

Tender Care Services Limited

Tender-Care Services Limited

Inspection report

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25 June 2019

28 June 2019

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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

About the service

Tender Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 58 people were receiving care and support from the service.

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

People received a good standard of care because staff and management put people first.

We saw, and people told us, they received care from staff who knew their needs well, arrived on time and ensured that they felt safe and well cared for.

People were supported by staff who provided flexible, responsive care. Staff recruitment checks were robust and ensured staff were suitable to work with people in a care setting. Staff induction, on-going training and support enabled them to carry out their roles effectively.

People told us they felt listened to and consulted when planning and agreeing what care and support they needed. People were supported to access appropriate healthcare where necessary to maintain their health and wellbeing. Where needed, people received their medication as prescribed.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infections.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns.

People and staff felt the service was well led. Governance systems and oversight of the service were robust. Issues were identified, and actions taken to address any shortfalls.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had not made statutory notifications as required. The registered manager updated their procedures to include a step by step process for making notifications.

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

Rating at last inspection

The last rating for this service was Good. (published December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Tender-Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people.

Service and service type

Tender Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit. We needed to be sure that people were informed that we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection.

Inspection site visit activity started on 18 June 2019 and ended on 28 June 2019. We visited the office location on 18 and 25 June 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also spoke with commissioners of the service from the local social services department and clinical commissioning group to obtain their views about the service. We used all of this information to help us plan the inspection.

During the inspection

During the inspection we spoke with nine people and five relatives or friends. We also spoke with the registered manager and four staff. We had emails from five members of staff in response to our enquiries about the service and obtained feedback about the service from one health and social care professional.

We reviewed a range of records including three care plans, five medicines records, two staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, medicines records and maintenance of equipment.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults.
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary. A member of staff told us, "I've done all my training including safeguarding and whistle blowing and had good support."

Assessing risk, safety monitoring and management

- Staff understood the actions they needed to take to minimise the risk of avoidable harm.
- One person told us, "Oh yes, I do feel safe. I look forward to them coming." Another said, "Safe? Yes, very much so. It's a very nice company".
- Assessments were carried out to identify any risks to people and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.
- Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. A member of staff told us, "We are encouraged to check hoists and other equipment for defects and dates. [registered manager] acts quickly when there are any issues raised.
- There was a contingency plan in place in case of events that effected the service running safely such as staff sickness, problems with the building or adverse weather.

Staffing and recruitment

- Recruitment practices were safe. The relevant checks had been completed before staff worked with people in their homes.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. A member of staff told us, "... the clients always get the time that they need. This contrasts with other service providers where I've witnessed staff being forced to perform adequate but lacking service on one service user before having to rush to another."
- People consistently described the staff as reliable at arriving on time and having enough time to meet their needs. One person told us, "Yes, they come on time. If there's an emergency, they ring me. The time suits me".

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely. However, we found two prescribed creams where there was not guidance to direct staff where these should be applied. The registered manager took action to rectify this.

- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly. One person told us, "They help me with medicines and creams. I'm happy with it all. They are so cheerful."

Preventing and controlling infection

- People were protected from the risk of infection because staff were trained in infection control. Everyone we spoke with said the staff put their training into practice. One person told us, "Yes, they wash their hands, wear uniform and use gloves and aprons as needed."

- Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and analysed by the registered manager so that any trends could be identified, and learning could be facilitated.

- Accidents and incidents were seen as an opportunity to reflect on practice and continually improve outcomes for people.

- Where events had occurred that required review, minutes showed these were discussed in staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs and choices were assessed before the service started to provide any care or support and were then regularly reviewed.
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person centred care and support plans. A member of staff told us, "I am very much about person-centred care and will often do things for clients which are beyond what is mandatory."
- Assessments included gathering information about people's cultural, religious and lifestyle choices and any equipment that was needed such as key safes, storage of medicines and telephone emergency alarm systems.

Staff support: induction, training, skills and experience

- People told us they felt their needs were met by staff with the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours for their roles.
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles.
- Staff were knowledgeable about their roles and how to provide the correct support to meet people's needs. A member of staff told us, "[registered manager] is constantly pushing us all to complete training and offers us help if we are struggling. Another told us, "I did shadow shifts for two weeks until I felt ready to work on my own."
- Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they could do so. An ongoing programme for updates and refresher training was in place. One person told us, "Well trained. Yes. They have to pass some sort of exam. They do the things I want them to do."
- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.
- A member of staff told us, "Tender Care is a lovely, small team where we do the best we can, we strive to go above and beyond, we care for our clients as we would our own families and we are well informed and guided by our Registered Manager."

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

- People were supported by staff who understood their food and drink needs and preferences. One person told us, "I'm very happy with the way my food is managed. Yes, I get enough to eat and drink."

- Care plans reflected the support the person needed.
- Staff had received training in how to support people with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care

- Records showed collaborative working with other agencies, such as GP's and district nurses, had ensured effective care and improved people's quality of life.
- Staff spoke knowledgeably about people's health needs and recognised the importance of being proactive in seeking guidance and support from health professionals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed this. This included support from GP's, community nurses, opticians and chiropodists.
- People told us this was done in a timely way and records confirmed this. One person told us, "If I am unwell, they help with the doctor. They help me feel better. I have skin problems. They solve them and help me feel more comfortable."
- Records showed that instructions from healthcare professionals were carried out.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible. One person told us, "Yes, they get permission. They talk it through. They don't mind being told", another person said, "Permission? They have my permission to do whatever they want!."
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and staff spoke highly about how caring and supportive the service was. One person told us, "They are very, very kind. Very friendly and very, very helpful. I'm quite happy with them." Another said, "Friendly and helpful – definitely. If I can't do any little things, they will do it."
- Staff understood and respected people's lifestyle choices. When we discussed with staff the people they supported they demonstrated an open, non-judgemental attitude that respected people's diversity.

Supporting people to express their views and be involved in making decisions about their care

- Everyone we spoke with felt included in how their care and support was planned and delivered and had opportunities to have their opinions heard.
- If people needed independent support with making decisions, the registered manager had information available about advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that staff were respectful of their privacy, dignity and independence. One person said, "Yes, they respect my privacy and my home. Everything is done properly. Always professional: they have standards." Another said, "They really are nice people. Not one that I haven't liked. Gentle? Yes definitely. They specialise in it. Really, really, good. I look forward to them coming, I really do."
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this. One person told us, "Encourage independence? Yes, and no. They recognise I want to be as independent as possible. Sometimes I push myself and they recognise the point when I am at my limit."
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People told us that staff provided them with all the care and support they required; they said they felt very well cared for and were always consulted about what they needed and how they wanted this to be done for them. One person told us, "They introduce themselves. They know your needs. They are really good."
- The staff team were knowledgeable about people's personal history which enabled them to have meaningful conversations. All of the staff confirmed that care plans and other records contained good detail to enable them to meet people's care needs. They also told us that they were always able to contact the registered manager or other senior staff if they had any queries.
- Care plans were personalised and detailed exactly how the person wanted their needs and preferences to be met. Each person's plan was regularly reviewed and updated to reflect their changing needs. One person said, "Yes, of course I have a care plan. They involve me at all stages."
- During our inspection we heard of examples of staff "going the extra mile" for the people; staff told us this was because they saw that people lived better lives if they were cared for holistically with consideration given to their social and mental wellbeing as well as to their physical care. We were given many examples of staff going "above and beyond" in their roles. This included arranging a day out for a veteran at the Tank Museum, taking people who had been housebound for many years out on day trips and to restaurants and even making one person's dream of a cruise come true by finding a member of staff to accompany them. Many of these examples included the registered manager and staff doing things for people in their own time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.
- The registered manager confirmed they could provide large scale print of any documents if required for people with sight difficulties and could change documents to suit most needs.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive

support from the service.

- People told us they knew how complain if they needed to and felt confident that they would be listened to. One person said, "I've had trouble with language.... I'm very deaf.... Yes, I've spoken to the office. They've altered my carer. They check every Friday from the office to see if there's any problems."
- The complaints procedure explained how to make a complaint and set out how people could expect any concerns or complaints to be dealt with.
- Records showed that complaints were acknowledged, investigated and resolved in line with this policy.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.
- Some staff had been trained to support people with end of life care needs and the registered manager held a diploma in palliative care.
- People had been given the opportunity to discuss their end of life wishes and these were documented.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we made a recommendation regarding submission of statutory notifications. At this inspection we found improvements to this process were still required.

- Services are required to notify CQC of a number of different types of incidents and events. This includes any allegations of abuse. We identified three allegations of abuse which had not been reported as required.
- The registered manager updated the procedures and policies in relation to statutory notifications to include a step by step process and check list. They also told us they had created a poster and nominated a deputy to make notifications in their absence.
- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider.
- People and staff said there was a clear management structure in place and that they were always responsive to any issues raised. A member of staff told us, "[registered manager] has a heart for caring and looking after the needs of her clients and staff and an open-door policy that I feel is important in the flow of communication, through clients and other members of staff. She remains professional at all times and no issue is ever too big for her not to handle."
- Staff spoke positively about teamwork. A member of staff told us, "If we need help or are unsure of how to handle a situation, our Manager's never make us feel as if we are unskilled or silly for asking but take the time to explain and problem solve."
- The registered manager monitored the quality of the service provided through a range of audits. They acted on any areas identified as needing improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were motivated to provide the best possible person-centred care and support for people. A member of staff told us, "I have felt able to make a difference with Tender Care by not just being one rigid and unbending cog in some giant machine I have no control over. Here, we do things by the book, but the strategy of care is always malleable."

- People and staff told us that the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions. A member of staff said, "[registered manager] leads by example and knows every service user's needs because she's done the work herself so can respond confidently with questions from staff and very quick to go out to the staff if they are having difficulty with a client."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of openness and learning from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys or reviews. This information was used to improve the service and to highlight good practice or care.
- Staff felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- The registered manager had identified staff recruitment and retention was a challenge and had looked at ways to improve this. Traditional care staff in domiciliary care need to be able to drive. The registered manager had worked hard to create routes with enough people on this that they could employ people without driving licences. They had also supported staff by providing electric bikes or helping staff afford driving lessons.
- Staff meetings were held regularly. These covered a range of topics including: discussing good and bad practice through looking at a number of scenarios, changes to policies, communications and the impact staff absences has on people using the service and other staff.

Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- There was evidence that learning from incidents; investigations took place and appropriate changes were implemented. One person, living with dementia, had unexpectedly left the block of flats they lived in. Staff had worked with other professionals to put measures in place to keep the person safe and enable them to remain living in their own home.

Working in partnership with others

- The registered manager told us, and records supported that, the service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.
- The service also provided support to people living in sheltered housing. A professional from the housing organisation told us, "At present I can say that Tender Care Services Limited offer a professional and reliable service, they built good relationships with residents and liaise well with me and other [name of organisation] colleagues. I can't suggest any improvement, as we are all very pleased with the way they work."