not caring enough". They continued, "Their demeanour when they walk in shows that they are only here under sufferance." They also said, "[staff member] is in a hurry all the time and very untidy." One staff member said, "The trouble is when someone goes off sick calls may be later. You have to fit them in in a gap."

People told us they did receive some good care but not always. One person commented, "On the whole they are good, but some don't do enough to help." Another person said, "Although my main carer is brilliant, some of the others were not caring enough."

We spoke with the provider and registered manager about the comments made by people about the care received. They were not aware of these views before we discussed them. They confirmed that they would look at the comments made and work to address the issues highlighted.

We also received positive comments about the caring nature of the staff team. For example, one person told us, "They (staff) are very obliging. If I ask them they will call in at the supermarket for me." Another person said, "They (staff) are lovely. If you have anything on your mind you can have a chat or a laugh with them." A third person told us that they looked forward to the staff coming. They said, "They are all nice and willing. They always ask me if there is anything else I want doing." A relative told us, "They (staff) are all very good, they entertain [person]. They are beyond kind, they are like members of the family."

We also saw a letter sent from the family of a person who had been receiving care from Teasdale Healthcare. The family comments included, "All the carers we have been assigned are committed, hardworking and kind. They not only offer excellent care, but their friendly, upbeat attitude and pleasant demeanour makes seeing them a real pleasure."

Some people felt they had been involved in planning their care whilst others said they couldn't remember if they had been involved. Two people told us that they knew about, and had been involved in, drawing up their care plans. Other people had little or no awareness of what was in their care plan or where it was documented. Several people said that their care package was arranged for them when they were in hospital. They said that when they came out the care started immediately. One person said, "It was put in place in hospital." However, one relative said that the agency went out of their way for their relative's needs. They also said, "They (staff) work in my absence. Everyone knows what to do. They are very protective of [person]."

Most people who were receiving personal care told us that care staff were respectful and preserved their dignity when washing/showering them etc. One person said "It helps me stay independent. Otherwise it would be just a cat lick. I'm getting a good clean." However, one person said, "Having a wash is not nice. I am standing there with carers, it is very embarrassing at my age. Some are better than others. It's hard not to be embarrassed. [Staff member] was in one heck of a rush this morning. I'm not comfortable with that."

We asked staff how they promoted people's dignity. One staff member said, "When I go to a new service user I always ask if they mind me supporting them as I am male. If they were not happy I would not stay but let the office team know. Having said that, it has not yet happened." Another staff member told us that they looked at every way possible to treat people with respect and dignity. They said, "I try and talk to them respectfully and make sure they are happy with the things we do." A third staff member said, "I try to get people to do things for themselves to improve their independence. It is not respectful to just do things for people without asking them."

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us that complaints made to the office staff were not always reported, escalated or investigated. Some people told us they were reluctant to complain. For example, one person said, "I don't feel I can complain. I feel guilty. The staff are so good. I don't want to drop anyone in it." Another person said they were "not comfortable complaining about anything." However, one relative told us that they had complained to the office team about a member of the care staff. They said, "It was easy to talk to them. I picked up the phone and told them the problem. I was happy with the response."

The provider had a complaints procedure in place, which outlined how they would deal with complaints received. This included timescales for acknowledging and investigating complaints. We saw that the provider and registered manager did not follow their own procedures with regard to complaints made. For example, one relative had made many complaints to the service about late and missed calls for their family member. The relative had initially written to the provider in August 2016. Prior to this they had gone to the office to speak with the registered manager. They did not receive any written response from the provider until January 2017. At the time of our inspection, this relative had made a complaint to CQC as they had felt ignored by the provider. We discussed this complaint with the provider and registered manager. They acknowledged that they had not recorded a lot of their interactions with the person in line with their own procedures. This meant they were unable to show how they had worked to resolve the issue.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, receiving and acting on complaints.

We found that some people did not mind about the exact times of the visits as long as somebody came. However, some people told us that care staff were not always visiting at the required time this had had an impact on their health and well-being. Of the 21 people we spoke with, 16 said they had late or missed calls. One person told us that they experienced worry and uncertainty as to whether the staff member was going to turn up at all. They said, "I wait around not knowing when they are coming." We spoke with another person who said, "The main issue is getting the times right so I know when they are going to come. I sometimes wait from 9am up to 11am for someone to come. I never know when they are coming." They also said, "They rush off as soon as they can. They don't hang around." One person said they were not sure how long the staff member was supposed to stay in the morning.

People told us how the uncertainty of call times caused them worry. For example, one person told us that they needed staff to be on time as they were picked up to go out at 9am. Their call was booked for 8am. They said, "If the carer is not on time then I am stumped. I have rung the office a couple of times at 8.30 when no one had arrived. The person also told us that, on one occasion, the staff member had gone within three minutes of arriving. They said that they had not complained to the manager about this. They commented, "I don't like to complain." A relative told us that their family member needed a regular early morning call from staff. This was because the person was a diabetic and needed breakfast on time. They said the staff were often late and they also missed one call altogether. They said, "There was no explanation when I rang up to ask. I think they just forgot to come."

People told us there were occasions where their call was missed completely. Two people told us they had missed calls when no one had turned up at all. One person told us, "I missed a call on a Saturday evening. I did not know what was happening. I phoned them and they told me they would see what they could do." A second person told us, "Sometimes I've had no call. I've sat here waiting. I've had to call them. For example, no one comes on Saturday evening. We don't know what is happening. I have phoned at 9.00 pm. They say "I'll see what I can do. I then think who is going to come now?" Another person said "Very rarely there is a missed call. Once I rang up. The carer had forgotten. They said they would try and find her and they apologised."

We did, however, receive comments from people who were happy with the reliability of their calls. One person said, "I can almost set my clock by them. They used to be all over the place now they've got it sorted." Another person told us, "They come at the right times for me. They do not rush me." One person commented, "They are sometimes late. We are in close contact with the office. If they are late we ring them. They ring back to tell us if there is a problem and they send someone." Another said "I ring to find out where they are. They say they will find out and ring me back and say how long they will be and they do. This happens around two or three times a month."

We asked staff whether they made late calls. They said that they were occasionally late, but there was always a good reason. For example, one staff member told us that they always tried to be on time for calls. They said, "I would only be late if an incident occurred which delayed me. Then I would contact the on-call and ask them to let the next person know I was going to be late." Another staff member said, "If I was late I would report to the office. I don't know if they contact people or not."

One person told us that their care was all worked out in hospital. They said, "The agency told us when they were going to come." Another person told us, "They didn't come out to me. They just spoke to my daughter and they started on Monday." We asked the registered manager about this comment. They agreed that this occasionally happened with people who were referred by the Fast Track system. This is a process used by the hospital discharge teams to help people to leave hospital quickly and receive care at home. They told us that the field supervisors then discussed the people's individual needs with them once back in their home.

Staff told us that if they noticed that people's needs had changed they would inform the office staff and the senior team would carry out a reassessment. One staff member told us that the assessments and care plans 'come from the office'. They said, "We do not follow our own assumption, we follow the care plans." They were unable to tell us if the people they supported were involved in the care planning. One staff member told us, "I feel that my purpose is to support people to be as good as they were before they were ill, to help them regain their independence."

Some people we spoke with were not able to recall receiving requests for feedback as to the quality of the service received. Some people told us that they had been asked by the staff supervisors about their satisfaction with their care. They said this usually happened when the supervisor was actually delivering the care at the same time. One person said, "I can't remember anyone coming out to see me." Another person told us that they had been seen by the registered manager who asked their views. A relative commented, "They ask my opinion by telephone occasionally."

Requires Improvement

Is the service well-led?

Our findings

We looked at how the provider and registered manager monitored the quality of the service provided to people and how they made any required improvements. We found that auditing and quality monitoring systems were in place which gave the provider the ability to monitor call times. However these were not always effective in identifying where improvements were required. We found that the quality checks had not identified how people's lives and well-being were being affected by late and missed calls. We shared the feedback we received from people about late and missed calls with the provider and registered manager. These comments can be found in the responsive section of the report. The registered manager told us that they were aware that some people were unhappy with their call times. They said that they worked within a 30 minutes leeway. This meant that the staff could come within 30 minutes either side of the agreed time. They told us, "We do try and keep to the agreed times but it is not always possible." This meant that the provider had not acted on people's concerns.

We saw that a family member was stated to be the lasting power of attourney for one person receiving care and support. The registered manager was not able to confirm that this was correct as they had not seen the required documentation. By not confirming the status of people's attourney, it was possible that family members could be making decisions for people without the legal authority to represent them. The registered manager agreed to look into this issue.

The staff team told us that they felt supported by the registered provider and registered manager. One staff member said that the provider was very keen to get it right. They said, "[Provider's name] is working hard to make the agency the best it can be. They are very hands-on. They would not tolerate poor care." Another staff member said, "The manager tells it like it is. The staff know what is expected of them." They also said that the registered manager had an open door policy where staff could talk with them at anytime. One staff member said, "I have no concerns about my job. If I had any issues then I would happily speak with the registered manager or provider." Another staff member told us that they felt very positive about working for Teasdale Healthcare Limited. They said, "The new team of field supervisors is a very positive move for everyone. The owner wants everything to be right and we will support them to do it well."

Staff knew about whistle blowing procedures and told us that they would be confident to use them if necessary. Whistleblowing is one way in which an employee can safely report concerns, by telling their manager or someone they trust. This meant care staff were aware of how to report any unsafe practice.

We found the provider and registered manager were committed to developing the service and making any required improvements. We saw where they were made aware of concerns and issues with staff conduct, they were taken seriously. Where any action was required such as further training or disciplinary action this was taken.

The provider and registered manager told us that they wanted the service to be the best it could be. They had already identified some of the areas we highlighted and had begun to look at how they could address the concerns of people who used the service and their relatives. They had recognised the need for

improvement in support and guidance for staff working in people's homes. To achieve this the provider and registered manager had strengthened the support team by employing more field supervisors. The registered manager told us, "By bringing three new field supervisors in post, we are able to provider better support for the staff team. They said, "We also recognise the need to undertake more spot checks and practice assessments with staff in people's homes. The new field supervisors will be able to do this."

We saw the Quality Audits undertaken by the Clinical Commissioning Group (CCG) with regard to people being referred by them. They showed that Teasdale Healthcare was providing a service to those people which met the CCG quality standards. However, this data referred solely to the CCG placed people, not those placed by the local authority or privately funded.

We were also shown the new documentation recently put in place to record people's telephone comments as they occurred, and the telephone surveys and new questionnaires for people which had commenced. The registered manager told us that these new processes were put in place to better capture people's views about the service provided.

The registered manager was aware of their requirements to notify the Care Quality Commission (CQC) of certain events occurring within the service.

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	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider did not consistently follow their complaints procedures. Verbal complaints were not routinely recorded. This meant the provider was unable to show evidence of how verbal complaints had been dealt with.