

Tender Loving Care Services Chesterfield Limited

Tender Loving Care Services

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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 5 and 7 December 2017. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults in and around Chesterfield. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. There were 11 people receiving a service at the time of our inspection.

This announced inspection was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including domiciliary services.

There was a registered manager in the service. 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.

We rated this service as Requires Improvement in September 2016. Following this inspection, we asked the provider to complete an action plan by January 2017 to show what they would do to improve the key questions 'Is this service safe, effective, and well led?' to at least good. This was because we found quality monitoring systems were not always effective and systems were not in place medicines were safely administered; to ensure safeguarding was responded to and people's capacity was assessed where concerns had been identified.

On this inspection we found improvements had been made although further improvements were needed with how quality was reviewed within the service, and checks were needed in the office to ensure it was safe. We have made a recommendation about the management of quality systems.

People felt safe when being supported. The staff knew how to protect people if they suspected they were at risk of abuse or harm and how to report concerns. Recruitment checks were made to confirm staff were of good character to work with people and sufficient staff were available to meet people's support needs.

Risks to people had been identified and staff understood how to support people to reduce risk and protect them from potential harm without restricting their rights. People had support plans which reflected their specific needs and preferences for how they wished to be cared for. We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to make decisions about their care and staff knew how to respond if people no longer had capacity to make some specific decisions.

There was a small team of staff who had the skills to meet people's needs. The support was flexible and responsive to changes. People received their care at a time they wanted it and they knew who would be

providing their support. People were happy with how the staff provided care and were positive about the way staff treated them. People's privacy and dignity were respected and upheld by the staff who supported them.

Risks to people's health and wellbeing were assessed and plans were in place to monitor and to assist them in a safe manner. People felt comfortable raising any issues or concerns and there were arrangements in place to deal with people's complaints. People felt the staff had the right skills to provide the care they wanted.

People's health needs were managed and the staff worked with health care professionals and helped people to attend appointments where necessary. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed needs.

People had developed good relationships with staff and the registered manager. Care was planned and reviewed with people and the provider ensured that people's choices were followed.

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.

There were sufficient staff working in the service and people felt safe when they received care. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. People received their medicines as prescribed and systems were in place to recruit staff that were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent when providing support and people were able to make decisions about their care. People who used the service had capacity to make decisions about their care and staff gained people's consent to care. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who they considered kind and caring. Staff respected people's privacy and promoted their independence. People received care and support from consistent care staff that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People felt able to raise any concerns and complaints were investigated and responded to. People received their care at the

time they had agreed and for the agreed time. People had support plans which included information staff needed to help support them in the way they preferred. This was reviewed to reflect people's changing needs.

Is the service well-led?

The service was not always well-led.

Improvements were still needed to ensure effective quality assurance systems were in place to monitor the quality and safety of care and to identify where improvements could be made. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. The quality of service people received was regularly monitored through feedback from people.

Requires Improvement ●

Tender Loving Care Services

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Following the last inspection in September 2016 we asked the provider to complete an action plan by January 2017 to show what they would do to improve the key questions, 'Is this service safe, effective, and well led?' to at least good. This was because we found quality monitoring systems were not always effective; systems were not in place to ensure safeguarding was responded to, to ensure medicines were safely managed and people's capacity was assessed where needed.

This was an announced inspection and we gave the service seven days' notice of the inspection site visit. This was because some of the people using it could not consent to a receiving a telephone call from an inspector, which meant that we had to arrange for a 'best interests' decision about this. This inspection was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including domiciliary services.

The inspection site visit activity started on 5 December 2017 and ended on 7 December 2017. It included telephoning six people with their relative or friends; we spoke with three staff and the registered manager. We visited the office location on 7 December 2017 to see the registered manager and office staff; and to review care records and policies and procedures.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were 11 people receiving a service.

On this occasion we did not ask the provider to send us a 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We looked at four people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service including quality checks. We reviewed statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

Is the service safe?

Our findings

On our last inspection we identified concerns with the systems in place to ensure people received their medicines as prescribed. On this inspection we saw improvements had been made. Systems had been developed to ensure the care records included information about how people received their medicines and the support they needed. A risk assessment was completed to record whether people had medicines in blister packs and if there were any known difficulties with their support. There was information about the storage facilities in the home and how to keep medicines safe. People told us they received their medicines as prescribed or staff reminded them to take them. One relative told us, "They give them their tablet on time and they're the right ones, because I can see that as they're in a blister pack. They write it down on a form when they have given them." Staff received training on how to safely administer medicines and the registered manager checked their competence on support visits. The registered manager told us, "As we know everyone and we also work with the staff and do observation checks, we can make sure they are doing everything right as they should be."

On our last inspection we also identified concerns with how the registered manager had developed and reviewed their safeguarding policy and staff had received training. On this inspection we found improvements had been made. The safeguarding policy had been reviewed and staff had recorded where they had read this. This policy considered the codes of practice from the Equality and Human Rights Commission. Staff understood how to identify different forms of abuse and one member of staff told us, "If there's anything we are worried about, there's always someone on call, so we can contact them and make a referral. We also have incident forms which we complete if anything has happened or if someone has an accident. The manager always makes sure we have some with us so we can fill these out if we need to." Where people had any accident, including where people had an accident between calls, we saw this was reported to the registered manager and checks made to ensure people's continued welfare. One person told us, "If it tell them I've had an accident, they check to make sure I'm alright." If required, the care plan and risk assessment was reviewed to promote people's continued safety.

People were confident that the staff supported them in a way which helped to keep them safe. One person told us, "The staff are trustworthy and competent." One relative told us, "They feel safe. They're just very good and [Person who used the service] thinks they are marvellous." They come morning, dinner, tea and night; four times a day. There are different staff but they recognise them; they're not strangers, not now." Where people needed assistance to move, a risk assessment recorded how they needed to be supported safely. An occupational therapist carried out an assessment to ensure people used the right equipment. The deputy manager or registered manager carried out the first care call to ensure that the support plan was clear and reflected the support people needed. They told us, "We go through the equipment and make sure everything is alright. All the staff have training to use this and we check that it is being used properly when we do our joint visits." Staff were clear that people should only be helped to move in the way that had been assessed as being safe. People told us that care staff followed the guidance within the risk assessments and they felt safe when being supported to move. One person told us, "The staff are very helpful and always check I'm alright. I'm quite happy with how they help me." One relative told us, "They are quite dependent on the staff team. They are so very good and very careful and are trained to use the hoist."

Staff had access to personal protective equipment and supplies were also kept within each person's home for staff to use. This was to help reduce the risk of cross infection and ensure infection control standards were managed. The environmental risk assessment included information about how to minimise any infection control risks including whether there were any animals in the home and whether there was any known risk of coming into contact with any contaminant.

People felt there was enough staff to provide safe and effective care. There was a small group of regular staff who provided all their care and who people knew well and were comfortable with. People told us they received the service at the time they expected and one relative told us, "They get the same people regularly, at the same time, and on the same day." One person told us, "I can always rely on the staff to come when I need them. They have never let me down."

An environmental risk assessment was completed for hazards in the home and whether staff were able to use any of the facilities, for example, using the kettle. Some people had key safes installed outside of their homes. This allowed staff access to people's homes when people were unable to open their doors. People had consented for staff to use these and have access to their home to provide the support they needed. One person told us, "The staff announce who they are as soon as they come in the door so we know who it is. They use the key safe properly too." Risk assessments were completed where staff were expected to work alone. This covered ensuring they had emergency contact details, having a torch available for poorly lit places and the need to notify the registered manager of any change to their personal circumstances or medical condition. This showed the provider had considered how to protect staff and reduce any potential risks.

When new staff started working in the service, recruitment checks were carried out to ensure they were suitable to work with people. We saw that staff's suitability for the role was ensured by obtaining references, having a police check and confirming the validity of their qualifications, including previous experience and training.

The provider recognised errors and reflected on situations to make on-going improvements. The deputy manager explained as a small agency they needed to review how staffing was organised to ensure people received their agreed care. They told us, "We have reviewed how we organise annual leave so we can make sure there are enough staff during holiday periods. We are a small team and when one person is off, this has an effect on how care is covered. We have to put people first and make sure we can carry on supporting them."

Is the service effective?

Our findings

On our last inspection visits we found improvements were needed as the provider could not assure us that systems were in place to support people to make decisions if they lacked capacity; records did not always show that people had given their consent to their care and support in line with legislation. On this inspection we found improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and where needed, whether applications had been made to the Court of Protection.

People who used the service had capacity to make decisions about their care and support and felt their liberty was not restricted. The registered manager had reviewed how they would support people to make a decision where they lacked capacity. A new policy had been developed which incorporated the procedure for assessing people's capacity and recognising where people may not be able to make a decision. People felt they were helped to make decisions and be in control of their care and had consented to their support plan. People had been involved with developing their plan and family members had been invited to contribute to this. We saw people had signed their support plan to evidence their involvement and agreement. The registered manager understood their responsibility to ensure they had accurate information about any legal agreement to make decisions on others behalf. Staff understood that people were able to make decisions about their care and one member of staff told us, "It's important people tell us what they want and then we can make sure we do everything right for them." The provider and staff understood that where people were no longer able to make decisions for themselves, other people could help make this decision in their best interests.

New staff completed an induction and shadowed experienced members of staff when they started working in the service. Where new staff had not completed a recognised care qualification, they were supported to complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. People were confident that staff knew how to support them. One person told us, "I don't have to worry; the staff are very good at what they do. I can put all my trust in them."

People benefitted from being cared for by staff who were supervised, to ensure they were supporting people effectively. During supervision the staff were encouraged to reflect on their practices and how they supported people. Unannounced spot checks were also completed to check whether staff continued to work with people safely. Where concerns were raised this was discussed at supervision and used to support

further learning.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. The support people needed and risks associated with health care were recorded in care records to guide staff to provide the support people wanted.

People had choice and flexibility about the meals they ate and where requested, support was given to prepare meals. People retained responsibility for their personal shopping. There were no people who received a service where concerns had been identified with how they managed their eating and drinking.

Is the service caring?

Our findings

People were treated with care and kindness. One relative told us, "All of the staff are kind; I've not met a nasty one. To be honest it's the most important thing, and we wouldn't be with them if they were horrible." Another relative told us, "They are kind and we like them all. They stop and have a chat while they're on the job too."

Staff had developed relationships with people and knew their individual preferences which enhanced the care they provided. One relative told us, "The staff talk about what's been going on in the general news and what they've been doing and [Person using the service] is interested in all that." Another relative told us, "The staff talk about their grandchildren and they just carry on with the work as they talk. That's what they like, to talk about the family." People's care records contained details about their preferences. This included how they wished to be supported and information about their choices and decisions and about their history and life and what was important to them.

The staff demonstrated a good understanding and knowledge of people's life histories, the things that were important to them and how they wanted to be supported. One member of staff told us, "It's often the little things that make a difference and because we support the same few people, we get to know and understand. We also work with the family to make sure people are happy."

People felt the staff were compassionate and responded to their differing needs and provided them with comfort if they were anxious. Where people wanted support from staff of a specific gender, this was arranged. One person told us, "All the staff I have are male at the moment which is great." One relative told us, "[Person using the service] has female staff that do all the care, that's all they send." Another relative told us, "Their care's a bit personal, so they prefers males; they treat them well, they're absolutely excellent."

People were able to retain their independence and supported to be able to stay within their home. One relative told us, "They are only living in their home with the help of the team." People's support plans guided staff on how to ensure people were encouraged to do as much as they wanted so that they retained control.

People were happy with the staff that supported them and told us they treated them with respect and listened to what they had to say. Staff provided care in a dignified manner and one person told us, "I feel comfortable about approaching any of the staff, oh yes." One relative told us, "Privacy and dignity are respected, and they would say something to them if it wasn't." Another relative told us, "The staff are completely approachable. I speak with the manager too as I need to, usually about once a fortnight. But they keep me informed and I'd recommend them to anybody."

People had a copy of their records in their home and a copy was retained in the office. People told us they looked through the records and were happy with how the information was recorded. One relative told us, "I check to see what has happened and they always record what they have been doing." The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected.

Is the service responsive?

Our findings

On our last inspection we identified that the complaints policy needed to be reviewed as this did not include details of the Local Government Ombudsman (LGO). The LGO look at complaints about adult social care providers. The registered manager had updated this information to ensure that people had information to raise any concerns.

People were happy with the service they received and told us they knew how to make a complaint if they needed to. People told us they had not needed to raise any concern and one person said, "If I had any concerns I'd speak with the manager, they are very good, she straightens everything out. I can't think of anything that's come up for a while." Another person told us, "If we have any concern, we've got a number to call. It could be the out of hours, the managers mobile or the office." People were provided with a copy of the complaints procedure which was kept in their home.

People were involved with the assessments that had been undertaken to determine whether the service could support their needs. People had been asked how they wanted to be supported and individual care plans had been written from this information. One person told us, "They came and visited me and asked me what I wanted. The manager told me what I could expect and we talked about the times I needed the staff to come here." A relative told us, "The manager came and asked what [Person who used the service] wanted, and it is followed. They give a schedule of all the visits; who, what time, what day." Where people's needs had changed or when people went into hospital, they were visited to ensure the service could still meet their needs. People consented to their support and family members were given the opportunity to contribute and agree with the plan.

When people started using the service, senior staff carried out the support visits to ensure the care records reflected what the person wanted. The deputy manager told us, "I work with staff for the first week to make sure they know what they are doing and we are satisfied they know what to do. We have a very clear rule that no staff should visit any new person without being introduced. It's not fair on the person or staff and we always make sure staff are introduced properly to people." One relative told us, "I can talk to the manager and I see her now and then. I saw her recently when she came round to introduce a new member of staff, as she likes to do that; she doesn't just spring them on you. She does that so [Person who used the service] sees her with the new staff."

The statement of purpose included details that the service aimed to match people's preferences in relation to people's gender or specialist needs; this could include how to support people's diverse culture or communication style. People were also provided with a service user guide which gave them details about what they could expect from the service. Information could be provided in larger print or pictorial where this was needed. The documentation used was currently suitable for the diversity of the people who used the service.

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to assist people when out, for example,

when shopping, going to work and being involved with leisure activities. During these support visits, personal care was not provided and therefore this support is not regulated by us.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

On our last inspection visit we found that systems were not in place to ensure the quality and safety of the service was monitored and notifications were not sent to us to inform us of significant events. This meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made but further improvements were still required.

Informal quality monitoring systems were in place to review how the service was provided. For example, the registered manager and deputy manager carried out support visits with staff and checked whether people received the service they were commissioned to receive and checked that people were happy. Where concerns were identified these were discussed with staff individually or at team meetings. At the last meeting we saw that the registered manager had identified that staff may not be staying the full length of time for each support visit. They reminded staff of the importance of staying for the agreed time and how this needed to be recorded. However, there was no formal system in place for demonstrating how this was monitored to ensure that all people received the time they were commissioned to receive. Medication administration records were reviewed at people's home's each week and where concerns were identified this was addressed with individual staff. However this was not recorded to demonstrate how improvements were being made in the service.

Quality audits had not always been carried out to ensure the registered office was safe. Tests had been carried out on electrical equipment however fire safety precautions had not always been considered. The office did not have a fire detection system; we saw the office only had one point of entry and a fire evacuation plan had not been considered. The registered manager agreed this needed to be reviewed.

We recommend that the registered manager seeks advice and guidance from a reputable source about the management of their quality assurance systems.

People views were sought about the service through a questionnaire and during the twice yearly care review. People were asked about the service they received and whether they were happy with their support and the staff. One person told us, "They ask things like if I'm happy. I'd tell them anything that was needed, but it's all alright." One relative told us, "We have had a questionnaire and the manager came round two or three months ago to ask us how things were." The deputy manager told us, "Sitting with people gives you a better response than just filling out a form. We find that often people will just write that everything is good, but when you speak with them you find out if anything is really bothering them." A newsletter was sent to people who used the service to inform them of significant events. We saw the last newsletter included information about the service being provided over Christmas and office closures; employee of the month and that feedback questionnaires would be sent out in the new year to gather their views.

The service had a registered manager who understood the responsibilities of their registration with us. They now reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service

where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this.

The staff felt part of a supportive team and told us the registered manager was approachable and listened to them. Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying. People were happy with how the registered manager provided support. One relative told us, "We've found the manager to be very approachable."

The registered manager had reviewed the service contingency plan and risk assessment for the service. This included how the service could operate in adverse events including in the event of heavy snow or staff sickness. The plan included actions to take to ensure the most vulnerable people continued to receive a service. One relative told us, "One time a lot of snow came down, but the staff in the area have got to know everybody and they allocated local staff. By being flexible meant they worked together to make sure all the calls happen." This showed how the registered manager was ensuring they could continue to provide a service for people.