

Tetra Care Limited

Tetra Live - in Care

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

About the service

Tetra Live In Care is a domiciliary care service that provides 24 hour live in support to people who have a spinal cord injury. They were providing support to four people at the time of the inspection.

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

People told us they felt safe at the service and staff protected them from risks they faced.

People were supported by staff who had been through a thorough recruitment process and had completed appropriate checks. People were happy with how their medicine was managed and told us they received this in a safe way. Staff followed safe hygiene practices.

Staff had received in depth training and received ongoing support from the service to ensure they had the relevant skills and knowledge to support people. People told us staff knew what they were doing and showed they were competent to help them in their daily lives.

People were happy with the staff who supported them and told us they were kind and compassionate. One person said, "[Staff] really goes out of his way." The service wanted people to have good working relationships with the staff who supported them and acted promptly to find alternative staff if people wanted someone else to support them. Staff treated people in a respectful manner and did not discriminate against people.

People were involved in the preparation of their care plan and care was personalised. People's preferences were respected, and people were supported by attentive staff who knew their likes and dislikes. Where people were not happy with any aspect of care the service actively listened and aimed to resolve it to the person's satisfaction.

People and staff felt the management of the service were committed to providing a quality service and were available for support whenever they were needed.

The management of the service had improved the quality of audits to monitor the quality of the care and they regularly sought feedback from people who used the service and from their staff.

The management actively met with other organisations and charities who specialised in spinal injury to build community links and knowledge.

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

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

Rating at last inspection

The last rating for this service was requires improvement (7 June 2018) and there were two breaches of the

regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 well led.

Details are in our well-Led findings below.

Good ●

Tetra Live - in Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to the registered manager, director of the service and one care staff.

We reviewed a range of records. This included two people's care records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to two people who used the service and two care staff over two further days. We spoke with two professionals, one who worked with the service, and an advocate.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider did not have a robust recruitment procedure to ensure persons employed had provided a full employment history and had a relevant criminal records check. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Records confirmed staff had been recruited to the service safely. Appropriate checks had been completed before staff could start work, these included obtaining references, criminal record checks and previous employment history.
- There were enough staff to meet people's needs at the service. People had been introduced to a backup member of staff who could provide care in the event their regular staff was absent.
- People were provided with staff who shared their interests. The service responded quickly where people wanted to change a member of staff.

Using medicines safely

At our last inspection we recommended the provider consider current National Institute for Health and Care Excellence (NICE) guidance when managing medicines. The provider had made improvements.

- People we spoke to told us they received their medicines on time and in a safe manner.
- Staff received training in the safe administration of medicines.
- There were systems in place to check the competency of staff while they were supporting people with medicines.
- The registered manager told us they performed spot checks to ensure staff were managing medicines safely and every three months they reviewed medicine administration records (MAR) to check for accuracy.
- People were involved and had control of the management of their medicines. One person said, "We make up the dossett box together and once [received medicines] staff sign the sheet."
- Staff told us they recorded medicines given in the MAR. A member of staff said, "We record everything, time and if taken, if they refuse I would record and tell [Registered manager] but [person] doesn't refuse."

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy and staff received training in safeguarding adults and children.
- Staff knew the different types of abuse and how to report concerns. A member of staff said, "If I saw bruises I would report it immediately, I cannot keep it to myself."
- There were systems in place to support staff and people to report concerns to the service. Both staff and people who used the service were confident they would be taken seriously if they reported allegations of abuse to the registered manager or director of the service.
- Staff knew the different agencies to contact outside of the service if they needed to whistle blow about poor practice.

Assessing risk, safety monitoring and management

- People who used this service told us they felt safe with staff. One person said, "At home it's all fine."
- People had appropriate risk assessments to keep them safe within their home and in the community.
- The registered manager performed environmental checks of people's living space and checked the safety of any equipment being used by people, this included a hoist.
- The service was proactive in making people feel safe when they were being driven by staff. Where staff needed to improve their driving skills the service sent them on driving courses. This showed the service monitored safety and did what they could to ensure people felt reassured while being driven.
- Staff were given guidance to minimise people's risks. Records confirmed there were clear minimising factors in risk assessments and triggers staff should be aware of before the risk occurred.

Preventing and controlling infection

- Staff received training in infection control and followed good hygiene practices when supporting people with their daily living tasks.
- Staff told us they had a good supply of personal protective equipment which was provided either by the service or by people who used the service.

Learning lessons when things go wrong

- Discussions were held after incidents to find out what went wrong. The registered manager told us about an incident which resulted in medicines being checked to ensure what was held by the person was correct and within their expiry date.

Is the service effective?

Our findings

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

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

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

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

- People confirmed they received an initial assessment of their needs and this was carried out by the registered manager of the service. Records confirmed this.
- The registered manager followed current guidance and care standards when assessing needs to ensure people's physical, mental and social needs were fully assessed.
- People using the service told us they were asked what they needed from their care package. This confirmed what the registered manager had told us. .

Staff support: induction, training, skills and experience

- Staff joining the service received a comprehensive induction with mandatory and specialised training to support them in their role.
- Specialised training was provided by a spinal cord injury nurse to all new staff who joined the service. This training was also supported by the experience and knowledge from the director of the service. This provided staff with the skills to understand the health needs of people at the service.
- Staff spoke highly of the level of training and support they received. A member of staff said, "It was really comprehensive. Before I went for interview I was sent an information pack about that type of injury [spinal cord]. I actually learnt a lot more."
- Another member of staff said, "I get so much more support at this company, the training is really good."
- Feedback from people who use the service about staff knowledge and skills was positive. One person said, "They know what they're doing."
- Records confirmed staff received supervision from the registered manager every three months and the appraisal was built into the supervision annually.

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

- People were supported to eat and drink well at the service.
- Staff ensured people had sufficient fluids readily available and made meals of people's choice.
- A member of staff said, "[Person] has a very good diet, they always eat lots of vegetables."
- The registered manager told us they spoke about healthy eating with people using the service but explained it was up to the individual to decide what they ate each day.
- Records confirmed the service worked with a dietitian

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Records confirmed people were supported to attend health appointments with staff. These included GP appointments and hospital appointments.
- Records confirmed people were seen by the district nurse team and the tissue viability nurse.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

- People using the service had the capacity to make their own decisions and provided consent to their care package. Records confirmed this.
- Staff at the service told us they encouraged and supported people to make their own choices in their daily lives.

Is the service caring?

Our findings

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

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

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

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

- People told us staff were kind towards them. One person said, "Oh yes, definitely caring. They treat me with respect. Always there when I need them." Another person said, "[Staff member] is brilliant."
- People had 24-hour live-in support and people told us it was good to have someone there for support or to talk to.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.
- People told us they were respected by staff at the service and did not experience any discrimination. Staff respected people's individuality and diversity. A member of staff said, "I support people's choices, people are different."
- All staff at the service spoke warmly about the people they supported. A member of staff said, "We all work so well, it's like being with family." Another member of staff said, "It feels good, I love leaving them happy."

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

- People told us they were involved in every aspect of their care and were able to speak to staff and management to ensure their voice was heard.
- To enable people to express their views some people had an advocate to provide support in decision making and acted as a source of guidance.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff told us they understood people needed time to themselves and would provide people with this but would be close by if needed.
- Staff told us they made sure windows and doors were closed when providing personal care. A member of staff said, "I also make sure the door is locked when the cleaner is around."
- People's independence was supported. Care plans stated what people could do for themselves and where they needed support from care staff.

Is the service responsive?

Our findings

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

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

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

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

- People's care plans were personalised and reflected their preferences in care. This included people's preferred name, preference of male or female staff and times support when support was to be given.
- People told us their care plans reflected their needs and staff listened to them. People had control of their care and told us they were actively involved in directing their care.
- Staff told us the care plan was very detailed and told them everything they needed to do. Staff knew people's individual needs and activities and interests they had.
- A member of staff told us they would always ask the person if what they were doing was still meeting their needs to ensure the care plan was current.
- The management team maintained records of the contact they had with people. This was to check the care plan was being followed.
- People we spoke with were very happy they received a 48-hour handover with care staff where important health information was updated. People felt this was extremely thorough and appreciated the level of detail they received.
- Care plans were reviewed regularly and face to face meetings were held with people, the registered manager and health professionals to discuss the care and changes that needed to be implemented.
- A health professional said, "We have regular reviews which is very useful and reassures [person], the nurse assessor is there, it is very thorough process."

Meeting people's communication needs

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

- The management team advised they had systems in place to meet the standard if it was needed.
- The registered manager told us they had a company if they needed to translate the care plan into different accessible formats
- People were able to understand the documents and their care plan in the format the service provided.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- People we spoke to told us they were comfortable in raising concerns or complaints and the service listened to them.
- Where people had raised an issue with the service they were unhappy with, this had been responded and resolved to their satisfaction. Records confirmed this.

End of life care and support

- At the time of the inspection no one required end of life support.
- The registered manager advised they respected people at the service who did not want to discuss their end of life needs.
- There were systems in place to support people at the end of their life if necessary.
- The service had an end of life policy which ensured people's spiritual, physical, social and physiological needs were to be respected. Family and friends were also to be involved in the end of life planning process if people wished.

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. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the service was rated as requires improvement. This was because governance systems to audit the quality of the service were not robust. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

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

- Records confirmed regular audits were taking place. These included spot checks and a monthly check of people's care files. The registered manager performed a monthly check of staff files to ensure correct documents were in place and that training and supervision was up to date.
- Quality monitoring with people who used the service took place regularly, records confirmed the registered manager and the director had regular contact with people to ask how the service was performing and where they could make improvements.
- The registered manager said, "We manage quality assurance by having a conversation with people."
- Staff were clear about their roles and how they were there to actively support people to achieve their goals and live a quality life.

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

- Staff told us they enjoyed working for the service and people also provided positive feedback on the culture of the service.
- People were very complimentary about the quality of the service and the team of staff from the management to care staff. One person said, "It is going so well, they are a lot better than other agencies." Another person said, "I can't really fault them."
- A member of staff said, "I love this company." Another member of staff said, "[Director] is so caring and makes you feel comfortable. The way [director] is with people is so good."
- Staff spoke positively of the registered manager and the support they received from them.
- Feedback we received from a health professional stated the people received a very personal service that was always person centred.
- Another health professional said, "I am proud to be associated with the service as I believe it provides not only the specialist care needed but as the [director] is a tetraplegic himself he arguably has a greater understanding of the needs of clients and care staff."

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

- People and staff confirmed the service did not keep information from them and they were always kept informed.
- One person said, "We always email between staff back and forth."
- A member of staff said, "We have a [social media] group where we can talk and share information."
- People we spoke to told us after informing the management team of matters they were not happy with, for example communication this improved.
- The registered manager knew about their responsibilities to share information when things went wrong and to see it as an opportunity to learn.

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

- People were able to share the views at any time without fear of discrimination with the service.
- The management team actively listened to people's suggestions which ultimately improved the experience for people who used the service.
- Staff told us they could provide feedback to the management team at any time and felt comfortable in raising improvements for the service.

Continuous learning and improving care; Working in partnership with others

- The director of the service had established links with a number of different organisations and charities, some of those who specialised in spinal cord injury. This helped to improve the level of support for the people who used the service as there was another source information available.
- The director advised they were on the contact list for spinal centres.
- The management team met with the local authority to share information and learn best practice.