

Tendercare Management Ltd

# Tendercare Management Ltd

## Inspection report

246-250  
Romford Road  
London  
E7 9HZ

Date of inspection visit:  
27 September 2022  
04 October 2022

Date of publication:  
18 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

Tendercare Management Ltd is a domiciliary care agency providing personal care support to people. The service provides support to people with dementia, older people, younger adults, learning disability or autism spectrum disorder, physical disability and sensory impairment. At the time of our inspection one person was using the service.

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

Relatives told us their family member was safe at the service and there were enough staff to support them.

People were kept safe in their homes and had appropriate risk assessments to protect them from their known risks.

Staff had completed safeguarding training and knew how to report concerns of abuse if they suspected someone was at risk of harm. Staff knew how to blow the whistle on poor practice.

People were supported to receive their medicines safely and on time.

People's needs were assessed before they used the service and information was shared between services to ensure continuity of care.

People were encouraged to eat healthily and had enough to drink each day.

Consent to care was appropriately obtained and staff sought permission from people before providing care.

Relatives told us staff were kind towards their family member and had built caring relationships with them. People's privacy and dignity were respected. People were supported to maintain their independence as much as possible.

Care plans were individual, and people's likes and dislikes were recorded. People's communication needs were documented to ensure effective communication took place.

Relatives and staff liked the management of the service and felt able to contact the registered manager when they needed.

### People, relatives and staff had their views

Quality assurance was in place, but audits did not always show what had been checked and their outcome.

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](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 18 November 2019 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Recommendations

We have made a recommendation about quality assurance.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Tendercare Management 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 (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, flats and specialist housing.

#### 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager, keyworker and 3 care staff. We spoke to 1 relative. We viewed 1 care file and associated risk assessments, 3 staff recruitment and training documentation. We also reviewed records relating to the management of the service including policies and procedures and quality assurance.

# 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.

### Assessing risk, safety monitoring and management

- People had appropriate risk assessments in place to reduce the potential risk of harm.
- Relatives told us their family members were kept safe. A relative said, "They're doing their best, they're keeping [person] safe."
- Staff were aware of the risks people faced and how to protect them. A member of staff said, "We know [person] likes to put things in their mouth so we have to constantly be around them. I train new staff and tell them to watch [person's] mouth and hands."
- Risk was assessed, and measures put in place to reduce those risks. Risks included, managing distress, financial abuse, bathing, epilepsy, cooking and fire risk. For example, there was clear information on how to support people with epilepsy safely while they used the bath, ensuring they received one to one support, checked the temperature of the bath water and water level.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risks of abuse as staff knew the signs to look for and how to report it.
- There was a safeguarding policy and procedure and staff had received adult safeguarding training. The policy provided staff with a case study to help them understand how abuse may not always be easily identifiable.
- Staff were aware of the different types of abuse and how to report it if they suspected someone was at risk.
- A member of staff said, "If I see a scratch or mark, I'd report it to our supervisor, and I would ask who worked with [person] before. Everyone has the right to ask as we need people to be in safe hands." The same member of staff told us they would not tolerate abuse, they said, "I'd report it, [all staff] went to training. If nothing done, I'd tell [registered manager], if nothing else is done I can go to the local authority or CQC."

### Staffing and recruitment

- People were supported by staff who were recruited following safe and correct procedures.
- There were enough staff to support people at the service.
- The registered manager told us they had put a team of staff in place to support people to ensure continuity of care and minimise any disruption for people.
- Recruitment records confirmed staff had completed an application form, provided references and completed a criminal record check with the Disclosure and Barring Service (DBS). 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 were supported to receive their medicines safely and on time.
- Staff completed medicines training and the registered manager told us staff understood the importance of giving medicine on time and in a safe manner.
- We viewed medicine administration records and they had been completed correctly and were free from gaps.
- Records confirmed information on when to provide 'as required' medicine to people. This was clear and provided detailed information on the instances it would need to be administered.

#### Preventing and controlling infection

- Measures were in place to protect people from the risks of acquiring an infection.
- Relatives told us staff wore appropriate personal protective equipment (PPE). This included gloves, aprons and face masks.
- Staff told us they were provided with enough PPE.
- Staff had completed infection control training and told us the safe hygiene practices they followed, which included washing their hands and changing PPE regularly.

#### Learning lessons when things go wrong

- Processes were in place to learn after accidents and incidents.
- The registered manager told us no accidents or incidents had taken place. They explained to us they would document what had happened and discuss with staff for future prevention. The registered manager said, "We have to learn from our mistakes, and I have to be honest and report any accident and incident."

# 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's needs were assessed before care began by the registered manager to ensure the service could meet their needs safely. Records confirmed this.
- Information was gathered from different care providers if people had been using a previous service to check how their current needs may have changed.

Staff support: induction, training, skills and experience

- People received care and support from staff who received an induction, regular training which was relevant to their role and ongoing supervision.
- Relatives told us staff had good skills and training to support their family member. A relative said, "I'm happy with them, [staff] are good."
- Staff told us the training they received was useful and helped them provide the best support to people. A member of staff said, "I love training, it is good. I get the time to read everything." Another member of staff said, "The training has given me a greater sense of ease in doing my job and how to help others too."
- Records showed staff completed an in-depth training course which included some of the following training courses; first aid, food safety, managing people's distress and agitation.
- Records confirmed staff had completed The Care Certificate to support their learning development. 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.

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

- People were supported to have enough to eat and drink to stay healthy.
- Relatives were pleased staff were cooking cultural meals for their family member. A relative said, "I check the food, sometimes [staff] makes [person] curry."

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

- Details of health professionals involved were recorded in people's care plans. These included, speech and language therapist, GP, Community Learning Disability Team Nurse, Consultant Psychiatrist and Social Worker.
- Monthly meetings were attended by the registered manager and staff with health professionals to discuss people's progress and techniques to support them with their behaviour.

- People were supported to attend health appointments as required.

#### 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.

- People were supported to make their own decisions with support from staff. For example, staff would offer choices of clothing to people.
- The registered manager and staff understood that people may have capacity in some areas and not in others.
- Records confirmed capacity had been discussed and where people could make their own decisions this was encouraged.

# 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

- People received care and support from staff who were kind and patient and respected people's culture and diversity.
- A relative said, "The staff are like family, they are very motherly to [person]." The same relative said, "On [person's] birthday they [staff] cook something special. They also celebrated Eid with [person]."
- Staff spoke about the people they supported in a caring way and how important it was to build trust with people they supported. A member of staff said, "If I say you will do something for [person] you must do it, if you don't [person] won't trust you."
- The registered manager told us, "I'm really happy with how they [staff] care for [person]. We always teach staff to see themselves as the person being looked after."

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

- People were encouraged to express their views with the support of staff and relatives, staff used gestures and pictures to involve people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and protected.
- Relatives told us their family member's privacy and dignity were respected by staff.
- Staff were respectful of people's privacy and dignity. A member of staff said, "We are there to protect [person's] privacy and dignity."
- People were encouraged to maintain their independence. Records showed people were supported to do tasks they enjoyed for example, cooking.
- A member of staff said, "[Person] can be independent when using the toilet and we help them when they need it."
- The registered manager told us staff were respectful when supporting people at the service. They said, "Staff protect individuals' privacy, staff close doors and give people that space if they need to use the bathroom."

# 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

- Care was personalised and met people's individual needs.
- People's care plan detailed their likes and dislikes.
- The registered manager said, "Care has to be bespoke, can't do same thing for someone else."
- Relatives told us they were involved with the care planning process and were updated when there were any changes to care. A relative said, "They [staff] do call me and let me know."
- Staff told us they had the time to read people's care plan and observe them to understand their preferences. A member of staff said, "Everything I observed was written in the care plan, I know [person] very well. I know [person] likes chocolate and I know what different noises mean and how to calm [person] down."

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 clearly recorded in people's care plans.
- People who were unable to use words to communicate were supported by staff who learnt the person's preferred communication style. This included observing body language, facial expressions and gestures.
- The registered manager told us they could provide information in accessible formats such as large print or pictorial documents, if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to enjoy activities of their choosing.
- The registered manager told us people were supported to go swimming, spend time with family members and attend local attractions.
- Records confirmed people's activities were documented in a picture format to ensure people were able to understand what they would be doing every day during the morning and afternoon.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure in an accessible format were in place for people and their relatives to raise complaints to the service. At the time of the inspection no complaints had been made.
- Relatives we spoke to were happy with the service provided and told us they had no complaints.
- Staff told us they were there to act on behalf of people if they were unable to raise a complaint and bring it to the attention of the registered manager.

#### End of life care and support

- The service was not currently supporting anyone with end of life care.
- There was a policy and procedure in place to support people, their family and staff when they needed to discuss and provide end of life support.

# 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.

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

- The registered manager was committed to continuous learning and encouraged their staff to do the same.
- The registered manager and staff worked well with each other with the main goal to give people the best care they could.
- Systems were in place to monitor and audit the service but did not always demonstrate what had been checked. For example, we noted an audit for care notes did not explain what was being checked and the person auditing the care notes was the same person who had written the note.
- The registered manager was recently new in post and we raised this with them. The registered manager demonstrated they wanted to improve quality monitoring to ensure people were receiving high quality care and staff were supported.
- The registered manager recently implemented night spot checks and sent us confirmation this had taken place. The check clearly stated what had been monitored which was to ensure staff were present and whether people or staff required any additional support. Records confirmed as a result of the spot check, the registered manager took action where it was identified a piece of technology was not fully working and arranged for a replacement.

We recommend the provider seeks guidance on quality assurance of the service.

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

- People received support from staff who enjoyed their work and were committed to providing safe care.
- Staff told us they enjoyed working for the service and were motivated to do the job. A member of staff said, "It's a great team atmosphere and I feel happy that I work there." Another member of staff said of the registered manager, "[Registered manager] is a good person, very helpful to the team. They [managers] have an open door for all of us when we need to talk to them."
- Relatives were happy with the care being provided to their family member and they told us they could contact the office and registered manager easily.

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 understood their responsibilities under the duty of candour and the need to be

open and transparent when things went wrong.

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

- People, relatives and staff had their views sought to improve the quality of the service.
- Records showed feedback was requested from people during monthly feedback sessions with staff. Relatives were regularly approached to provide feedback on the quality of care and whether they needed to raise any concerns.

Working in partnership with others

- The service had built good links with health professionals involved with people's care.
- A health professional provided positive feedback on the quality of care and support from the service and said, "I feel Tendercare Management have gone above and beyond to provide the support for [person] and wouldn't hesitate to use them again."