

Teebollz Consulting Limited

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Inspection report

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Date of inspection visit:
22 December 2022

Date of publication:
19 January 2023

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

Teebollz Consulting Limited is a domiciliary care agency located in the London Borough of Barking and Dagenham. It is registered to provide personal care to people in their own homes. At the time of the inspection, one person was receiving support with 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.

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

People were safe using the service. Safeguarding procedures were in place to help protect people from the risk of abuse. Risks assessments ensured potential risks to people were identified. Staff received guidance on how to reduce risks to keep people safe. Staff were recruited appropriately and there were enough staff in the service. Relatives told us staff were punctual and completed their tasks. Staff were trained to support people to take their medicines and their competency was assessed.

There was a procedure for reporting incidents and accidents in the service and to review and learn lessons from them to prevent re-occurrence. Staff followed infection control procedures and people were protected from the risk of infections, such as COVID-19.

Assessments of people's needs were completed before they started using the service. The provider ensured staff had the necessary skills and training to provide care to people in their own homes.

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's consent was sought when care was provided.

Staff supported people to access health care services and supported them to eat and drink the food they preferred. Staff told us they were supported by the registered manager and received supervision to discuss their performance.

Relatives told us staff were respectful and caring towards their family members. People's privacy, dignity, human rights and equality and diversity characteristics were respected. People and relatives were able to express their views about the care provided. Staff supported people to maintain their independence.

Care plans recorded people's needs and preferences and people received person centred care. People's communication needs were met by staff. There was a procedure for complaints to be acknowledged, investigated and responded to. An end of life care and support policy was in place should the need arise to support people with this.

The provider promoted a positive culture and person-centred service. Relatives and staff told us the service was well led. There were quality assurance systems in place for the provider to continuously improve the service. The provider gathered feedback from people and relatives. The registered manager worked in partnership with other organisations to benefit people using the service and support staff.

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 February 2021 and this is the first inspection.

Why we inspected

The inspection was prompted by a review of information we held about the 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?

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 ●

Teebolz Consulting Limited

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

Teebolz Consulting 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

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 22 December 2022 and ended on 23 December 2022. We visited the provider's office location on 22 December 2022.

What we did before the inspection

We reviewed the information we already held about the service. This included notifications. A notification is information about important events, which the provider is required to tell us about by law. 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 of this information to plan our inspection.

During the inspection.

We spoke with the registered manager, 2 care staff and a relative of a person receiving care from the service. We were not able to speak with the person because they were unavailable. The registered manager was also the owner and provider of the service.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 1 person's care plan. We looked at other documents such as medicine management, infection control records, service monitoring and staff training.

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 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 abuse. Safeguarding procedures were in place which set out how to protect people from the risk of abuse.
- Staff were provided guidance on how to report concerns of abuse towards people, such as informing the provider and alerting the local authority safeguarding team.
- Staff told us they understood safeguarding procedures and records showed they had training in this area. A staff member said, "I know the procedure to report abuse to the local authority. I can identify different types of abuse such as physical, financial and verbal abuse."
- The provider had a whistleblowing policy for staff should they wish to report concerns about the service to external agencies such as the police, local authority or the CQC.
- Relatives told us their family members felt safe within the care of staff. One relative said, "[Family member] is very safe with the carers. They are very good and know how to support [family member] safely."

Assessing risk, safety monitoring and management

- Risks around people's health, home environment and personal care were assessed, so that they could be monitored and staff could provide people with safe care.
- Risk assessments included people's health conditions, any changes in their eating and drinking patterns, their risk of falls, skin integrity risks, plus risks relating to their medicines and personal care. They were assessed according to the severity, probability and scale of each risk such as high, medium and low.
- Assessments included the signs and symptoms of people's health conditions that staff needed to look out for and what action they should take to reduce the identified risks.
- Staff told us they were aware of the risks people faced and how to support them safely. There was guidance such as who to contact if people's health changed or deteriorated. Risk assessments were reviewed when people's needs changed. A staff member said, "I understand the care plan and risk assessment to support [person]. It is very clear with good guidance."

Staffing and recruitment

- The provider employed enough staff with suitable levels of skills and experience to support people.
- Relatives told us staff were punctual and reliable. If staff were running late, they told us they or their family member were notified by the registered manager. A relative said, "The carers arrive on time and at the times preferred for [family member]."
- Staff completed timesheets and daily records to evidence the times they arrived and left people's homes and completed their required tasks.
- Staff were recruited appropriately and safely. Checks were carried out on successful applicants before

they commenced working at the service. These included criminal background checks.

- The provider also requested and received references for new staff, proof of their identity, a record of their employment history and proof of their legal right to work in the UK. The information helps providers assess the suitability of staff they employ to support people in their own homes.
- The registered manager told us and records showed they used a thorough system, which also included contacting the relevant authorities in other countries to obtain criminal records checks of applicants where the applicant had been living in the UK for less than 5 years. However, we noted this process had yet to be included in the provider's current recruitment policy to ensure it was embedded and applicants were given equal opportunities. After the inspection, the registered manager confirmed the process was now within the policy.

Using medicines safely

- The provider had procedures for the management of medicines for staff to follow. There were protocols for medicines that needed to be taken when required, known as PRNs, for example those needed for pain relief.
- People were only prompted to take their medicines by staff who were trained to do so safely. A relative said, "The carer reminds [family member] to take their medicine."
- Spot checks, which were observations of staff practice when out in the community, were carried out by the registered manager to see that staff were following safe medicine procedures.
- Each person had a medicines administration record (MAR) where staff documented when a person had taken their medicines. We saw these were up to date and complete. The registered manager carried out audits of MARs to check for errors or gaps and ensure staff had completed them correctly and accurately.

Preventing and controlling infection

- There was an infection prevention and control policy to protect people and staff from the spread of infection. The provider carried out risk assessments for people and staff in relation to COVID-19 to help reduce the risk of transmission of the infection.
- Staff used Personal Protective Equipment (PPE) when visiting people and carrying out personal care. The provider had a regular supply of PPE for staff to use.
- Staff told us they washed their hands before and after supporting people with their personal care. Relatives confirmed staff wore PPE and maintained their own hygiene and cleanliness. A relative said, "The carers wear gloves and aprons and their uniform. They make sure they wash their hands."

Learning lessons when things go wrong

- The provider had a procedure for incidents and accidents that occurred. This included a form to record the details of what had occurred, such as a fall or serious injury.
- There had been no incidents in the service since the provider first started supporting people in the community.
- The registered manager told us and procedures showed lessons would be learned as a service by the staff and the management team, in order to prevent re-occurrence of incidents.

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 of 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 and choices were assessed before they started using the service. An assessment was carried out to determine if a person could be supported by the service with their personal care needs. Relatives told us they and their family members were involved in the assessment process. This helped to ensure staff had the information they needed to meet people's needs.
- Assessments covered people's needs and any risks staff should be aware of to keep them safe, such as if the person needed support with their mobility, their health and nutrition and personal care.
- The registered manager carried out assessments and ensured other health and social care professionals involved in people's care and support were contacted and involved so the person had the relevant support networks in place.

Staff support: induction, training, skills and experience

- Staff were trained and were provided the skills and knowledge to support people. The training was a combination of online and classroom learning. Records showed staff completed an induction after they were recruited to help them get to know the service.
- The registered manager guided new staff, who shadowed the registered manager providing care to people. This helped staff get to know the person and how best to support them. The registered manager was also a professional social care trainer qualified to train staff. A staff member told us, "The training was excellent. [Registered manager] is very knowledgeable and taught me a lot."
- New staff completed training in topics such as safeguarding adults, infection prevention and control, first aid, medicine administration, communication and equality and diversity. The Care Certificate, which is a national set of 15 standards health and social care workers work towards, was included in the induction for staff to complete.
- Staff told us they were supported in their roles and had opportunities to discuss their work, their performance and their general welfare with the registered manager in supervision meetings. A staff member said, "The manager is so supportive and encouraging. I really enjoy working for them."

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- People were supported to access healthcare services to ensure they had opportunity to maintain their health and receive the treatment they needed.
- Records showed people were supported to make and attend appointments with their local doctor, dentist, district nurses and hospital. Contact details of the relevant professionals involved in people's care were available in their care plans.

- Staff told us they could identify if people were not well and knew what action to take in an emergency.

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

- Relatives confirmed their family members were supported with food and drink to maintain their health and a balanced diet. Care plans included information on how to support people to make healthy choices and eat healthy foods.
- Information about people's nutritional and dietary needs and risks were included in their care plan.
- Staff were mostly required to reheat meals made by relatives or prepare snacks and hot drinks. A relative told us, "The staff provide [family member] with enough to eat and drink. They know what they like to have."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- The service followed the principles of the MCA. People's ability to consent to decisions made about their care was assessed and recorded.
- Staff had received training in the MCA and told us they asked for people's consent at all times before providing them with support. A staff member said, "I make sure I seek [person's] consent and give them plenty of choice." A relative told us, "The staff always get consent from [family member] before they start personal care."

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 of 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; equality and diversity

- Relatives felt their family members were well treated by staff. A relative told us the staff were kind, caring and understanding towards their family member. They said, "The carers are lovely, really nice, very caring and gentle. [Family member] gets on really well with them and enjoys their company."
- Staff knew people well and had developed positive relationships with them. A staff member said, "I work with [person] everyday so there is a familiarity and connection. We all know each other well."
- People's equality characteristics such as their race, religion, cultural and spiritual beliefs and disabilities were recorded in their care plans for staff to be aware of, understand and respect. For example, how people wished to practice their religion and their preference for food from their cultural background. A relative said, "Yes, the staff are respectful and understand [family member's] beliefs, culture and language."
- Staff told us they had read the provider's equality and diversity procedures and understood the importance of respecting people's human rights. A staff member said, "Of course, we must treat people with respect, irrespective of their race and religion or sexuality. We are carers and the health and wellbeing of all people is what we are here to support. They are like family to us."

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

- People were supported to express their views and make decisions for themselves as much as possible. A relative said, "The staff are very respectful of [family member's] wishes."
- Records showed people had consented to receive care from the provider and had been involved in the planning of their care. Staff told us they always listened to people and respected their choices and preferences. They encouraged people to express their views.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff were respectful of people's privacy and dignity. One relative said, "The carers are very professional and well trained. They respect [family member] and give them space and privacy."
- Staff told us they made sure they closed doors and curtains when providing people personal care so that people could have privacy and their dignity was maintained.
- Care plans contained information about people's levels of independence. For example, their ability to dress themselves and eat independently.
- There was a confidentiality procedure in place to ensure people's personal information remained secure and protected. Staff told us they understood confidentiality and not putting people's personal information at risk, such as sharing information with unauthorised persons.

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 of 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 choice and control of how they wished to receive care. Care plans for people covered their health conditions, what support they wanted, how they wanted it carried out and risks around their care. A relative said, "I am very happy with the service. The staff are very responsive and make sure [family member] gets the support they need."
- People's needs and preferences were recorded in care plans. Care plans contained information including the outcomes they wished to achieve from their care and information about their equality characteristics.
- The registered manager reviewed care plans as and when necessary, such as when people's needs changed.
- Staff told us they communicated with each other to ensure people received the support they needed and that care plans were helpful.

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.

- The provider supported people to develop and maintain relationships with others, such as their family and friends. This helped to prevent people feeling isolated or lonely. A relative said, "The staff are very supportive and are like [family member's] friends. They always chat and they also help [family member] go out at least once a week."
- People were supported to follow their interests that were socially and culturally relevant to them. They were supported to go about their daily lives as much as possible. For example, staff supported to people to go for walks or go shopping in the local area. This also helped people to get some fresh air and exercise.

Meeting people's communication needs

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

- People's communication needs were set out in their care and support plans. Staff told us they followed the person's communication plan.
- Staff were also able to communicate in the same language if they had been matched this way by the management team at the person's request.
- The provider was able to provide information about the service in a format that was suitable for them to understand, such as easy read or large print versions.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure should people wish to make a complaint if they were not happy with aspects of the service. There had been no complaints about the service since it became registered.
- The registered manager told us they would investigate complaints according to the complaints policy and provide people and relatives with an outcome for their complaint.
- Relatives told us the provider was responsive to concerns or queries. One relative said, "I can speak to the manager at any time. They can resolve things quickly."

End of Life care and support

- The service did not support people with end of life support needs but there was a policy in place should this change in future. The policy set out how people's wishes for end of life or palliative care would be assessed and respected.
- Staff had received training in end of life care, to ensure they had the knowledge and skills needed.

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 of 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;

- There was a positive culture in the service, which was person-centred and supported people to achieve good outcomes, such as increased independence, safety and daily living skills. A relative told us, "The service is very good. There have been no problems." People, staff and relatives felt the service was well managed.
- Staff told us there was an open-door policy and could approach the registered manager with any issues. A staff member said, "[Registered manager] is excellent. One of the best managers I have had. They are so professional, supportive, well organised and nice."

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

- The registered manager and staff were clear about their roles and responsibilities.
- The registered manager was the owner and provider of the service. At the time of the inspection, they did not have other management support as it was a small service. They used a paperless system for storing documents to make them easier to manage and file.
- The registered manager planned to recruit more senior staff as the service grew and more people were supported. They said, "I work with a couple of local authorities and have managed to get on their framework for care packages. I hope to get more referrals in the new year so I will need to recruit more staff."
- Staff performance and conduct was assessed to ensure they provided care to people that was safe and respectful. This included their competency with medicines, infection control procedures and their punctuality with care visits.
- Quality assurance systems were in place to monitor the service and implement continuous improvements. Audits of care plans, medicines records, staff training and daily notes were carried out. If concerns were identified with staff performance or record keeping, these were addressed in supervision and team meetings.

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 aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.
- The registered manager had an understanding of their duty of candour. They told us they would be open and honest with people if anything went wrong or mistakes were made. A relative said the registered

manager was approachable and helpful.

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

- Relatives confirmed they or their family members were contacted by the service to check how they were and if they had any issues. One relative said, "The communication from the service is good. We are in regular contact."
- The registered manager carried out telephone monitoring and visits to people and relatives to obtain their overall feedback about the service. Written feedback we viewed included, "I am happy with the service I am receiving." Another written comment was, "Care provided to [family member] is up to standard as expected. We are delighted with the staff and the care agency." The feedback was reviewed and analysed to see if they could further improve people's experience using the service.
- Staff meetings were used by the registered manager to share important information and discuss any issues. Topics discussed included professional responsibility, procedures, spot checks, people using the service and infection control.
- People were consulted about their equality characteristics and these were recorded in their care plans.

Working in partnership with others;

- The provider worked well and in partnership with health and social care professionals such as social workers, local commissioners and health professionals.
- The registered manager was experienced in health and social care as they were responsible for another care service. They were a member of various accredited organisations to help deliver a good standard of training to staff and follow best practice for care.