

Tuckam Care Ltd

# Tuckam Care

## Inspection report

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Date of inspection visit:  
21 October 2022

Date of publication:  
10 November 2022

### 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

Tuckham Care is a domiciliary care agency providing personal care and support to people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection five people were receiving personal care from the service.

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

People told us staff helped them to feel safe. Relatives confirmed this and spoke highly of the service. People told us staff arrived on time and stayed for the duration of scheduled visits.

Staff had a good understanding of the signs and symptoms that could indicate people were experiencing abuse or harm and knew how to raise concerns internally and externally.

People had personalised and up to date risk assessments which included control measures required to help them minimise the risks in their lives without being restrictive. These were put in place before care commenced.

There were enough staff to support the number of people they visited. The registered manager was keen to ensure new packages of care were only taken on if there were sufficient staff to support this.

People received their medicines on time and as prescribed. People and records confirmed this.

The provider was using personal protective equipment effectively and safely. Staff competency checks included this.

Accidents and incidents were recorded and analysed. Lessons learnt were shared via encrypted staff handsets, supervision and team meetings.

People had an initial assessment prior to them receiving a service. This captured their needs, abilities and their preferences.

People expressed confidence in staff ability to meet their needs. Staff told us they felt well trained. Spot checks covered areas including timeliness, moving and handling, medication competency, communication and care notes.

Staff understanding about the Mental Capacity Act 2005 (MCA) informed the way they supported people.

This included the importance of seeking consent before offering help. 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.

People and their relatives told us staff were kind, caring and sensitive to their needs. Daily notes confirmed people's right to decline or influence the amount of support they wished to accept.

Staff understood the importance of helping to maintain people's privacy and dignity. They provided examples of when they did this. Staff supported people to be as independent as possible.

People had personalised and up to date care plans. These contained the information staff required to meet people's needs. This included how they like to spend their time and who with.

People were supported to make decisions by staff who understand the importance of offering choice in all aspects of the care and support provided. People's communication needs were assessed, recorded and supported.

The service had an up to date complaints policy. People and relatives told us they knew how to complain and were confident they would be listened to.

Although the service was not supporting any people with end of life care needs at the time of the inspection, they had done this previously and had received positive feedback.

Staff spoke positively about the culture of the service and said they enjoyed working for Tuckam Care. Staff said they felt valued and recognised.

People, relatives and staff spoke positively about the registered manager.

The service worked in partnership with others to provide good care, treatment and advice to people. This included working with a community hospital to support people's timely and safe discharge home.

## 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 ●

# Tuckam 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 Health and Social Care Act 2008.

#### 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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.

Inspection activity started on 21 October 2022 and ended on 31 October 2022. We visited the location's office/service on 21 October 2022.

#### What we did before the inspection

We sought feedback from professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who use the service and four relatives about their experience of the care provided. We received feedback from six members of staff including the registered manager, carers, care coordinator and recruitment manager. We spoke with one healthcare professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment, induction and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us staff helped them to feel safe. Relatives confirmed this.
- Staff had a good understanding of the signs and symptoms that could indicate they were experiencing abuse or harm. Staff knew how to raise concerns internally and to external agencies such as the local authority and CQC. A staff member said, "I feel confident that any issue I report will be dealt with quickly and effectively and I will be kept informed about any outcomes."
- People had personalised and up to date risk assessments which included control measures required to help them minimise the risks in their lives without being restrictive. These were always in place before care started and covered areas such as mobility, medication, COVID-19 and skin integrity.
- General environmental risks in people's homes were assessed such as trip hazards, food hygiene and fire safety. The service told us, with consent, they had referred people to the local fire service if they identified fire risks in people's homes.
- The service had a policy to support staff for any occasion they attend a person's home for a scheduled visit and the person is not there or the staff member is unable to gain access to the person's property. This ensured consistent and timely follow up.
- Spot checks were carried out to ensure staff were practicing safely. Staff told us, "Spot checks are given regularly", "Yes I was spot checked a few weeks ago" and, "I have been spot checked whilst working at service users' houses and have regular supervisions with my manager to speak about how things are going and where I would like to change or work on things."

Staffing and recruitment

- There were enough staff to support the number of people they visited. The registered manager was keen to ensure new packages of care were only taken on if there were sufficient staff. There had been a period of staffing challenges linked to a 24-hour care package, but the service no longer supported this person. The registered manager and staff had subsequently met to reflect on this experience and had agreed a package of this type could not be effectively supported at least until the service grew in terms of staffing numbers.
- The service had assessed people's dependency to enable them to prioritise visits in the event of emergencies or unplanned staff shortages.
- People and relatives told us staff usually arrived on time and stayed for the full duration of the visit. This was monitored remotely by the registered manager.
- Staff told us they were given enough time between visits to people to help ensure they were on time and could travel safely. For example, one staff member explained: "Calls are worked out, so we have plenty of time between them, which also allows time lost in traffic hold ups."

- The service had robust recruitment and selection procedures. Checks had been done to reduce the risk that staff were unsuitable to support vulnerable people. This included verified references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines on time and as prescribed. People and records confirmed this.
- Medicines were managed safely by staff who had received the relevant training and ongoing competency assessments.
- Where people were prescribed medicines for occasional use, staff had guidance that explained how and when these should be administered.
- People's electronic medicines administration records contained sufficient detail to support staff with this task.
- The registered manager regularly audited medicines records. There was evidence of timely and appropriate follow up action where omissions or errors had occurred. This included reflective supervisions.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff competency checks included this.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through good hand hygiene.
- Staff had received training in food hygiene.

#### Learning lessons when things go wrong

- Staff completed accident and incident reporting forms. These were reviewed by the registered manager. The process included reflection on what had happened, actions taken and what steps were required to prevent a recurrence.
- Lessons learnt were shared via encrypted staff handsets, supervision and business review meetings.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 had an initial assessment prior to them receiving a service. This captured their needs, abilities and their preferences. This formed the basis of people's care plans.
- People and relatives talked about the difference the service made to their day to day lives. For example, a relative expressed, "They provide a vital service without which my [family member] would not be able to live independently."
- The electronic care planning system alerted the registered manager when care had not been delivered as scheduled. The registered manager monitored these alerts and followed these up when required to ensure people received their care.
- People received care and support which was planned and delivered in line with current legislation and good practice guidance. This included support with medicines and moving and repositioning.

Staff support: induction, training, skills and experience

- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received a range of training to help them meet people's needs. This included: record keeping, autism awareness, continence, dignity, fire prevention and awareness, confidentiality and basic life support.
- People expressed confidence in staff ability to meet their needs. Staff told us they felt well trained. They commented: "Training is always ongoing so we are fully conversant with any changes that have occurred, and we are fully supported with updates and reminders", "I get regular updates when training is needed" and, "I feel very supported in my work and up to date with all my training."
- Staff received supervision and ongoing competency checks. Appraisals were scheduled for when staff had been providing care for 12 months. Spot checks covered areas including timeliness, moving and handling, medication competency, communication and care notes.

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

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required.
- One relative told us, "They have been good at trying to encourage my [family member] to eat and drink regularly."
- People's dietary needs were known and met. This included their likes, dislikes and any known food intolerances or allergies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service understood the importance and benefits to people of timely referral to health and social care professionals such as GPs, occupational therapists and district nurses. The registered manager said, "We are very aware that we are not the expert in managing pressure sores, so we are using the advice and guidance the district nursing team is providing."
- Relatives and a healthcare professional spoke positively about this aspect of the support Tuckam Care provide. A relative explained, "All carers are very approachable and will always let me know if they have any concerns about [family member's] health and wellbeing." A healthcare professional said, "They supported one of our clients who had quite complex needs and did well with them. They were helpful and very supportive."

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understanding about the MCA informed the way they supported people. This included the importance of seeking consent before offering help. Staff comments included: "I will communicate with the service user and explain what care I'm about to carry out and make sure they would be okay for me to continue" and "It's important as we need to ensure the client, where possible, agrees to all forms of care as it makes them feel as if we are not being intrusive and it gives them a sense of empowerment of what happens to them."
- Each person supported with a regulated activity of personal care had capacity to make their own decisions. The registered manager confirmed care plans would be revised to include if people have a representative with the legal authority to make decisions on their behalf should they lack capacity and the scope of the legal authority.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us staff were kind, caring and patient. One person told us, "These are the most caring company we have been with by far and would recommend to anyone." Another person said, "Staff are chatty, pleasant. Kind and patient – they don't rush me." A relative said, "Their experienced carers have been sensitive and caring in meeting my [family member's] care needs."
- Daily notes confirmed people's right to decline or influence the amount of support they wished to accept. One relative told us, "[They are] very caring to my [family member] without imposing on [family member] that [family member] does not want to do."
- People and, where appropriate, their relatives told us they felt involved in decisions about the care and support they received. A relative said, "They always take [family member's] wishes into account."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of helping to maintain people's privacy and dignity. They provided examples of when they did this which included when supporting people with washing, dressing and continence care.
- Staff supported people to be as independent as possible. For example, one staff member explained, "Where possible getting service users to make their own choices or carry out tasks for themselves is a good way of promoting their independence and helping them feel in control of their own lives and their own care. Being independent can give individuals a sense of satisfaction and pride." Care plans were clear in noting where people needed support and what they were still able, or preferred, to do themselves.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 had detailed and up to date care plans which documented their individual needs, preferences (including gender of carers), and those they enjoyed spending time with including people and pets. Care plans were reviewed with people and, where appropriate, their relatives input.
- People and relatives praised the responsiveness and adaptability of the staff. One person told us, "The staff all know my needs and how to help me. I'd recommend the service." A relative said, "They have shown [themselves] to be accessible on the telephone when issues have arisen. They have been adaptable and flexible in meeting the challenges of caring for [my family member]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and detailed in their care plans. This included their preferred method of communication, any impairments that could affect their communication, and guided staff on the best ways to communicate with them.
- People's preferred methods of communication were shared with health and social care professionals when required, for example when people required admission to hospital. These are sometimes referred to as care passports.

Improving care quality in response to complaints or concerns

- The service had an up to date complaints policy. This was included in people's welcome pack which was held in their homes. The registered manager said the service had not yet received a complaint.
- People and relatives told us they would know how to complain should they need to and were confident that any issues would be addressed.

End of life care and support

- There were no people with end of life care needs at the time of the inspection. The service had provided this previously with feedback including: "A carer came twice a day. The district nurses said that [family member] was very well cared for. I would have every reason to recommend Tuckam Care" and "From the first conversation I had with [registered manager], to the final visit they made before [family member] passed away, carers went above and beyond to ensure [family member's] last months were comfortable,

dignified and, as per [family member's] greatest wish, at home."

- People were given an opportunity to talk about their end of life care needs and wishes if they felt comfortable discussing them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke positively about the culture of the service - "A hardworking company. [We] all pull together. We are a close-knit team", "It's a company I can grow within, the people I work with are like a whole new family. I wouldn't improve anything", "Everyone is hardworking and always happy to help from small to big situations" and, "A lovely, supportive and close-knit community we have formed as staff, and how our good bonds allow for great communication and team synergy." The registered manager said she viewed the culture as "supportive and open."
- Staff told us they enjoyed working for Tuckam Care. Their comments included: "I enjoy working with Tuckam as its a rewarding adventure. The colleague's I work with are very supportive and this gives it a family feel", "I feel extremely proud to work for Tuckam" and, "Feel very proud." The registered manager said, "The team are amazing. Really supportive of each other and me as the manager. They adapt really well. I'm lucky to have this amazing team. They are so flexible and willing to support me."
- People, relatives and staff spoke positively about the registered manager. Staff commented: "[Registered manager] is very involved in the care and very aware what is happening with service users and [the] staff", "Absolutely fantastic" and, "[Registered manager] is very approachable and accommodates where [they] can, also communication is consistent." People commented: "The owner has a great attitude towards [their] clients" and "[Registered manager] is very nice, very pleasant."

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

- The registered manager and staff had a good understanding of what each of their role entails. The registered manager said the role included: "Being aware of everything happening in the service. Providing oversight at all times. Keeping clients and staff happy. Provide staff with the correct training. Checking we are running a safe service. Making sure all feel supported. That we are working in line with legislation. Being a shoulder to cry on for staff."
- Various audits took place which included reviews of training completion, referrals to external agencies, medicines records, care plan reviews, supervisions and visit notes. The registered manager completed an audit overview which identified areas where the service was doing well or could improve.
- The registered manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, police incidents, death of service users, and serious injuries. This is a legal requirement.

- Staff said they felt valued and recognised. Their comments included: "I feel very appreciated and [registered manager] recognises and vocalises to me my strengths and makes me feel valued" and, "I feel very happy and appreciated working at Tuckam Care. My manager always says thanks to me."
- The registered manager understood their responsibilities under the duty of candour. They told us, "It is about being open and honest, owning up to mistakes. If something goes wrong, hold your hands up and explain how will rectify it and say sorry."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service had not yet undertaken an annual survey to obtain feedback. This is because the service had only just reached their one-year anniversary of providing care. The registered manager had instead sought feedback during care reviews and when conducting staff spot checks. This feedback had been positive. The registered manager told us they were currently sourcing an external organisation to conduct a formal survey.
- The registered manager was keen to keep their own skills up to date. They explained, "I'm currently working towards my [national vocational qualification in leadership and management]. I'm part of manager forums - they are helpful for guidance. I subscribe to [industry] magazines and emails." Staff were given opportunity to discuss their career aspirations during supervision.
- Team meetings were held where staff could speak freely and help influence the direction of the service.
- The service worked in partnership with others to provide good care, treatment and advice to people. For example, the service liaised closely with a community hospital service to support people's timely and safe discharge from hospital.