

Teasdale Healthcare Ltd

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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

About the service:

Teasdale Healthcare Ltd is a domiciliary care service that was providing personal care to 133 people living in their own homes at the time of the inspection. People had a range of support needs such as people living with dementia, older and younger adults, people with a learning disability and a physical and/or sensory impairment.

People's experience of using this service:

Systems needing improving to ensure all incidents were identified and that staff recruitment information was readily available. The registered manager and provider needed to ensure notifications to the CQC were submitted as required.

People felt safe and risks were mitigated. There were enough staff to ensure people received timely support. People received their medicines. Lessons were learned when things went wrong. People were protected from cross infection as appropriate measures were in place.

People had their needs assessed and had access to other healthcare professionals when needed. People were supported to have food and drinks appropriate for their needs. The principles of the Mental Capacity Act (2005) were being followed.

People were supported by kind and caring staff. People had a choice and were able to make decisions about their care whilst being supported to remain independent.

People received personalised care that met their needs. People could complain when they needed to and complaints were investigated and dealt with. When people were nearing the end of the lives they were supported appropriately however care plans would benefit from more detail about people's wishes.

People, relatives and staff found the registered manager and provider approachable and supportive. The provider worked in partnership with organisations and sought feedback from people who used the service to make improvements.

Rating at last inspection:

At the last inspection carried out in March 2017 we found the service was rated as requires improvement overall and there was one breach of a regulation of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected:

We planned the inspection based on the previous rating.

Recommendations:

- We recommend staff improve their knowledge of the Mental Capacity Act (2005).
- We recommend people's care plans reflect their end of life wishes, when necessary.

Follow up:

We will continue to monitor the service and check improvements have been made at our next inspection.

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 ●

Teasdale Healthcare Ltd

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 one inspector. There was also an Expert by Experience who made phone calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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.

The service had a manager registered with the Care Quality Commission. This means 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:

The inspection was unannounced as we did not give them any notice. The inspection site visit activity started on 21 December 2018 and ended on 7 January 2019. It included speaking with the registered manager and provider, speaking with office staff and care staff who visited the office; we also reviewed care records, records relating to the management and oversight of the service and policies and procedures. The Expert by Experience made phone calls to people who used the service and their relatives within this time.

What we did:

We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. Also, prior to the inspection the provider would usually send us a Provider Information Return (PIR). This is

information we require providers to send to us when we request it to give some key information about the service, what the service does well and improvements they plan to make. However, due to technical issues we did not receive this until the day of inspection.

We spoke with thirteen people who used the service, 8 relatives, a senior care staff member, six care assistants, staff who worked in the office, the registered manager, the provider and three other professionals. We viewed five care files for people, including daily notes and medicines records. We viewed accidents and incidents records. We looked at documents relating the management and administration of the service such as audits, meeting records and surveys.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People told us they felt safe; one person said, "Staff treat me well and I feel safe with them."
- People were protected from potential abuse, when concerns had been identified these were reported to the local safeguarding authority, as required.
- Staff all understood their safeguarding responsibilities and knew how to report their concerns.

Assessing risk, safety monitoring and management

- People told us they felt safe whilst being supported. Comments included, "I wouldn't manage the shower if they [staff] weren't here, as I would be frightened, I would slip. They come in with me and make sure I don't fall, we are particularly careful when the floor is wet," "Just having them there makes me feel safe, they steady me if I need it. I trust them" and a relative said, "I am happy the staff keep my (relative) safe. They all know what they are doing."
- Risk assessments and management plans were in place when risks had been identified. For example, one person had behaviour that challenges so staff were informed in the plan how to respond to this. Staff knew how to support the person and keep themselves safe. There were also plans in place for people regarding their moving and handling needs that staff were aware of.

Staffing and recruitment

- People were supported by enough staff. One person said, "I usually have the same staff and they are normally on time, someone will ring me if they are going to be late." Other comments included, "Staff are always on time and stay as they should," "Staff are usually on time but if they are held up the office with usually let me know" and, "Staff are always very punctual but would let me know if they were going to be late."
- Rotas showed staff had sufficient time to travel between calls. Staff felt their rotas were generally achievable unless an emergency occurred. This meant there were enough staff to support people at the times they needed it.
- Staff were recruited safely to ensure they were of suitable character to work with people who used the service. Staff had their references checked and whether they had any criminal convictions was checked with the Disclosure and Barring Service (DBS). The DBS helps providers make safer recruitment decisions.

Using medicines safely

- People and relatives told us they received their medicines. One person told us, "Staff put my tablets into another container, so I can get at them better. They wear gloves too so there is no chance of touching my tablets. They make sure I have a drink then sign in the book." One relative said, "The staff see to (relative's) medication and will let me know if I need to order anything; like last week they asked for more creams."
- There were clear instructions for staff about how to support people with their medicines and we saw staff

were recording when they were administering medicines.

Preventing and controlling infection

- Everyone we spoke with told us staff wore personal protective equipment (PPE), such as gloves and aprons, when necessary. One person said, "They [staff] are very good; they wear gloves and aprons. I know they change them when in the kitchen because I find them in the bin." Another person said, "They [staff] always wear gloves and aprons when they do my medicines."
- This meant people were protected from the risk of cross infection as appropriate measures were in place and being used by staff.

Learning lessons when things go wrong

- Lessons had been learned when things had gone wrong. For example, if there had been a medicine error or a missed visit, the cause of these were investigated and appropriate action taken to protect people and to reduce the risk of it happening again.

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.

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

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, we saw that people were consenting to their own care.
- Some staff we spoke with were not able to tell us anything about the MCA or what capacity meant. We recommend the service assesses staff competency and provides guidance to improve staff awareness of the MCA.
- People did not raise any concerns about staffing offering choices.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care

- Prior to starting to support people, the service would usually get an indicative plan from the local authority which detailed people's overall needs. This was then used, along with input from people and relatives, to develop a care plan for staff to follow for people.
- We saw an example of the service and staff putting measures in place to assess and support someone with their mood to ensure the person received timely care from them and other agencies involved in the person's care.

Staff skills, knowledge and experience

- People told us they felt staff were well trained. One relative said, "Staff seem very well skilled."
- Staff received training and support to ensure they were effective in their job. Staff told us about the induction they received when they first started and felt supported. One staff member said, "I felt confident [after induction] but then when I was on my own it was daunting, but if I had a question I didn't hesitate to call as I knew I'd get an answer."
- Training was monitored through a training matrix so it could be checked when staff were due an update with their training and the majority of staff were up to date with their training and plans in place to get those staff not yet up to date on more training. New training courses were also being developed by a new in-house trainer.

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

- People told us they were supported appropriately to have food and drinks of their choice. Comments

included, "Staff always ask me what I fancy to eat and will leave me with a cuppa handy" and, "Staff always do me a wonderful cooked breakfast." A relative said, "(Relative's) appetite isn't what it used to be, and the staff will prepare a sandwich in case (relative) fancies it. They will also make sure their snacks that they like are by them are topped up."

- If people needed to have a special diet due their needs, this was detailed in their care plan and was being followed by staff.

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

- People were supported to access other health professionals. One relative said, "One of the carers was very concerned about (relative's) mobility so they had a word with one of the supervisors. The supervisor suggested contacting the Physiotherapist and Occupational Therapist, so we are just waiting on that. The staff are always suggesting ways to help (relative)". Another relative commented, "Staff will ring 111 or the district nurse or GP if they notice any change in (relative's) condition."

- We saw involvement from other health professional being recorded in people's care notes, such as GP support when a person had not been to the toilet for a time which staff had identified. Advice from Speech and Language Therapists (SALT) was incorporated into plans and was being followed by staff.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in 2017, improvements were required because people did not always feel cared for and staff were not always on time and people sometimes felt rushed.

At this inspection we found improvements had been made and people felt cared for and staff were generally on time.

Ensuring people are well treated and supported; equality and diversity

- People felt they were treated well. One person said, "I am very, very pleased I think I have the best two carers. I've always had the regular ones. They have a very close relationship and pass on information between them, so I don't have to." Another person said, "They are very good at keeping me covered and I don't get embarrassed."
- People told us that they had regular staff who they got to know, which they felt had improved recently as different staff had been visiting before.
- People had their protected characteristics, such as gender and religion considered. We saw when religion was important to a person, this was detailed in their care plan and how they liked to be supported in line with their religion. We asked the staff involved with assessing people whether they discussed people's sexuality with people, if people chose to. They said, "The questions we ask cover everything, we ask about family life. Some people don't like to direct question, so we ask in different ways. We have equality and diversity embedded through our training."

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

- People told us they were asked for their feedback about their care and were encouraged to do so. One person said, "Occasionally someone will phone and do a questionnaire with me. I would say if I have any problems, but I never have had any." We saw that care plans contained personal information about people's preferences. One person said, "I like having female staff; I was asked if I would mind a male carer but declined."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect, were helped to maintain their dignity and were helped to remain independent. One person said, "Staff don't have to do much for me as I can do most things for myself, but they pop in to make sure I am safe." Another person said, "They help me keep as independent as possible. I can do bits for myself but need help with some things. They are all very good at what they do. We always have a chat and they never rush me." Another comment was, "They support me to do as much as I can for myself. They are good at picking up on my mood and will see if I am struggling."
- All staff we spoke with could give us examples how they would support people to maintain their dignity.

For example, during personal care the door would be kept closed and people covered as much as possible.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At our last inspection there was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as complaints were not always dealt with. We found at this inspection there was no longer a breach of regulation and improvements had been made.
- People told us they felt able to complain. One person said, "I have the number and would ring if I needed. I have only really had one issue and they dealt well with that. The office staff are all very polite and listen to your requests." Another person said, "I have no complaints but wouldn't hesitate to ring if I had. I am sure they would deal with whatever it was." A relative told us, "I have a number for the office and have used it in the past to tell them about things and they have sorted them."
- If complaints or concerns had been received by the local authority and sent to the provider to investigate the local authority confirmed this was always done in a timely manner. One professional told us, "They are always very responsive when any low-level issues are raised." There was an appropriate policy in place and complaints were acknowledged and responded to.

Personalised care

- People told us they were supported in a way they liked and staff knew their needs. One person said, "Staff are all very caring and know how I like things doing. They are very obliging." Another person commented, "Staff are all very nice. They do what I ask them to do. They make sure that I am settled before they go."
- Staff told us they felt there was enough information for them to get to know people. One staff member said, "There is definitely enough information in [care] plans. I tend to read the daily logs as well as that gives you a better idea of the person."
- People and relative all told us they had their care plans reviewed and were asked if their care was suitable. There were personalised details in plans to assist staff in getting to know people.

End of life care and support

- A relative told us that staff knew their relative's needs and preferences for the end of their life. The relative said, "The best thing [about the care] was the relationships the staff managed to build [with my relative]. My relative was a bit in denial but they could build that relationship with staff" and they went on to say, "(Relative) would have told us if they weren't happy. It was the fact that the staff knew (my relative) and staff wanted to get to know them." They also commented on one particular staff member, "[Carer's name] is outstanding, they were over and above and were fantastic."
- Staff supported people appropriately at the end of their life, however it was not always evident in people's care plans what their needs or preferences were when they were nearing the end of their life. We recommend that the service consider current guidance on ensuring people's care plans reflect their end of life wishes, when necessary.
- Some staff had received end of life training, although this was not always consistent but plans had already

been put in place to ensure all staff received this with the in-house trainer. We will check this at our next inspection.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Notifications were not always submitted as required. Notifications contain information about incidents the CQC are required to be informed about by law. These could include allegations of abuse and incidents involving the police. Appropriate action had been taken at the time of the incidents, however we had not been informed of them. The provider had identified this and put actions in place to ensure notifications were submitted, however the deadline had passed and the notifications had not been submitted.
- Systems to ensure that staff recruitment files contained the necessary evidence needed improving as some evidence relating to DBS checks was not available. We saw checks with the DBS had been made to ensure staff were suitable to work with people, however the outcome of these checks was not always available. The provider told us they would get another DBS for the staff member and carry out a risk assessment, if necessary.
- Systems were in place to monitor people's experience of their care. There were checks on care notes and medicine records and the provider audited the content of service user files to ensure necessities were present and completed to sufficient standard. Overall, these audits were effective at identifying areas for improvement however we saw one incident that had been recorded by staff about a person with a bruise on their hand. These care notes had been audited but the concern about a bruise had not been identified. This meant the concern may not have been checked.
- Many other incidents had been recorded on accident and incident forms. We could see action was taken to protect people, however there was no formal audit of these to help identify trends. The registered manager explained they had noticed an increase in medicines errors so additional training was put in place. The registered manager also showed us a new document which logged all safeguarding referrals so they could monitor them more closely. However, there was no system in place to monitor other types of concern which meant there was a risk that other trends may not be identified.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider was proactive in trying to identify areas for improvement and potential solutions. Regular meetings were held to discuss improvements required and the progress of plans to affect change. Consideration was being given to a new system combining rotas, call monitoring, care planning and records of people's care to improve how safe, effective and responsive care could be. However, this was not yet implemented.
- The provider told us, "We've had a strategy meeting to discuss issues we've encountered and what we've done or doing to resolve them, we've only done about half of it yet" and they went on to say, "We're not

looking at things through rose tinted glasses. We're not quite there, but we know that. We do take feedback on board." Recognising the need to improve and being aware of what needs to improve shows the provider had an oversight of the care they were providing.

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

- We saw people were asked about their care. Surveys had been sent with overall very positive responses from people. Responses said people felt staff were well trained, polite and that people felt safe.
- Staff told us they were asked for their opinions, both on a standard survey and one for those in their probation. One staff member said, "I had a questionnaire during probation and I was asked if I have any issues."
- The provider was introducing 'outcome stars' for people. This helped people and the provider think about what people wanted to achieve in relation to their care. This would be reviewed so people could see the progress they had made. These were in the process of being introduced. Some had been completed, but the accompanying action plan to help people to improve had not yet been completed.

Continuous learning and improving care

- The service had learned when things had gone wrong. For example, the registered manager explained it had been identified that medicines errors were a theme of some of the incidents occurring. The Medication Administration Records (MARs) were being handwritten and these were changed to being printed to make them clearer for staff. Following this, more changes were made as the space for staff to sign was greyed out to indicate when medicine was not required, to try and make it easier for staff.
- Staff had competency checks to ensure they were supporting people effectively and to help staff improve. One staff member said, "I've had a spot check last week, I'm here to get my feedback." A person also said, "If staff are lacking, they seem to pick up on that and the staff get more support. There's definitely an improvement of late." This shows staff were supported to continuously learn and improve the care to people.

Working in partnership with others

- The provider worked in partnership with other organisations, such as the local authorities they worked with. One professional said, "My key contact there is [provider's name], who I have found to be very approachable." Another professional said, "[Provider] is always very helpful. [Provider] is also very open and transparent and regularly contacts me or the team with queries or for advice to inform decision making." And went on to say, "[It is] generally a responsive service who are always willing to work in partnership with [us]."