

Tendi Care Ltd

Tendi Care

Inspection report

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19 December 2022

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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

Tendi Care Ltd is a domiciliary service providing personal care to people in their own homes. The service provides personal care to people living in their own houses or flats who required support due to needs relating to their age or living with a physical disability. 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 our inspection there were 4 four people using the service receiving support with personal care.

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

People were protected from the risk of abuse by staff who knew what to look out for and how to report concerns to their manager. Safeguarding alerts had been raised appropriately and relevant professionals consulted when required.

Feedback on the staff was positive with people describing the carers as, "part of the family," and "kind and considerate." Staff were on time and assisted people with the tasks they required.

Risks were assessed, and information provided to staff to mitigate these occurring. Care plans held personal information on people and provided guidance for staff to be able to care for them well.

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.

Staff completed a range of training modules when starting with the service and people told us they felt staff knew what they were doing and supported them well. Staff were supported by the provider and the clinical manager, and staff told us they were always available for support.

Feedback on the service was positive from people and relatives we spoke with. The provider had a visible presence in the service. All people and their relatives knew who they were and how to contact them if they wished to raise concerns or discuss their care. The provider also completed people's assigned care visits, this gave them the opportunity to speak directly with people being supported and to get to know them.

Checks and audits of the service were appropriate for the level of support being provided and were completed to ensure people were receiving good care and support. The provider had developed appropriate policies and procedures which provided guidance to staff and people using the service. Staff told us they felt valued and supported by the provider and staff we spoke with were happy working for 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 27 November 2020 and this is the first inspection.

Why we inspected

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

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Tendi 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

This 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 who is also 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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14th December 2022 and ended on 19th December 2022. We visited the location's office/service on 14th December.

What we did before the 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 information gathered as part of monitoring activity that took place on 31 August 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with 1 person, 3 relatives who were nominated to speak on people's behalf, 3 members of staff and the provider. We reviewed a range of care records. This included 4 people's care plans and associated records. We looked at 3 staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service were also 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

- People were protected from the risk of harm and abuse. People told us they felt safe when receiving support from Tendi Care. One relative said, "My loved one does feel safe. Trust was a big issue when they started to receive care. Trust has been built with these staff and this has been a huge positive."
- Staff knew what signs to look out for and how to report any concerns they had and were confident action would be taken to keep people safe.
- Staff told us, "If I was concerned, I would make them as safe as possible, complete my incident records and report to my line manager."
- Records of safeguarding alerts we reviewed showed these were raised and reported to the local authority safeguarding teams appropriately.

Assessing risk, safety monitoring and management

- Risks to people being supported were identified and assessed appropriately. People had personal risk assessments which were relevant to the risks present to them as individuals.
- Risk assessments were regularly monitored and reviewed by the clinical manager, to ensure staff had the most up to information so actions were taken to reduce the risks identified.
- Actions were taken where risks had been identified and appropriate healthcare professionals such as community nurses or therapists were contacted to find ways of minimising the risks re occurring.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Full employment history was checked, and gaps in this history were discussed and recorded. References obtained were appropriate and helped the provider to ensure new staff were good character and safe to support people in a community support setting.
- All staff had an appropriate right to work checks and Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us they received care from regular staff who arrived on time, stayed the duration expected and had built good relationships with them.

Using medicines safely

- People were supported to take their prescribed medicines in a safe way. There was clear information in care plans for staff as to when people required support with their medicines and what level was required. For example, the majority of people required prompts and reminders to take them only.

- People's medicines had been risk assessed and responsibility for ordering and storage of these were recorded.
- Staff were trained about medicines management and their competency was assessed by the clinical manager.

Preventing and controlling infection

- People told us the staff who supported them wore appropriate personal protective equipment (PPE) such as gloves, aprons and face coverings when supporting them with personal care.
- The provider had an up to date infection prevention control policy which had been shared with staff. This had been updated to include latest COVID-19 guidance and information.
- Staff understood their personal responsibilities relating to infection control and were able to source extra PPE from the provider when required.

Learning lessons when things go wrong

- The provider and staff understood their responsibilities to record and report any accidents and incidents or near misses.
- These were discussed in team meetings so staff could understand what had gone wrong and what needed to be changed to ensure they did not happen again.

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 reviewed before they started to use the service. Referrals from appropriate healthcare professionals were reviewed by the provider and clinical manager to ensure people's needs could be met. Within 24 hours of the service commencing the provider completed an extensive assessment of needs once the person was in their own home.
- People's care plans and risk assessments were kept under review and updated whenever there had been a change in need. This ensured staff had access to the most current and relevant information needed to be able to provide care and support.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew how to support them or their loved ones in a personal and respectful way. One person told us, "They are all so lovely, they are like family. They know what they are doing and help me really well."
- Staff had completed training in mandatory modules of care such as moving and handling of people, basic first aid and safeguarding to ensure they had the knowledge to support people in a safe way. This training followed the Care Certificate which 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 told us they were able to contact the provider and clinical manager at any time for support and guidance which helped to reassure them.

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

- People were supported to eat and drink enough to remain well and in accordance with people's care plans.
- Not all people receiving care and support required meals to be prepared and served by the staff, as other people involved in their care completed this. However, there were records of drinks and snacks being offered by care staff in between these times.
- Staff recorded in people's care plans what had been drunk, eaten or offered, so intake could be monitored and ensure people were eating and drinking enough. This information was also shared with healthcare professionals when necessary.

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

- People's care plans contained details of the healthcare professionals involved in their care, such as GP's or

consultants and people were supported to contact them when necessary by staff.

- The provider had employed a clinical manager who is a registered nurse. Part of their role was to identify any changes in medical conditions and ensure appropriate healthcare professionals were consulted. We saw evidence one person's diabetes was monitored in the community and assistance was requested from specialist nurses when required.
- People were supported to attend appointments at GP's and hospital by staff. We were told, "They take me to my hospital appointments. Having them there makes me feel so much better."
- Outcomes of appointments with specialists such as therapists or nurses were included in a person's care plan record, assisting staff to have access to the most up to date guidance 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.

- All people being supported at time of the inspection were able to make decisions about their care and support for themselves and did not require a legally nominated person to make decisions on their behalf. The provider understood what would be required if a person were unable to make decisions for themselves.
- Details of other persons involved in people's care, who could support with decision making or advocate on their behalf was present in care records.
- People were asked for consent before completing care plans and assessments. Daily notes of visits completed by care staff had records of them seeking consent before supporting people's needs. Staff told us, "I always ask if they are happy to be supported with something. Things can change daily so I need to make sure people are happy with what I'm going to do. If they are not, I would not force them."

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 and their relatives told us staff were caring and supported them in a personal way.
- Staff knew people and their preferences well, and the provider knew each person the service supported as they had completed care visits to them enabling them to guide new staff to treat people in a personal way, whilst respecting equality and diversity.
- Staff were described as, "very caring and polite and very respectful."

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

- People were involved in making decisions about their care. The provider and clinical manager completed reviews every month, which helped the team identify any quality issues quickly take action to put them right.
- People were able to contact the provider as required discuss their care and support. People and their relatives all knew who the provider was and how to contact them and that the provider was always available.

Respecting and promoting people's privacy, dignity and independence

- All people and their relatives told us staff treat them with respect, dignity and promoted independence.
- One person told us, "They help me only with the things I struggle to do. They ask me if I need help, if I don't, they leave me to try and manage it, instead of just doing it for me."
- People's care records were kept in their home and another copy was stored securely on the providers electronic care planning system. Staff have to log in with an individual pin code and can only see the personal information of people they are booked to support. This ensured people's information was kept confidential and in line with General Data Protection Regulations.

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 care plans were personal and contained important information to be able to provide care and support the way each individual wished for.
- Care and support plans had sufficient information and guidance included to ensure individual care was delivered and responded to any changes in people's needs. Care plans were kept under review and were updated as necessary.
- Individual guidance was in place, dependant on people's needs, to ensure staff were able to deliver individual care and respond to any changes to people's needs in a prompt and effective way.

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 communicational needs were assessed and recorded in care plans. All people were able to communicate their wishes and preferences at the time of inspection.
- The provider told us they understood the Accessible Information Standards which was in process of being developed and could be adapted for any future people that require information in a more accessible form such as braille or large print.
- One relative told us, "They do really well to understand [my loved one]. Sometimes it was difficult, but they then try other ways which is good."

Improving care quality in response to complaints or concerns

- The provider informed us complaints and concerns were taken seriously and were investigated in an open and honest way. We reviewed complaint records which supported this.
- All people and relatives told us they knew who they could talk to if they needed to raise any concerns or make a formal complaint.
- One person's relative told us things weren't going quite right with their loved one and the staff at the beginning of the service being provided. They told us, "I contacted the provider who dealt with things straight away. I was really happy with what they did and how they managed it."

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- There were sections included in people's care plans where their wishes and preferences for care at the end of their life could be documented. The provider had not completed these as all people at time of the inspection had support from family and friends who had taken responsibility for to manage this if required.
- The provider had an end of life care policy and procedure in place and this had been given to all staff.

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

- People felt the service was well led and had a positive impact of them. One person told us,
- Communication within the management and staff teams was good. Staff told us they speak with the provider daily to ensure there were no concerns.
- People were supported by staff who enjoyed what they did and were happy working for the service. Staff told us

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 provider understood their regulatory responsibilities. They understood they had to inform the Care Quality Commission (CQC) and the local authority of important events in line with guidance.
- The provider and staff demonstrated a clear understanding of their roles and responsibilities when supporting people.
- The provider had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent.
- Staff were encouraged to raise any concerns, report accidents or incidents and be honest when things had gone wrong. Staff told us the reporting structure and felt confident these will be recorded and investigated appropriately.

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

- People and their relatives were encouraged to be involved in the care and support provided. We were told staff support them the way they wished to be supported and also adapted the support when required.
- The provider had held staff meetings, where issues or concerns identified were discussed. Staff were asked for feedback and suggestions to improve the service and staff told us they felt able to make these suggestions and they would be listened to.
- People, their relatives and staff all told us that the provider is open, honest, responsive and always contactable which provides reassurance to them.

Continuous learning and improving care; Working in partnership with others

- The provider, clinical manager and staff worked closely with health and social care professionals to provide effective and joined up care and support.
- The provider completed peoples care and used this opportunity to gather feedback on what was working well in relation to peoples care and support and what could be improved.