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Tendacare

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?	Good

Summary of findings

Overall summary

This was an announced inspection that took place on 22 April 2016.

The agency provides domiciliary care to people living in their own homes. It is located in the Ashtead, Surrey area.

There was 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 and associated Regulations about how the service is run.

At the previous inspection in February 2014, the agency was compliant with regulations. At this inspection the regulations were met.

People told us they were happy with the service provided and were notified of changes to staff and the timing of care provided. The designated tasks were carried out to their satisfaction and the staff team really cared. They thought the service provided was safe, effective, caring, responsive and well led.

The records were kept up to date and covered all aspects of the care and support people received, their choices and identified and met their needs. They contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties.

Staff where knowledgeable about the people they gave support to and the way people liked to be supported. They also worked well as a team when it was required, such as calls that may require two staff members. Staff provided care and support in a professional, friendly and supportive way that was focussed on the individual and they had appropriate skills to do so. They were well trained, knowledgeable and accessible to people using the service and their relatives. Staff said the organisation was a good one to work for and they enjoyed their work. They had access to good training, support and there were opportunities for career advancement.

People and their relatives were encouraged to discuss health and other needs with staff and had agreed information passed on to GP's and other community based health professionals, as appropriate. Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure people's meal likes, dislikes and preferences were met.

The agency staff knew about the Mental Capacity Act and their responsibilities regarding it.

People told us the office, management team and organisation were approachable, responsive, encouraged feedback and frequently monitored and assessed the quality of the service provided.

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.

The agency was suitably staffed, with a work force that had been security cleared. There were effective safeguarding procedures that staff understood.

Appropriate risk assessments were carried out, recorded and reviewed.

People were supported to take medication in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

People's support needs were assessed and agreed with them and their relatives. Their needs were identified and matched to the skills of well trained staff. They also had access to other community based health services that were regularly liaised with.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

Good

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

Good

The service was responsive.

The agency re-acted appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The agency had an enabling culture that was focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Tendacare

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.

This was an announced inspection and took place on 22 April 2016. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by an inspector and 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 service.

There were 135 people using the service and 42 staff. During the inspection, we spoke with eight people using the service and four staff, the registered manager and management team.

During our visit to the office premises we looked at eight copies of care plans for people who use the service. Copies of the care plans were kept in the office as well as in people's homes. Information recorded included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance. We also looked at four staff files.

Good

Is the service safe?

Our findings

People said that there was enough staff available to meet their needs. They also felt safe using the service. One person told us, "They are very good, they make me feel like I'm in safe hands, talking to me and I don't feel uncomfortable." Another person said, "I feel safe, I feel comfortable."

Staff followed the agency's policies and procedures to protect people from abuse and harm. This included assessing any risks to people and themselves when delivering a service. They received induction and refresher training in how to recognise abuse and possible harm to people using the service. They understood what abuse was, the action required if encountered and their responses to questions reflected the provider's policies and procedures. Staff told us they would inform the office to raise a safeguarding alert if they had concerns. The agency's safeguarding, disciplinary and whistle-blowing policies and procedures were also contained in the staff handbook. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The recruitment procedure for staff included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's skills and knowledge of the care field they were working in. References were taken up, work history scrutinised and disclosure and barring (DBS) security checks carried before people were confirmed in post. There was a 6 months probationary period and enough staff were employed to meet peoples' needs. The manager said that "A lot of recruitment was word of mouth with the agency being recommended as a good one to work for."

The agency carried out risk assessments that enabled people to take acceptable risks as safely as possible and also protect staff. The risks assessments included identified risk, measures to reduce risk and risks 'I want to take'. The risk assessments were monitored, reviewed and updated as people's needs changed and were contributed to by people using the service, relatives and staff as appropriate. People said that staff encouraged input from them to identify any risks that staff may not be aware of. There was also a separate environmental risk assessment. Staff had been trained to identify and assess risk to people and themselves. The staff said they shared information regarding risks to people with the office and other members of the team, particularly if they had shared calls. They told us they knew people who used the service well, were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk and remove any discomfort. There were also accident and incident records kept that were regularly reviewed.

Staff safely prompted people to take medicine or administered it as appropriate. The staff that prompted or administered medicine were trained and this training was updated annually. They also had access to updated guidance. The medicine records for all people using the service were checked by the agency and there was a risk assessment specific to medicine.

Good

Is the service effective?

Our findings

People told us they were involved in making decisions about the care and support they received, who would provide it and when this would take place. People said they rarely had issues with the timing of calls, length of stay and that their needs were well met. They said that staff were aware of their needs and provided the type of care and support that they needed in a way they liked. One person said, "They log in and out, they are very good arriving on time, they put in the time if they are late." People told us that they felt the staff were well trained and this enabled to complete the tasks that were required. One person told us, "They wash my feet properly and cream them. Wash my legs too and it has to be done properly and I feel they do it well." Another person said, "Their timing is good, I have no complaints, they do what I need them to do and I'm happy." A further person said, "They stay for the full time, their time keeping is good and they always phone if they are late."

Staff received induction and on-going mandatory training. The induction was comprehensive, based on the 15 standards of the 'Care Certificate' and the expectation was that staff would work towards the 'Care Certificate'. On completing induction new members of staff were accompanied by the assistant manager or an assessor and signed off when considered competent. Shadowing also took place as part of the induction process and new staff had access to a 'Buddy' system. Training was mainly classroom based and included areas such as moving and handling, safeguarding, infection control, medicine, food hygiene, end of life and health and safety. More specialist training was also provided for areas such as end of life care and equality and inclusion. Quarterly staff meetings, monthly supervision and annual appraisals provided opportunities to identify group and individual training needs. This was in addition to the informal day-to-day supervision and contact with the office and management team. There were staff training and development plans in place.

The care plans included peoples' health, nutrition and diet. Where appropriate staff monitored what and how much people had to eat and drink with them. People were advised and supported by staff to prepare meals and make healthy meal choices. Staff said any concerns were raised and discussed with the person's relatives and GP as appropriate. The records demonstrated that referrals were made and the agency regularly liaised with relevant health services. The agency worked closely with the hospital discharge teams and other community based health services, such as district nurses.

People's consent to the service provided was recorded in the care plans and they had service contracts with the agency. Staff said they also regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished. Staff had received training in people's behaviour that may put themselves and staff at risk and the procedure to follow if encountered. The agency had an equality and diversity policy that staff were aware of, understood and had received training in.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process,

when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

The agency carried out spot checks in people's homes that included areas such as staff conduct, courtesy and respect towards people, maintaining time schedules, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment. Staff had their work rotas updated weekly.

Good

Is the service caring?

Our findings

People told us that they were treated with dignity and respect by staff. They listened to what people said, valued their opinions and provided support in a friendly, helpful and compassionate way. One person said, "They are all very friendly. I have the same carers, four or five of them on a rota system. I can talk to them and have a chat, they are all very kind. I have a relationship with them, they do everything well." Another person told us, "'I have two carers which are the same. I'm very happy with them. We chatter away, they are very caring. It's companionship, they really look after me." A further person said, "They are caring and respectful. 100% never been rude or rough. I'm on a very good stable footing with them, it's a friendship. We exchange banter, we talk about our families."

People told us the agency provided suitable information about the service it provided. The information outlined the service they could expect, the way support would be provided and the agency expectations of them.

Staff received training to treat people with dignity and to respect them and their privacy. This was part of induction and refresher training. It included the importance of social engagement, interaction and inclusion of people as for some people this may be the only interaction they received. The agency operated a matching staff to people policy, particularly for sensitive areas such as same gender personal care. This included staff skills that helped to meet peoples' needs and enhance their quality of life. One person said, "The carers wash my hair, shower me, they are like friends. I feel confident with them, they respect me and we have a laugh. It makes it easier when they have to shower me, you don't feel awkward or anything. They shut the bathroom door; outside the bathroom is a room with a window which you can see into from next door. So they help me with my privacy."

Where possible placement continuity was promoted so that people using the service and staff could build up relationships and develop the quality of the service provided further. Staff knowledge about respecting people's rights, dignity and treating them with respect were tested as part of the recruitment process, at the interview stage and training provided if required. People said this was reflected in the caring, compassionate and respectful support staff provided support. One person told us, "They treat me well. I like their company and I can ask them if I need anything and I know they will help me."

People using the service said they were fully consulted and involved in all aspects of their care. This was by patient and compassionate staff that were prepared to make the effort to make sure their needs were met properly. Staff told us about the importance of asking the views of people using the service so that the support could be focussed on the individual's needs. The agency confirmed the tasks were identified in the care plans with people to make sure they were correct and met the person's needs. People also felt fairly treated and any ethnicity or diversity needs were acknowledged and met.

When the agency provided end of life care, this was managed by a supervisor who liaised with the community based health teams. The agency took into account that relatives could be involved in the care as much or as little as they wished during a distressing and sensitive period for them.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

People and their relatives said that the agency sought their views and they were consulted and involved in the decision-making process before the agency provided a service. One person said, "I had the advantage of knowing them (the agency) before when my husband used the service. I knew they were very good. I have only praise for them. It's very hard having to ask for help and to admit that you need help and they are very good to me. I can't think of anything that needs improving." Another told us, "It's an absolute excellent service. I have no complaints or concerns. They are very consistent and have never let me down." People said that they received personalised care that was responsive to their needs and staff enabled them to decide things for themselves, listened to them and if required action was taken. Staff told us how important it was to get the views of people using the service and their relatives so that the support could be focused on the individual's needs. One person told us, "They are kind and caring. Always ask if I need anything and they do go out of their way, very good carers."

Once the agency had received an enquiry, an assessment visit was carried out by a co-ordinator. During this visit they checked the tasks identified and required by people. They agreed the tasks with people, to make sure they met the person's needs. This was to prevent any inconsistencies in the service to be provided. The visit also included risk assessments.

We saw office copies of people's support plans that were individualised, person focused and the manager told us that people were encouraged to contribute to them and agreed tasks with the agency. People had two support plans, one that detailed the agreed tasks and the other that gave information that would help staff familiarise themselves with people. This included how they would like to be addressed, outcomes they want from the support plan, religious, cultural and personal preferences, communication, social activities and personal interests, important relationships, medical history and 'What I want to happen in an emergency'. One person said, "It's an excellent service. I have had to make no complaints. I would recommend it to anyone. Their general demeanour and efficiency is what they do well. Their cheerfulness and willingness to do anything. I can't think of any improvements." People's needs were regularly reviewed, re-assessed with them and their relatives and support plans changed to meet their needs. The people's files were regularly monitored, updated and changes recorded. The support plans were reviewed a minimum of 12 monthly or as required.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. One person said, "It's a good service. They do what they can, they build a relationship with you and they really care. I have no complaints or concerns."

There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had equality and diversity policy and staff had received training.

Good

Is the service well-led?

Our findings

People said that they felt comfortable speaking with the manager, staff and were happy to discuss any concerns they may have and always felt responded to. They told us there was frequent telephone communication with the office and they liked the fact that it was a small organisation that made the service a more personal one. Some people commented that if there was a problem with staff or the timing of the support provided, that it was quickly resolved. One person said, "I have a care plan and the office calls me to go over it and they come and see me too." Another person said, "I have a care plan. Things have got gradually worse with me and this is shown in the care plan." A further person told us, "I have had a form to fill in recently from them asking my views. I have a care plan. It is looked at once a year. They know me well and always ask if I need to change anything or if I need anything different."

The management team displayed open, supportive and clear leadership with staff enabled to take responsibility for their designated tasks. They described the agency's vision of the service, how it was provided and their philosophy of providing care to a standard that would be satisfactory for them and their relatives. The vision and values were clearly set out, staff understood them and said they were explained during induction training and regularly revisited. The manager was registered with the Care Quality Commission (CQC) and the requirements of registration were met.

Staff told us the support they received from the management team and the office was what they needed and that they felt valued. The manager was in frequent contact with staff and this enabled them to voice their opinions and exchange knowledge and information. This included during quarterly staff meetings. They felt suggestions they made to improve the service were listened to and given serious consideration. There was also a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working for the agency.

The records demonstrated that monthly staff supervision and annual appraisals took place and input from people who use the service, about staff performance was requested. This was to help identify if the staff member was person centred in their work. Records showed that spot checks also took place.

There was a policy and procedure in place to inform other services of relevant information should they be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The agency carried out regular reviews with people regarding their care. They noted what worked for people, what did not and any compliments and comments to identify what people considered the most important aspects of the service for them. The current number of people using the service enabled the agency to have an individualised approach to monitoring the quality of their care. One person told us, "They are a very good service. No complaints or concerns. I'm very pleased with them. They know me by name and I can't criticise them. I can't think of any improvements." Quality checks took place that included spot check visits; phone contact with people and their relatives and a bi-monthly questionnaire. Audits took place of

peoples' files staff files, support plans, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

We saw that records were kept securely and confidentially and these included electronic and paper records.