

TenderCare 4 You Limited

TenderCare 4 You

Inspection report

62a Harpenden Road
West Norwood
London
SE27 0AF

Tel: 02079986990

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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?	Requires Improvement ●

Summary of findings

Overall summary

TenderCare 4 You provides a personal care service to people in their own homes. At the time of the inspection they provided personal care for seven people. In addition, they provide domestic care. The domestic service was not included in this inspection as this is not a regulated activity and the provider is not required to register with Care Quality Commission (CQC) for this service.

The service had met standards of quality and safety at our last inspection which was carried out on 29 July 2014.

This inspection took place on 13 June 2016. 24 hours before the inspection we contacted the service to let know that we would be coming to inspect them. We wanted to make sure that someone would be in the office on the day of inspection.

At the time of the inspection the service had a registered manager. 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.

At this inspection we found that the service had not sent the CQC notifications. A notification is information about important events which the service is required to send us by law. This was a breach of Regulation 18 of CQC (Registration) Regulations 2009.

People felt they had their needs met safely. Staff had awareness of potential signs of abuse to people and supported people to minimise the risks identified. However, the risk assessments did not assess the likelihood and severity of the potential risks to people. This meant the staff team was not aware of the level of risks to people. The service followed the accidents and incidents procedure to ensure that people had the support required to manage the increased risks. There were enough staff to meet people's care needs. People received support to have their medicines safely and as prescribed .

Staff had support to develop within their role that enabled them to provide effective care for people. They attended relevant training courses, which ensured they were up-to-date with the knowledge required for their role. The service carried out regular supervisions to ensure that staff had sufficient skills to support people with their needs. The registered manager was in the process of planning appraisal meetings for staff that were working for the service for less than a year. People were assisted to eat and drink as they chose to. Staff supported people to attend to their health needs as and when required.

Staff were not provided with a Mental Capacity Act 2005 (MCA) training. So we could not be assured that the MCA principles were followed when staff assessed people's capacity to make decisions. The registered manager booked the MCA training course for staff on the day of inspection.

People felt that staff were kind and compassionate. Staff were aware of people's preferences and helped them to maintain routines that were important for them. People got to know staff before they started supporting them, which meant that people were provided with choices as to who provided support. People told us their privacy was respected. People's relatives shared their experiences with the service to ensure that people's care needs were met as required.

People told us they were provided with care that met their needs. Regular review meetings were carried out, which ensured that people were involved in making decisions about their care. At the time of inspection, people and their relatives did not have any complaints about the support provided. Information was available to people on how to complain. The service had obtained people's feedback on the care they received and addressed the issues identified as necessary.

Staff received support from the management team. The registered manager provided guidance and advice to the staff when necessary. Staff were encouraged to take initiative and share their ideas to improve service delivery for people. Regular audits took place to ensure the quality of the services provided for people. The registered manager carried out individual checks on staff to review their performance and to improve the care delivery.

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. Staff were aware of the potential signs of abuse to people and took action to protect people when required. Risks to people were identified and risk management plans were in place to guide staff. However, the level of risks were not assessed by the provider, which meant that staff were not aware of the impact of risks on people.

There were enough staff at the service to ensure people's safety and meet their needs.

People received their medicines safely and in line with their prescriptions.

Is the service effective?

Good ●

The service was effective. Staff received regular supervisions, which ensured they were supported in their caring role. The registered manager had planned to carry out appraisal meetings for staff. Effective staff training procedures were followed to ensure that staff had knowledge and skills to meet the needs of people they supported.

The service did not provide staff with Mental Capacity Act 2005 training meaning that they may have lacked skills to assess people's capacity to make decisions.

People were supported to eat and drink as appropriate. Staff supported people with their health needs.

Is the service caring?

Good ●

The service was caring. People had good relationships with staff. Staff were kind and compassionate to people's needs. People had support to follow their routines and staff were aware of what was important for them.

People had their privacy and dignity respected. Relatives were involved in their care delivery, which enabled them to share important information about people's needs.

Is the service responsive?

Good 

The service was responsive. People expressed their choices and were involved in planning their care and support delivery. The service reassessed people's changing needs. When necessary they requested additional support to ensure that people's needs were met.

People were supported to give feedback about the care they received. At the time of inspection people and their relatives did not have any concerns about the services provided.

Is the service well-led?

Requires Improvement 

The service was not always well-led. The registered manager had not sent the CQC notifications as required by law.

Staff received support and advice from the registered manager which enabled them to ensure good practice. The service supported staff to raise their concerns and identify and suggest to areas for improvement.

The registered manager had monitored the quality of care provision at the service. Spot checks were carried out to review staff's performance as required.

TenderCare 4 You

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 13 June 2016. 24 hours before the inspection we contacted the registered manager to let them know that we would be coming to inspect the service. We wanted to make sure that someone would be in the office on the day of inspection.

This inspection was undertaken by one inspector. Before the inspection we reviewed information we held about the service including statutory notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at four people's care records, three staff files, staff rotas, staff training records and other records relating to the management of the service.

After the inspection we contacted two people who used the service and two relatives for their feedback about the care provided. We also made phone calls to two staff members and a health care professional.

Is the service safe?

Our findings

People told us they received care that was safe. One person said, "I receive support the way I need it and I feel safe". A relative told us that their family member was, "safe at all times as I can trust the service to provide a good care."

Staff had appropriate skills and knowledge to protect people from potential harm and injury. Records showed that staff were up-to-date with safeguarding training. Staff were aware of the safeguarding procedure and recognised different forms of potential abuse. They ensured that immediate support was provided to people to ensure their safety if an allegation of abuse was made. Staff told us they reported their concerns to the registered manager who took action to ensure people's safety. The registered manager then contacted the local authority, which ensured that an investigation was carried out and a protection plan was put in place to safeguard people from poor care. For example, the service took appropriate actions to ensure that a person was supported to have access to their medicines safely.

People had support to ensure that risks to their well-being were managed safely. Care records showed that individual risks to people were identified and acted on to ensure that people received the support they required. A physiotherapist's guidelines were available to support a person with using a staircase safely. This meant that staff supported the person to manage the risks associated with this activity. However, the service did not assess the likelihood and severity of each risk occurring to determine the level of risk. This meant that staff were not aware of the impact of risks on people. We talked to the registered manager about this and were told that staff received on-going support and advice from the management team to ensure that risks to people's safety were managed as necessary. The registered manager told us they would update the assessments to reflect the level of risk as discussed.

Systems were in place for recording and acting on incidents and accidents which occurred. Staff were aware of the incidents and accidents procedure. Staff reported their concerns to the registered manager within 24 hours and they ensured that all relevant information was accurately recorded. Where required, staff contacted the GP or the out of hours doctor for advice making sure that immediate support was provided to people. This meant that staff supported people to stay safe and reduce risks where appropriate.

People told us they had sufficient numbers of staff to support them with their care needs. The service reviewed people's needs regularly to ensure they had the support required. The registered manager told us they requested the local authority to carry out an assessment when people's needs changed and they needed additional support. The service carried out unannounced visits to check on staff's shift start and finish times. They also regularly asked people if staff were punctual and covered their work hours as required. People told us that staff called them to let know if they were running late. The registered manager informed us that staff were allocated people to support in the same area to ensure they were not late for their shifts and to reduce the travelling time. The service was introducing a new system where staff had to call the office at the start and end of their shift, which helped the registered manager to monitor staff's attendance. The registered manager told us that staff sickness was covered by the permanent staff and at short notice when required.

Staff supported people to take their medicines safely. The service provided staff with guidance on good practice in medicines management. This included storing and administering medicines. Care records had information on the support people required with their medicines. We saw that a person required assistance to take the right dose of their medicines, whereas another person only needed prompting to take the medicines at the times they required them. The registered manager told us that only trained and experienced staff supported people to take their medicines. This prevented medicine errors and reduced risk of harm to people. People's support needs with their medicines were assessed and regularly reviewed by the health professionals, including their GP and district nurses. Staff told us they contacted the health professionals for advice and medical assistance if people refused to take their medicines.

Is the service effective?

Our findings

We found that the service was effective. A person said to us that staff were, "very very good. They know how to help me". A person told us that they, "hope that [staff] will continue being as good as they are now."

Staff received regular supervision to ensure they were supported to provide good care for people. Supervision is a one-to-one meeting between staff and their line manager to discuss work practice and any issues affecting people who used the service. Before the supervisions staff were required to fill in a form noting what was working well and issues that they wanted to address with the supervisor. This ensured that staff were provided with opportunity to prepare for the meeting and reflect on their practice. Supervision records showed that staff had their developmental needs discussed and support was provided to address skill gaps, for example by attending additional training courses where required. We saw that supervisions were also used to discuss a topic, for example staff's understanding of the safeguarding procedure. However, the registered manager told us that staff had not had appraisal meetings as majority of them had worked for the service for less than a year. The registered manager was planning appraisal dates and aimed to carry out the appraisal meetings in the next four weeks.

People received effective care and support from staff that were provided with on-going training. Records showed that staff had attended training courses relevant to their job, including moving and handling, management of medicines and record keeping. The registered manager had monitored training attended by staff and booked them on the next available course when they were due for refresher training. This ensured that staff were up-to-date with their training courses. Staff told us they applied the knowledge gained at the training courses in practice, for example by keeping people's confidential information safe at all times.

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.

At the time of inspection, the service did not support people who lacked capacity. The registered manager had recently attended a MCA training course and was aware of their responsibilities under the act. Staff provided people with choices and helped them to make their own daily decisions as necessary. Any concerns they had, where people appeared confused and inconsistent in making the decisions, were discussed with the registered manager to ensure that support was provided to people when required. We saw that the service had shared their concerns with a family member and social care professionals involved after a staff member had concerns about a person's mental capacity to make some complex decisions.

However, records showed that staff had not received training on the MCA. The registered manager told us that staff had covered some parts of the MCA in other training courses, such as dementia and safeguarding people. Nevertheless, this had not ensured that staff worked within the principles of the MCA when assessing people's capacity and ensuring the least restrictive option to meet people's needs. We discussed this with

the registered manager, who acted promptly on the day of inspection and booked a MCA training course for staff.

People told us they received support with their nutritional needs as required. Staff recorded people's food intake in their daily logs, which ensured that people's nutritional needs were appropriately monitored. Care records held information on the support people required with their meals, including the food they liked to eat and when they preferred to have their meals. Staff told us they assisted people with preparing their main meals. Staff involved people in making decisions about the food they wanted to eat. One person told us, "The carer asks me what I want to eat and she makes it for me. I get help to cook food the way I like it." Records showed that the service received advice from nutritional specialists where people's needs changed, for example where a person required support with eating.

People told us they received support to look after their health needs as necessary. Care records held important information about people's health needs, including their conditions and treatment required. The registered manager told us that some people were supported by their families to attend their health appointments and they required little input from the staff team, for example chasing-up equipment delivery. Staff were aware of people's health needs and contacted their GP or the emergency services for support if people's health was deteriorating. Care records had contact details for people's health professionals. This meant that staff had access to contact numbers in an emergency.

Is the service caring?

Our findings

People told us they had good relationships with the staff and they were friendly and caring. A person said that staff, "give the best care". A family member told us that staff looked after their relative, "well, making sure [the relative] is comfortable." Another family member said that staff, "take their time talking to [their relative], which is fantastic."

Staff were attentive to people's needs and treated them with kindness and compassion. People told us that staff took time to talk to them and carried out additional tasks where needed. One person said, "I enjoy the chat with the carer in the morning, it breaks the day. Before she does the cleaning, she offers me a cup of tea, which is nice." One other person told us that staff were, "reassuring when I am not feeling well or need help." Staff were aware of people's preferences and helped them to maintain what was important for them. For example, a person told us that staff did not disturb their sleep and waited for them to wake up before providing the support. This meant that staff attended to people's needs with care.

People made choices about the staff they wanted to be supported by. People told us they usually had the same staff that they got to know well. The registered manager said to us that staff were introduced to people prior they started working with them. Staff shadowed more experienced team members and that enabled them to get to know people and their support needs appropriately. This also meant that people had time to get to know staff based on their skills, experience and interests. The registered manager told us that people were informed in advance about the staffing changes to ensure they were in agreement with this.

People told us that staff respected their privacy. One person said, "Staff have their own key, but they knock first before going in." Staff told us they ensured that people had privacy when they needed it. They helped people to feel comfortable in their own homes and ensured that their dignity was respected while providing personal care, for example by closing the bathroom door when assisting with washing.

The registered manager told us they had good contacts with the families, which ensured that people had necessary support from all parties involved when required. Staff told us they contacted families to update them about people's changing needs and also to ask for advice when required. This meant that families were informed and shared their experiences to ensure good care delivery for people.

Is the service responsive?

Our findings

The service responded to people's needs as necessary. One person told us, "I get all support I need and more." A relative told us that staff, "provided good support when needs changed, they are good to work with."

People contributed to the assessment and planning of their care. The registered manager carried out initial assessments to identify people's needs before they started providing care. This helped the service to ascertain if they were able to provide people with the right support. A care plan was also provided by the local authority with information on how people wanted to be supported, including help with laundry and clothes washing. The service used these plans to provide people with their chosen care. We found that care plans were updated when people's health needs changed and they required additional support, for example support with dressing. This meant that people's needs were monitored and changes made to meet the needs as required. We saw that care plans had personal information about people. Staff used people's personal history to understand their personality and care needs better, which ensured good practice. For example, a person's life style was taken into account when supporting them.

Staff supported people to make choices about their support. People told us that staff understood their needs and followed routines that were important for them. For example, a person told us that staff always left a drink for them in their bedroom for the night. Staff told us they listened to people's views on how they wanted to be cared for and responded to this as necessary. For example, they suggested a wash if a person did not want to have a bath. A relative told us that the service respected people's decisions and took actions to address the issues identified.

People told us they were able to raise their concerns. They talked to the staff if they had any concerns about the service they received. People said they were confident that the staff team would take actions to address their concerns. One person said, "I know that [staff] would do something if I am not happy about the care." The registered manager told us that people had a copy of a complaints procedure in their homes with information on how to make a formal complaint if they wished to. At the time of inspection, people and their relatives did not have any complaints about the care. The registered manager told us that there were no complaints received from people since the last inspection.

The service asked people and their relatives for feedback about the care provided. The registered manager used questionnaires to collect their feedback. The feedback received helped the team to understand what they were doing well and where they required improvement. The feedback forms we viewed suggested that people and their relatives were satisfied with quality of care provided and would recommend the service to other people. People felt treated with dignity and respect by the staff that supported them. The registered manager told us that any concerns raised were looked at individually to ensure that actions had been taken to address the issues identified.

Is the service well-led?

Our findings

The registered manager was not fully aware of the registration requirements with the Care Quality Commission (CQC). The service did not ensure that statutory notifications were submitted to CQC as required by law. We spoke to the registered manager to find out what statutory notifications they thought had to be submitted to CQC. The registered manager was only aware of the safeguarding notifications that were required to be sent to CQC. However, since the last inspection the service did not inform the CQC about two safeguarding raised for people that they supported.

This was a breach of Regulation 18 of CQC (Registration) Regulations 2009.

Staff told us that the registered manager was supportive and they were able to ask for guidance when required. The registered manager was always available on the phone for staff to get advice on urgent matters. Staff told us that they met with the registered manager to discuss people's individual needs and agree on required actions. Any concerns they had were shared with other agencies to ensure that people were safe and to improve the quality of their lives. For example, a staff member had informed the registered manager about the additional support a person required with eating. The local authority was informed about this and it was agreed to increase the support to the person.

The registered manager provided good leadership at the service. A person said that the manager "is in contact all the time to make sure I am ok, he is a lovely man." A relative said to us that the registered manager was, "good at regularly contacting and communicating" with them. Staff told us they were encouraged to take initiative to ensure effective care delivery for people, for example by getting advice from health professionals where they had concerns about people's health. One staff member said to us that the manager was, "supportive and did a good job at the service." The registered manager encouraged staff to share their ideas to improve practice, including making suggestions for the policies and procedures to be changed.

The registered manager was responsible for monitoring the care provision at the service. They undertook internal audits to ensure that the quality of the services provided for people were maintained. The registered manager told us they regularly carried out unannounced visits to people's homes to monitor staff practice and where required take actions to improve the services provided for people. The registered manager had carried out checks on care records to ensure that staff recorded their activities clearly and accurately.

The registered manager undertook spot checks to monitor services provided for people. We saw that the spot checks were completed regularly. The spot checks reviewed the quality of care delivered, including staff following service's medication procedure. We found that where improvements were required, an action plan was agreed with a staff member to be completed to improve the quality of care delivered. This included attending training courses as necessary.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider did not ensure that statutory notifications were submitted to CQC as required by law.</p>