

Tempnur Ltd

Tempnur 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

Tempnur Care Limited is a domiciliary care agency, providing personal care to people living in their own homes. At the time of our inspection three people were using the service. 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.

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

People told us they were happy with the care they received from Tempnur Care. People received a service which was person-centred and met their needs. Risks associated with people's needs had been identified and were managed safely. Staff had a good understanding of the provider's safeguarding process and knew what action to take if they suspected any abuse.

Before people started to use the service, their individual needs and preferences were discussed and recorded for staff to follow. 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.

The provider carried out checks on the suitability of staff before they started work. Staff had appropriate skills to meet people's needs. People told us care staff were suitably trained and records showed staff received training appropriate to their role.

People received their medicines as prescribed. People had support to prepare their meals and drinks where needed. The team worked effectively with community health and social care professionals to ensure people's needs were met.

The provider ensured staff wore appropriate personal protective equipment (PPE) and were mindful about infection prevention and control. There were systems in place to learn lessons from accidents and incidents.

People felt they could raise concerns and would be listened to. There were systems in place to monitor the quality and safety of the service and recognise when improvements were needed. The provider sought feedback from people, their relatives, staff and other professionals. This feedback was used to develop the service.

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

Rating at last inspection

This service was registered with us on 11 November 2020 and this was the first inspection.

Why we inspected

This was the first inspection of a newly registered service.

Follow up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 ●

Tempnur Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager, who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from professionals who work with the service. 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

The inspection activity started on 23 August 2022 and ended 23 September 2022. This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff. We used telephone calls, e-mail and online meetings to engage with the registered manager. We used electronic file sharing to enable us to review documentation.

We reviewed a range of records. This included two people's care assessments, care plans, day to day records of their care, and one person's medicines records. We looked at a variety of records relating to the management of the service. This included feedback from people using the service and their relatives, minutes of meetings and some policies and procedures. Staff records in relation to recruitment, induction, training and staff supervision were also looked at. We saw records of 'spot checks' of staff's practice and competence undertaken by the registered manager.

We spoke with people who used the service and their relatives about their experience of the care provided. We spoke with three members of staff including care staff and the registered manager.

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

- The provider had systems in place to safeguard people from the risk of abuse.
- People and their relatives told us they felt the service was safe because of the standard of care people were receiving.
- Care staff received training in safeguarding people and knew how to report concerns.
- The registered manager was aware of their responsibility to report safeguarding concerns to the local authority and CQC. At the time of the inspection no safeguarding concerns had been raised.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and were managed safely.
- Individual risk assessments were in place for people. Environmental risks were also considered for each property staff visited. This helped ensure the safety of people who used the service and the care staff.
- Risk assessments were reviewed and kept up to date.

Staffing and recruitment

- The provider carried out checks of the suitability of staff before they started work.
- The provider prioritised continuity in the care staff who went into each person's home. People confirmed they received care from the same staff. They spoke positively of this, as they were able to get to know staff and had built positive relationships.
- Staff told us they were able to meet people's needs in a timely way. People confirmed this. One person said, "They [staff] are pretty well always on time. Pretty good, not late."
- Staff told us they were always properly introduced to people. They said they were given time to get to know people's needs and preferences before providing their care.

Using medicines safely

- People told us they were well supported with their medicines.
- Staff received training in the safe handling of medicines.
- People had a medication administration records (MAR) in place. Staff recorded medicines they administered, and the registered manager checked these to make sure medicines were administered safely.

Preventing and controlling infection

- The provider had appropriate policies and procedures in place regarding the prevention and control of infection.
- The registered manager promoted safe working practices in relation to Covid-19, such as wearing

appropriate PPE, hand hygiene and enhanced cleaning.

- People told us staff were careful to wear PPE and wash their hands to help keep them safe.
- Staff were aware of how to use PPE effectively and safely. The registered manager carried out spot checks to ensure staff were following good infection control practices.

Learning lessons when things go wrong

- The registered manager ensured accidents and incidents were recorded and was keen to learn and improve practice as required.

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 prior to them using the service. This assessment formed the basis of their care plans.
- Assessments and care plans were reviewed regularly to ensure people received care in line with their needs and preferences.
- People, their relatives and professionals felt involved in assessments and worked together to ensure care and support was current and appropriate. One person said, "I met [the registered manager] and she was asking what I need help with."
- One staff member said, "[The registered manager] makes sure the care plans are holistic and very thorough."

Staff support: induction, training, skills and experience

- Staff received training and support to carry out their role.
- Staff felt the training provided gave them the skills and knowledge they required.
- Staff received an induction when they commenced their employment. This included meeting people, reading care documentation and completing core training. New staff also shadowed experienced staff to ensure they were supported in their first weeks of employment.
- One staff member said, "[The registered manager] always makes sure I've got all the information I need to meet people's needs, and care for people properly. When I first started working with [person using the service] I spent a week working alongside [the registered manager] and was properly introduced to the client and their family members."

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

- People were supported to maintain a balanced diet that met their needs
- Information regarding people's dietary requirements and preferences was documented in their care plans.

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

- People's health needs were identified by the provider's assessment processes. Care records included clear information about support people needed to maintain their health.
- People had access to healthcare and social care services where required. One relative told us, "[The registered manager] has been very good, helping us with getting access to services like social services and specialist assessment."

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff were aware of their responsibilities regarding the MCA.
- People were consulted about their care needs and staff sought consent before offering care.
- People were supported to make decisions about their care and their preferences were respected.

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

- The provider's policies and procedures demonstrated a service where people were treated well and supported in line with their preferences.
- People and relatives we spoke with were very happy with the care people received. One person said, "It's company when they [staff] come. They are kind. Nice people, nice to talk to. I like it because it's the same ones. We know each other."
- Staff were able to tell us about people's preferences and how they like to be supported.

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

- Care plans showed people had been involved in decisions about their care.
- Relatives we spoke with told us their family members were actively involved in making choices.
- We saw written feedback in quality reviews which had been returned to the provider and this was very positive. For instance, one relative had written, "[Staff member] is very kind, caring and gentle. [My relative] absolutely loves her coming and says her visit 'sets them up for the day'. Care delivery is very person centred and [staff member] takes time and care to get to know what matters to [my relative]. They sing while getting [my relative] showered and have a laugh, which [my relative] loves."
- Staff we spoke with explained how they involved people. The registered manager and staff placed high importance on people being the centre of their care.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy was respected and their independence maintained.
- People and their relatives spoke highly of the registered manager and care staff.
- One relative wrote, "The staff are caring, friendly, thoughtful and respectful to [my relative]. They are gentle and sensitive to [my relative's] feelings when providing personal care. They always arrive on time, are easy to contact and are happy to take the time to discuss any concerns with [my relative] and our family."

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's support plans were very comprehensive and person-centred, describing people's needs, likes, dislikes and preferences.
- Staff had a good understanding of people's needs and told us the registered manager kept them informed if there were any changes to people's care.
- People told us staff listened to what they wanted and respected their decisions. One person said, "[Staff] are good. They do listen."

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.

- The registered manager ensured people's communication needs were assessed and were clearly recorded in their care plans.
- The provider made people aware of advocacy services and support available for people whose first language was not English.

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 to maintain relationships, and to follow their own interests and social activities.
- People told us visits were not rushed and staff took time to talk with them.

Improving care quality in response to complaints or concerns

- The provider had processes in place to allow people to raise concerns and complaints easily.
- People and their relatives told us they would talk to the registered manager if they had any concerns. They felt confident any issues raised would be dealt with appropriately.
- The registered manager confirmed they had not received any complaints.

End of life care and support

- The registered manager assessed each person individually and worked in partnership with community based health professionals.

- At the time of our inspection no people receiving care were at the end of their life.

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; 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 was clear about their role and understood their legal responsibilities.
- Staff told us they were clear about their roles and felt valued. One staff member said, "We get good support, and are treated well. [The registered manager] is keen for us to provide high quality care. She cares for us as staff, and for the service users. She always wants to know what is happening and if service users are OK."

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

- The registered manager provided direct care, working alongside care staff to ensure people received person-centred care.
- People's relatives told us the registered manager maintained good communication with them about their family members' welfare. One relative said, "[The registered manager] does communicate with me most days and tells me how [my relative] is. She always talks to me if she's not sure about something or there are any issues. That's pretty good."
- Staff felt valued and respected by the registered manager and were proud to work for the service. One staff member said, "[The registered manager] is always there for me. Always picks up the phone. I am enjoying my work and I'm happy because [the registered manager] is so responsive. I feel confident." They added, "[The registered manager] always reminds me to maintain people's dignity and show respect."

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

- The provider had a system in place to gain feedback from people, their relatives and other stakeholders.
- Written feedback we saw, which had been received by the provider was very complimentary about the service. One relative had written, "[My relative] never feels rushed and if [staff member] has any concerns, she always follows everything through to a resolution before leaving, contacting GP or 111. [Two named staff] have come on occasion and are also lovely. The company ethos is great."
- Staff confirmed there was very good communication in the team, including regular staff meetings. One staff member said, "We had staff meetings in June, and in July. Some things we talked about are staff induction, uniforms and ID badges, what to do in emergencies and wearing the correct PPE. The next meeting is at the end of August."

Continuous learning and improving care

- The provider had systems in place to monitor the service.
- The registered manager completed a range of audits to ensure the service was meeting expected standards.
- The registered manager carried out 'spot check' visits to make sure care staff were carrying out their tasks in accordance with people's needs and in line with the provider's policies.

Working in partnership with others

- Records showed the team were working in partnership with others, such as health and social care professionals to meet people's needs.