

Tremenheere Home Care Limited

Tremenheere Home Care

Inspection report

Penwith Business Centre, Unit 5
Long Rock Industrial Estate, Long Rock
Penzance
Cornwall
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Date of inspection visit:
06 September 2018

Date of publication:
27 September 2018

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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 inspection took place on 6 September 2018 and was announced. We gave 48 hours' notice of the inspection to ensure people who used the service and staff were available to talk with us.

Tremenheere registered as a new service on 15 June 2017. Consequently, this was their first inspection.

Tremenheere domiciliary care service provides services to people in their own homes in the Penzance and surrounding areas. It supports Older People, People living with Physical Disability and Sensory Impairment. The service mainly provides personal care for people in short visits at key times of the day to help people safely maintain their independence to live in their homes. The services were funded either privately or through Cornwall Council or NHS funding. The service employed approximately fifteen staff as well as having three office based managers.

At the time of the inspection approximately forty people were using the service. 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 2008 and associated regulations about how the service is run.

During this inspection, people and relatives told us they felt safe whilst using the service. One person said, "I trust the girls totally. I feel very safe when they visit me." A relative said, "The staff are excellent. They are very competent." Staff understood the importance of people's safety and security. One staff member said, "It's important we make sure clients feel safe. It's their home we are going into and they need to be confident with us [staff]." Staff files confirmed staff had safeguarding training to protect people from poor care or abuse. Staff told us they knew how to respond to any concerns about abuse. One said, "Our training is up to date and its always spoken about at team meetings."

The service used assistive technology to record peoples care needs. The care planning system provided staff with direction and guidance about how to meet people's individual needs and wishes. Care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service 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. People told us they were involved in decisions about their care and were aware of their care plans.

The registered manager used effective systems to record and report on, accidents and incidents and take action when required. In order to learn from events, the registered manager reviewed all incidents to make changes and where necessary to manage risks more effectively. Since registration in 2017 there had been a few minor incidents but none where changes had been required to mitigate those risks.

Staff records contained the necessary documentation of their recruitment to ensure they were suitable to work with vulnerable adults. We found staffing levels were sufficient and the service consistently deployed staff to meet people's needs. A relative commented, "I like the fact we get a rota every week so we know who's coming. If there is a change we are usually told so we know who to expect."

Staff received ongoing training relevant to their role and supported by the registered manager. They had the skills, knowledge and experience required to support people in their care. A staff member told us, "There is always training to be done, whether it is online, in or out of office, and always support if we need it from senior management at any time required. If we wish to further our education, this is wholly encouraged by Beth, and she helps us sort out the right companies or levels we need to continue our learning journey."

People's care plans contained relevant information about assisting them with meal preparation. These were detailed to guide staff about the person's nutritional needs and how to support them.

People's feedback about their experience of the service was positive. People said staff treated them respectfully and asked them how they wanted their care and support to be provided. People told us they had their care visits as planned. Staff arrived on time and stayed for the allotted time. Nobody reported any missed visits. Comments included, "They [staff] are bright and willing and very helpful."

We found the management team had good oversight of care delivery through quality assurance systems. We saw action was taken to address identified issues and maintain everyone's safety. Staff told us the management team were supportive and engaged well with them. A staff member said, "They both [registered manager and head of services] keep in regular contact when there are issues that need to be resolved and are proactive with identifying solutions and offers of help."

. The assistive technological system being used monitored when visits were occurring which meant the management team ensured there were no missed calls. Late calls were identified using this system and the managers were then able to inform the following person so they were aware of the issue. One person told us, "They come when they say and they always let me know if they are going to be late."

There was a complaints procedure which was made available to people on their admission to their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, survey and staff meetings to seek their views about 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. Records contained required documentation related to staff recruitment. We found adequate staffing levels.

The management team provided training and reviewed staff skills to ensure they administered medicines safely.

Safeguarding systems were in place and staff had a clear understanding of reporting procedures.

Is the service effective?

Good ●

The service was effective. Staff were trained and had the skills and knowledge to provide the support people required.

People received the support they needed to prepare their meals and drinks.

People made choices about their care and agreed to the support they received. The registered manager knew about their responsibilities under the Mental Capacity Act 2005 and how to protect people's rights.

Is the service caring?

Good ●

The service was caring. Staff were kind and friendly and treated people, their families and homes with respect.

People were supported to maintain their independence.

Staff understood how involving people and their relatives in support planning was essential to the maintenance of high standards of care.

Is the service responsive?

Good ●

The service was responsive. People told us the service responded to their needs, including when those needs changed.

Care planning was personalised to people's individual needs and focused on helping them to retain their independence.

People said they had information about how to make a complaint if they chose to and relevant procedures to follow.

Is the service well-led?

The service was well-led. People knew the registered manager and how they could contact the management team.

The service asked people for their views and reviewed the information in order to identify any changes to improve the service.

People and relatives were complementary about the organisation of the service and felt there was strong leadership.

Good ●

Tremenheere Home Care

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 inspection took place on 6 September 2018 and was unannounced. The inspection was undertaken by two adult social care inspectors.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

During the inspection we used a range of methods to help us make our judgements. This included talking with seven people that used the service and one relative. We received comments from five staff members and one professional involved with the service.

We looked at a range of records including three care plans, records about the operation of the medicines system, three staff personnel files, and other records about the management of the service.

Is the service safe?

Our findings

Everyone we spoke with expressed feeling safe and comfortable whilst using Tremeneere. They told us, "I never feel rushed and always reassured by the staff who come here for me." A relative said, "I have every confidence in this service. Staff very kind and patient." A staff member told us they felt it was very important that people using the service had confidence in them. They said, "We are going into client's own homes and sometimes with other family members. It's important they [people using the service] have confidence in us."

The service held an appropriate safeguarding adult's policy. Staff were aware of the safeguarding policies and procedures. Safeguarding was discussed at staff meetings. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff received regular training updates on safeguarding adults so they were familiar with current good practice and had confidence to report any concerns they may have.

The registered manager told us they were very keen to improve the service through lessons learnt. They gave an example relating to how they approached end of life care after realising through talking with a family that detail was important to them. They told us, "We realised that people wanted families to see them comfortable after death." This was now documented for each person where they wanted to share this information to inform staff. The service consistently deployed staff to meet each person's needs.

People and relatives told us they received care from staff they had built up a relationship with. A relative said, "They [manager] always try and make sure we get the same staff. It does change sometimes but in general they are the same ones. It makes such a difference because they get to know us and we get to know them."

Staff told us they did not feel hurried and they had time to complete visits in a calm and safe way. One staff member commented, "We have the time and equipment we need to do our job." The registered manager had a good system to ensure care packages were delivered on time and for the agreed length of visit. For example, where people required two staff to support them, the service made sure those staff were working together to deliver the support at the allocated time.

The service used assistive technology for call monitoring which was a 'live' system meaning office staff could see the movement of staff from visit to visit. This enabled them to identify any gaps there may be and to take immediate action. For example, there had been no missed calls due to staff being able to monitor the movement of staff. The service maintained records of call times and visits so any gaps could be identified. The service used an on-call system outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness.

In order to respond to emergencies, the service had a contingency plan in place. This identified a range of actions to take to respond effectively to an emergency. There was an out of hour's telephone contact service available to people so they could contact staff in an emergency. This demonstrated the provider had

prioritised people's care provision during such an event.

People were protected by staff who followed good infection control practices. Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection.

Staff supported some people with their meals. Staff had received training in food hygiene and were aware of good practices when it came to food preparation and storage.

People told us staff supported them with their medicines safely. Their care records identified the support they provided. Staff received medicines training to ensure they were competent to administer medicines and this was confirmed through regular 'spot checks' by senior staff.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The service held a policy on equality and diversity which was to ensure people's rights were being upheld and they were not disadvantaged. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination.

Is the service effective?

Our findings

People told us they felt confident the staff supporting them had the knowledge and skills to deliver the care they required. Comments included, "Totally confident in all the staff" and "They [the carers] are very good at what they do for me. I can't fault them at all."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and diversity and Mental Capacity Act. Staff we spoke with told us they received regular supervision [supervision is a one to one meeting with a manager]. They were very confident in the support and training they received. Comments included, "The training is always up to date and the staff are very helpful and understanding. I would recommend this company as they always make sure and monitor that the standard of care that is needed and provided to the client is taken very seriously," "If, at any given time, I have a problem at work and need to seek further advice, there is a 24hour on call service phone for emergencies. As well as a staff group chat for general enquiries [where someone's bed sheets are kept for example]" and "There is always training to be done, whether it is online, in or out of office, and always support if we need it from senior management at any time required. If we wish to further our education, this is wholly encouraged by [registered manager], and she helps us sort out the right companies or levels we need to continue our learning journey". This demonstrated the staff team were well supported and listened to.

Where necessary staff had also undertaken a variety of further training related to people's specific care needs such as end of life care diabetes care and medicines. People and relatives told us they felt the staff were well trained, competent and knowledgeable.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had received training on the MCA. There was also a policy on the MCA which was accessible to staff. Staff we spoke with were knowledgeable about how the Act applied to their role.

Staff understood the principles of the Act and understood the need to ask people for consent before carrying out care. There were consent forms in place to demonstrate people's agreement with the support provided. Where people lacked mental capacity, consent was agreed with those who had the legal right to do this on the person's behalf. People's mental capacity to make decisions was considered as part of the assessment and care planning processes.

People's needs and choices were assessed in their own homes prior to the service commencing. The registered manager or senior staff made sure they had all the information they needed to ensure they

provided a safe and effective service. Information was gained from the person or their families as well as other health and social care professionals.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's communication was limited. In their person-centred care plan, it said, "I need my carer to ask short clear questions that require a yes or no answer". Staff told us this attention to detail supported them in delivering effective care and support. People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GPs and occupational therapists. The management team and staff all told us they worked closely with other health professionals to support people and follow any specific instructions they may have in the persons best interest.

Some people received food and drinks prepared by staff and some people were supported by staff to help prepare meals to encourage their independence. People's care plans included a list of their needs, any allergies and any cultural or religious preferences for food. Staff told us they knew people's individual requirements and made sure people were supported with food and drink, in a way that met their needs.

Is the service caring?

Our findings

Without exception people told us the staff were caring in the way they supported them. They told us they were treated with dignity and we received the following comments; "A very friendly agency who always treat staff and service users with great respect," "Very cheerful. I am always happy with them [staff]" and "The staff genuinely care about what they do and take pride in it."

Staff understood their role in providing people with person centred care and support. They were aware of the importance of maintaining and building people's independence as part of their role. People told us staff worked with them to promote their confidence and their independence. One person commented, "I am always encouraged by them [staff] to do as much as I can, but it's always done in a way which helps me gain more confidence."

Staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. The services recording system was an electronic planning system. Staff had their own password access to ensure the information remained confidential and maintain people's privacy.

People told us they were had regular discussions with staff about the support they needed and were always involved in developing their care plans. They said their views were listened to and respected. Staff visited people on a regular basis which helped them get to know the person and how best to support them. People told us, "They [staff] tend to be the same whenever possible. It makes sure I am confident with them because I get to know them and they get to know me. It generally works very well."

Care plans contained information about how people communicated their needs. The daily records demonstrated a kind and sensitive approach to people. During our inspection we visited two people receiving a service in their own home. They told us the staff were friendly, professional and kind. They told us staff wanted to do a 'good job' and nothing was too much trouble for them. Staff described how information was communicated between the main office and community staff. Staff followed the services confidentiality policy which staff were familiar with and followed.

The culture within the staff team was positive. From discussions with staff it was clear that respect for individuals was at the heart of the service's values. People told us that staff supported and encouraged them to maintain their independence. One person said, "I find the staff very respectful."

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. This was reported on in equality and human rights through well developed person-centred care planning. Support planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example, respecting people's disability, gender, identity, race and religion.

People were given a service user guide and information pack when they began receiving a service. The

service user guide provided a detailed overview of the services provided by the agency, the aims and objectives and what people could expect from the service. People said the information was clear and easy to understand; the information was available in easy read and other languages. There was information about advocacy services which could be used when people wanted support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

The service was responsive to people's needs because an appropriate care needs assessment had been carried out to identify what each person's individual's needs were and ensured an appropriate care plan was in place to meet these needs. People told us they felt the service reacted to any changes in their needs. Comments included, "Having the same carers makes such a difference, they pick up on any little change" and "We [family] are always asked our views on any changes and yes they do pay attention to detail," A staff member told us, "Service users and their families wishes and needs are listened to and reported back at all times, keeping them the focus and centre of their care at all times."

Staff spoke knowledgeably about how people liked to be supported and what was important to them. They told us the service was 'very good' at identifying issues and responding to them. They told us, "The managers keep in regular contact when there are issues that need to be resolved and are proactive with identifying solutions and offers of help. For example, a manager very quickly amended the rota's and provided additional care to assist in the management of a safeguarding case when family were not available until decisions could be made. The additional input from the management team also gave valuable information on the appropriate level of care required".

In another instance, the manager had been very flexible in the delivery of the care package also known to safeguarding, which had included social activities for a service user who remained very anxious. The manager made suggestions and found alternatives to engage the person which had supported the family and social services in management of the case. The management team had also relayed messages via the carers when direct contact was difficult and provided other relevant information as required at the time. These examples demonstrated the commitment of the managers and staff to respond to any changes in a person's best interest.

There were arrangements in place to plan, deliver and monitor people's care. Before a person received a service from the agency a detailed assessment of the person's needs was undertaken; information was gathered from various sources about all aspects of the person's needs, choices and abilities. A member of the management team always attended the initial visit to assess people's needs and to determine the support they needed and whether the service could effectively respond to those identified needs. The service worked with other professionals and used their information where possible to develop an effective plan which was person centred.

Peoples' care plans reflected their physical, mental, emotional and social needs and considered relevant protected characteristics under the Equality Act. There were details regarding personal history, individual preferences, interests and aspirations. Staff demonstrated a good understanding of people they supported and were aware that people should have as much choice and control over their lives as possible.

People were supported to access the local community and to pursue leisure interests in line with their care plan. For example, one person had designated time to be supported in whatever activity they might choose. The person told us staff supported them to activities such as going shopping or visiting cafes. They said,

"Staff always ask what I would like to do and respect it if I don't feel up to going out."

People or those with authority to act on their behalf, had contributed to planning their care and support. Two people told us they had been involved in their care planning and review. One said, "[They staff] are always talking to me about what I need and if there are any changes I might need."

The service was at times supporting people at the end of their life. This included working alongside community nurses to help ensure people experienced a comfortable and pain free death. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. Where possible people's end of life wishes were recorded to support staff to meet those wishes.

Staff recorded information about a visit to support staff on the following visit. A staff member told us the recording system was very effective and alerted staff to any changes.

People were provided with the agency's complaints procedure when they started receiving care. People told us they were aware how to raise their concerns and were confident any concerns would be listened to. They told us the provider was accessible and approachable and would deal effectively with their concerns. People told us they had no complaints about the service.

Is the service well-led?

Our findings

People and relatives were complementary about the organisation of the service and felt there was strong leadership. One person told us, "The managers are very accessible and I feel I can talk with them anytime." A relative said, "The managers are very approachable. They make sure they see things through."

The service operated in an open and transparent way by being inclusive with its staff team and the people it supported. The registered manager focused on putting people first, working together and ensuring care was person centred and individualised. The registered manager and senior staff regularly monitored the operation of the service through frequent spot checks and audits. These included checking care practice, auditing and monitoring care plans to ensure they reflected people's current needs. Audits results were being reviewed to identify any necessary changes. For example, if new care packages were agreed, they were monitored to ensure they could be met. The service was realistic about liaising with other professionals when packages of support were problematic. This demonstrated the registered manager understood and responded the key challenges, concerns and risks to the service provision.

The organisation's use of assistive technology to report and record information supported managers in the audit and review process due to its design and operation facilities.

The management team had a live system to monitor care delivery times. The use of technology enabled the management team to check people received their agreed packages. The absence of missed visits, indicated monitoring procedures were successful in identifying issues before they arose.

There was a clear vision and strategy to deliver high quality care and support. There were lines of accountability and responsibility. The registered manager was supported by a deputy manager, senior care staff and a motivated team of care staff. The registered manager and core staff team were responsible for the day to day running of the office and supervision of care workers. Staff told us they believed the service was well led. Comments included, "[The registered manager] is very helpful. The on-call system is helpful and issues get sorted out very quickly, [The registered manager] is very approachable and professional" and "If, at any given time, I have a problem at work and need to seek further advice, there is a 24hour on call service phone for emergencies. As well as a staff group chat for general enquiries."

The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe. These included a range of health and social care agencies.

The service had robust quality assurance arrangements in place to continually raise standards and drive improvements. The service's approach to quality assurance included a survey to gain the views, satisfaction and comments from people using the service. The results of the most recent survey were positive. A staff member told us, "Service users and their families wishes and needs are listened to and reported back at all times, keeping them the focus and centre of their care at all times".

There was an equal opportunities policy in place and the management team promoted equality and

inclusion within its workforce. There were examples of the registered manager adapting to the needs of individual staff through personal discussion. For example, staff's physical and emotional needs.

The registered manager ensured all relevant legal requirements, including registration and safety obligations, had been complied with. This was the services first inspection since registration therefore no rating was being displayed. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection. There were also policies in relation to grievance and disciplinary processes.