

Susan Joyce Smith

Tendacare

Inspection report

41 The Street
Ashted
Surrey
KT21 1AA

Tel: 01372272240

Website: www.tendacare.co.uk

Date of inspection visit:

03 December 2018

04 December 2018

Date of publication:

16 January 2019

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:

Tendacare is a domiciliary care agency that was providing personal care to 115 people aged 65 or over and 15 people aged under 65 at the time of the inspection.

People's experience of using this service:

People who received care from Tendacare told us they felt safe and supported by staff who visited them. Staff were punctual and consistent at carrying out visits with people in a person-centred manner. One person told us, "I'm very happy with the service. They are friendly, efficient and on time." People were supported to continue living at home in a way that enabled them to be as independent as possible.

Although there was evidence the service had provided good end of life care, there was no information in care plans about people's preferences for their end of life care. Following the inspection the service arranged for people's preferences to be recorded in their care plans.

The service was not always well managed as some records and documents had not been completed. The provider had also failed to notify CQC of safeguarding incidents. However, staff and people we spoke to all agreed that the service was well led. People, staff and relatives were involved in helping the service improve.

Care plans were created with people and relatives to ensure they were person centred and tailored to peoples' needs and routines. Staff were trained and supported to be effective carers in a collaborative team. Where needed, staff were quick to support people to have access to health care professionals such as occupational therapists or, when necessary, emergency services. One relative told us, "I chose them because they are good at concentrated care and they feel like a very personal agency."

People and relatives described staff as caring and kind towards them. Staff were approachable and friendly with people they cared for and knew them well.

More information can be seen in the main body of the report for each Key Question below.

Rating at last inspection:

Good (15 June 2016)

Why we inspected:

This was a scheduled comprehensive inspection. We inspect all services rated as 'Good' every 30 months to ensure that we regularly monitor and review the quality and safety of the service people receive.

Follow up:

Following the inspection the registered manager sent us evidence to demonstrate compliance with the Mental Capacity Act, up to date reviews of end of life care and notifications that should have be sent to CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Tendacare

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Tendacare is a domiciliary care agency that provides personal care to people in their homes. CQC regulates the care provided by the agency. 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 to ensure the manager and office staff were present at the office. Inspection site visit activity started on 3 December 2018 and ended on 6 December 2018.

What we did:

We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their 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.

During the inspection, we visited the office location on 3 December 2018 to see the manager and office staff; and to review care records and policies and procedures. We reviewed four people's care records, three staff

files around staff recruitment, training and supervision. Records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider were also reviewed.

After the inspection we conducted telephone interviews with seven people, six relatives and five staff members.

Following the inspection, the registered manager sent us evidence to demonstrate compliance with the Mental Capacity Act, up to date reviews of end of life care and notifications that should have been sent to CQC.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained safe. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Systems were being followed to minimise the risk of abuse and to act in accordance with the local authority's and provider's safeguarding policy. Safeguarding concerns were being appropriately reported to the local authority and the service had managed to safeguard two people from abuse in the past year.
- People were protected from the risk abuse because staff were knowledgeable of how to report and react to any signs of abuse. One staff member said, "If I was aware of there being abuse then I would contact the police and safeguarding and report it."
- People told us they felt safe using the service. One person said, "I couldn't live without them (staff)."

Assessing risk, safety monitoring and management

- Comprehensive risk assessments had been completed for every person using the service which considered areas such as personal care, risk of falls and the environment in which care was to be provided. Records were up to date and described the actions staff should take to reduce risks.
- For one person their risk assessment had picked up on the need for consistent oral health maintenance after every meal. The risk assessments clearly and consistently reminded staff to clean the person's teeth after every meal throughout the care plan. The daily records confirmed that staff followed this guidance.
- There were detailed and appropriate contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing levels

- People were cared for by suitable and sufficient numbers of staff as the provider had robust recruitment procedures in place. The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form with their previous employment details. We saw evidence that the provider had obtained references, proof of identity, address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.
- There were sufficient staff numbers to complete the home visits being undertaken. Staff had not missed a visit since the last inspection in 2016 and people told us that staff were rarely late. One person said, "They aren't late much at all."
- Staff used a call monitoring system which required them to sign in and out of their visits. This alerted the office if staff were more than 10 minutes late to a visit.

Using medicines safely

- Peoples' medicines were being administered safely by staff. All medicine administration records (MARs) we saw had been filled out correctly and with no gaps or errors. There were clear warnings for staff about some risks associated with particular medicines. For example, certain medicines were flammable and so every MAR which included this medicine had a clearly visible warning to staff not to use this medicine near any open flames.
- Staff also carried out regular audits of people's medicines and their medicines records. This helped to ensure that any discrepancies were identified and rectified quickly. No medicine errors had been found in the past three months of auditing.

Preventing and controlling infection

- People were protected from the risk of infection because staff knew to wear gloves and aprons at visits. One member of staff told us, "I wear gloves, aprons and shoe covers when I carry out visits." People we spoke with also confirmed that staff were good at keeping their houses clean and washing their hands. Staff had received infection control training.

Learning lessons when things go wrong

- Lessons were learned when things went wrong so that improvements could be made to the service to keep people safe. There had been a low number of minor accidents or incidents for the service to review in the past year. For example, where one person had suffered a fall at home, staff had contacted occupational therapists to install equipment to enable that person to safely move about their own home.

Is the service effective?

Our findings

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

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained effective. 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

- Peoples' needs and choices were assessed and considered so that care and support could be effectively delivered by staff. People we spoke to confirmed that senior staff and management had met with them at the start of their visits to carry out comprehensive assessments. One person said, "I was originally involved at the start in creating my care plan."
- Each care plan contained a detailed assessment before people received care which detailed care needs and support required. The assessment looked at current health issues, mobility, vision, diet, hearing, mental capacity, medicines, body maps/skin integrity, food preferences and social interests. This ensured that staff were able to meet the needs of people before they were admitted to the service.

Staff skills, knowledge and experience

- People received effective care because staff were well supported with induction, training, supervision and appraisal. One person told us, "They know what they need to do. They can always check my care plan."
- Staff had received training in areas such as moving and handling, medicines, wound care, mental capacity, safeguarding, food hygiene and first aid. This was via online and face to face training. Staff were also being supported to complete the Care Certificate which is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives.
- Senior managers completed regular spot checks with all staff and people to ensure safe and effective care was being provided. This ensured staff followed proper procedure and care plan guidance.
- Staff were supported by regular supervisions and annual appraisals which looked at records, punctuality, feedback, training and support.

Supporting people to eat and drink enough with choice in a balanced diet

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- People and relatives told us that staff were good at listening to people's requests and preparing what they wanted to eat or drink. One person told us, "They prepare breakfast for me. I tell them what I want."

Staff providing consistent, effective, timely care within and across organisations

- Staff enabled consistent care by writing detailed records of care visits in each person's care plan folder at their home. This enabled other staff members to understand developments and changes in people's care. One person told us, "They are bang on time, every time, for their visits."

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

- People were supported to maintain good health and had access to external healthcare support as necessary. One person told us, "They would help me to see my nurse or GP if I needed it."
- People and relatives told us that they received care that was consistent and collaborated with other healthcare professionals. We saw records of correspondence between the agency and various other healthcare professionals such as district nurses and dentists. For example, one person had been assisted to visit their dentist for an appointment.

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been considered and the service ensured that there were no restrictions on their freedom or independence. Where people lacked capacity, senior staff had communicated with relatives, partners or the local authority in order to consider what decisions were in people's best interests.
- Staff were knowledgeable of the MCA and knew to always ask for people's consent. One staff member said, "I speak to people and ask them if they are happy with what I am doing."
- One person told us, "They asked for my consent at the start of the care."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving caring service. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with kindness, respect and compassion by staff. One person said, "I would indeed describe them as caring. They are always on time. I can rely on them. They stay and chat with me throughout the care and visits." Another person told us, "They are very caring people. It suits me down to the ground." A third person said, "They (staff) are very courteous and they ask about our other family members. They aren't cold, they have rapport with us and they are genuinely interested in us and our lives."
- One person required visits to be arranged around their prayer times and the service had accommodated them on this basis.

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

- People are supported to express their views consistently by staff and the registered manager. Every person we spoke to was able to describe how they had met with senior managers and care staff at the start of their care package to arrange their care plan and routine.
- One person told us, "I was involved in writing my care plan with staff." A relative told us, "Yes we were both involved in preparing the care plan."

Respecting and promoting people's privacy, dignity and independence

- Peoples' privacy and dignity was considered and upheld by staff. Staff closed people's curtains before providing personal care and spoke with people in a friendly manner throughout the visits.
- One person told us, "They absolutely ensure that I have privacy at my home. We talk about everything."
- Peoples independence was respected and promoted. One staff member told us, "If they want to or can do it themselves then I assist them to do it themselves." One person told us, "Knowing that they are coming keeps me confident and happy to be as independent as possible. They always ask me if there is anything else I need."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving responsive care. Some care plans needed further detail regarding people's end of life care. Aside from this, people's needs were met through good organisation and delivery.

End of life care and support

- Although there was an end of life care policy in place at this service, there was no clear evidence in any care plans we checked to show that people's end of life care had been considered. At the time of the inspection there was one person receiving palliative care. There was no information in their care plan about how they wanted to be cared for at the end of their life.
- Despite this lack of documentation, we saw complimentary letters from people who had thanked staff for their care for people at the end of their lives. Staff we spoke to were knowledgeable of the how to care for people towards the end of their lives.
- Following the inspection, the registered manager sent us copies of a new end of life form which would be sent out to everyone receiving care. This form was detailed and thorough in enabling people to express exactly how they wish to be cared for at the end of their lives.

Personalised care

- People received personalised care that was responsive to their needs. Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person.
- There were detailed care plans in place that outlined peoples' care and support. For example, personal care, medicine, health, dietary needs, emotional needs and mobility. Where one person suffered from a specific form of dementia, their care plan included a detailed information pack all about this form of dementia and how staff should care for this person.
- One relative told us, "When my dad was in and out of hospital, we required flexible changes to his visits. They (The service) were always able to meet my parents needs and come when I needed them. They adapted to what we needed and when we needed them."

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. People told us they would be happy to call the office to make a complaint and would feel confident speaking with office staff about their concerns.
- Where a complaint had been made about a medicine error, the staff member had been taken through refresher training, supervision, observed practice before being allowed to return to completing visits.
- There were also several compliments that had been sent to the service including; "Thank you for being there for me when I needed help", "Very happy to recommend your excellent service".

Is the service well-led?

Our findings

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

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that this standard had not been maintained and that service management and leadership was inconsistent. Leaders did not always ensure the delivery of high-quality, person-centred care. This area was found to require improvement.

Managers and staff are not always clear about their roles, and understand quality performance, risks and regulatory requirements

- There were gaps in three different areas of records at the service which should have been spotted and addressed by the management team.
- The management team and staff clearly demonstrated that they understood and had carried out successful safeguarding for people receiving their services. However, where necessary, the management team had failed to notify CQC of six notifiable incidents in the last 12 months such as allegations of abuse. Following the inspection, the service completed the necessary notifications.

This is a breach of the requirement for services to send notifications to CQC.

- Although staff understood and followed the MCA principles and guidelines, there was insufficient documentation to support the steps taken to assess and record people's consent to care decisions. For example, where people had consent signed for by relatives with lasting power of attorney, the service had not obtained evidence to substantiate the lasting power of attorney authority. Following the inspection, the service immediately obtained the required documentation.
- People and staff spoke positively about the end of life care provided by the service but there was no documentation or written record to ensure people received consistent and high quality end of life care. Written records of end of life care preferences is necessary to enable all staff to deliver consistent, person centred care at the end of people's lives. Following the inspection, a clear end of life record template was created by the registered manager to enable everyone receiving the service to set out and record their preferences.

The failure to have documentation in relation to the MCA and end of life care is a breach of the requirement to ensure good governance at this service.

- Governance framework in other areas such as visit and care monitoring was effective at driving improvements at the service. There was an effective call monitoring system in place which required staff to sign into visits using their mobile phones via an application. The systems ensured effective communication between the office and care workers in the field. Staff told us that this system worked really well in making sure they were up-to-date with any changes in people's needs/care plans or changes to their rotas. The office was alerted if a staff member had not arrived at a visit within ten minutes of the scheduled start time.

This enabled the office to establish the care worker's whereabouts and to take any action needed.

- Clear and effective spot checks were completed by management to ensure staff were following care plans and service policies. We saw records of spot checks which were then given as constructive feedback to staff in supervisions.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People were supported by an approachable management team. Staff worked as a team, were happy in their work and were supported by fair and progressive management. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.
- One staff member told us, "I think they are good managers. They look after you here. If you have some really strong concerns or you have things going on personally they are very supportive."
- One person told us, "The managers are very polite. They say hello to us when they see us out and about. We talk to them frequently on the phone."

Engaging and involving people using the service, the public and staff

- People, relatives and staff were asked for their views about the agency via satisfaction surveys. Senior managers met with people frequently to complete spot checks or obtain feedback about the service. The feedback results from 2017 showed that people were happy with the service they were receiving. The manager had sent out a questionnaire for 2018 and was analysing the information received from this at the time of the inspection.
- One person said, "They (management) check staff work through us and our feedback." A second person told us, "The managers are very good. At least twice a year they call me to check up on how I am and what I think of the services. They take feedback."
- Staff meetings were held to enable staff to contribute their thoughts and experiences. One staff member told us, "We hear about changes, updates and new service users. We also get introduced to staff changes."

Continuous learning and improving care

- The registered manager had a credible strategy for improvements at the service. This included ensuring that staff were sufficiently experienced and trained to carry out effective, person centred care. The service had recruited/employed a training manager to ensure that staff knowledge was up to date and continuously being refreshed. The registered manager also ensured that the management team continued to carry out occasional care visits themselves so that they maintained their knowledge and rapport with clients using the service.

Working in partnership with others

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service frequently worked with social workers from the Mole Valley Team to support people. The service also had clear links and collaboration with local community occupational therapists and had frequently made referrals for people who required professional support. There were clear records in peoples' correspondence files of contact between the service and podiatrists, speech and language therapists, physiotherapists and district nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 18 Registration Regulations 2009 Notifications of other incidents The management team had failed to notify CQC of six notifiable incidents in the last 12 months such as allegations of abuse. |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The failure to have documentation in relation to the MCA and end of life care is a breach of the requirement to ensure good governance at this service. |