Tamworth Home Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Tamworth Homecare Limited is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to children aged 4 years to 18 years, to people with a learning disability or autistic spectrum disorder, to people with a sensory impairment or physical disability and to people with dementia and to younger and older adults. At the time of our inspection the service was supporting 116 people; younger and older adults who were receiving personal care. People had individual packages of care ranging from 15 minute care calls to 24hour care and support. 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
Quality checks were in place, but some were not always effective in identifying where improvements were needed.

Staff did not always follow the company policy in infection prevention and control, which posed potential risks of cross infection. Personal protective equipment was made available to staff, but some staff did not use it as directed.

Staff did not always apply transdermal (skin) patch medicines in line with the manufacturer's instructions. This posed potential risks of harm to people.

Risks of harm or injury were assessed, and care plans gave detailed information to staff on how to reduce risks. Care plans were reviewed regularly and updated when people's needs changed. People were protected from the risks of abuse.

Staff were recruited in a safe way and received a comprehensive induction and training. Their skills and knowledge were assessed, and people felt staff had the skills they needed to complete care tasks.

There were enough staff to carry out care calls to people and there was a care call monitoring system in place.

People felt staff were kind and caring toward them. The service had a caring culture which was demonstrated by staff.

Staff felt supported in their job roles and able to raise any concerns with the registered manager.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make

assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: Model of Care and setting that maximises people's choice, control and independence

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service did support least restrictive practices.

Right Care: Care was person-centred and did promote people's dignity, privacy and human rights

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff did ensure people using services led confident, inclusive and empowered lives.

People had detailed, personalised plans of care and were involved in agreeing their support with Tamworth Homecare Limited. Systems were in place to gather people's feedback on the service and this was analysed by the registered manager. Complaints were acted on and used to improve services.

Important information about specific incidents had been shared with us as legally required.

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

Rating at last inspection
The last rating for this service was good (published 12 June 2018).

Why we inspected
This performance review and assessment 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?

Requires Improvement

The service was not consistently 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?

Requires Improvement

The service was not consistently well-led.

Details are in our well-led findings below.

Tamworth Home Care Limited

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 telephone calls to engage with people using the service and staff.

Performance review and assessment team
The performance review and assessment was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of performance review and assessment
This performance review and assessment was announced.

We gave short notice on 13 February 2023 to the registered manager. This was so they would be available to support the performance review and assessment process. Performance review and assessment activity started on 13 February 2023 and ended on 24 February 2023.

What we did before the performance review and assessment

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 reviewed the information we had received about the service since registration. We contacted the Local Authority and asked for feedback from them. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. We used all of this information to plan our inspection.

During the performance review and assessment
This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls and telephone calls to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation.
We spoke with 13 people and 7 relatives to gain their feedback on the service. Additionally, we spoke with 1 field care supervisor, 2 care coordinators, 3 care staff, the customer liaison officer, the training coordinator and the registered manager.

We reviewed a range of records. This included 7 people's care plans and multiple records related to risk management and medicine administration. We looked at a variety of documents relating to the management of the service, including quality monitoring checks and policies. We reviewed 5 staff recruitment files.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection this has changed to requires improvement. This meant people were not consistently safe and protected from avoidable harm.

Preventing and controlling infection

● Staff did not always follow directions given to them by the registered manager about infection prevention and the use of personal protective equipment (PPE) to reduce the risks of cross infection.

● Some people and relatives gave examples of staff not wearing PPE. One person told us, "A staff member came to my house, they were coughing, and I was concerned because they had no face mask on. The staff member told me it was optional for them if they wanted to wear a face mask." Another person told us, "I have not seen staff wearing aprons since when the pandemic was bad." A further person told us, "There's one or two staff that I've had to moan at to wear them (PPE), but then they do."

● Staff told us they had access to stocks of PPE. One staff member told us, "I always use PPE." However, another staff member told us they were confused as to whether they had to wear a face mask when on care calls.

● There was an infection prevention and control policy available to staff to refer to, which informed them about PPE use. Staff were trained in infection prevention but did not always follow the training given to them. This posed potential risks of cross infection.

Using medicines safely

● Transdermal (skin) patch medicines were not always applied to people's skin in line with the manufacturer's directions for safe use. The registered manager and staff were unaware of the need to rest skin sites following the manufacturer's directions. This meant the person's skin was at risk of becoming sore.

● Body maps were not in place where people had transdermal patch medicines. Whilst staff recorded they had applied a transdermal patch to a person's skin, the lack of body maps meant the recording system in place was ineffective in ensuring safe practices were followed. Following our feedback about the manufacturer's directions not being followed and no body maps in place, the registered manager took immediate action to make improvements.

● There was no risk management plan in place for a person who had their transdermal patch applied to skin sites that were not listed within the manufacturer's guidance. A staff member told us, "We use the best skin site areas for this person." However, there was no evidence this had been discussed with a healthcare professional. The registered manager told us they had not been aware of this practice and immediate actions would be taken to correct this or ensure any healthcare recommendation for this practice was recorded.

● Staff had received training in the safe administration of medicines and people were supported with their medicines where this was an agreed part of their care and support plan.

● Some people were prescribed topical medicines such as creams for their skin. Staff could tell us where they needed to apply creams on a person's skin, however, plans of care referred to applying cream to 'any

affected area' which did not provide staff with clear guidance if this was needed. The registered manager told us a body map would be put into place for staff to refer to.
● The registered manager ensured people had medication administration records (MARs) in place. Staff recorded administering people's tablet medicines in line with the prescribing directions. Detailed protocols were in place to guide staff where people were prescribed 'when required' medicines such as paracetamol.
● Care call planning took into account people's time-specific medicines. Where people required their medicines at specific times or specific time gaps between medicines, staff understood the importance of this.

Assessing risk, safety monitoring and management
● Risks of harm were identified, and risk management plans were available to staff to refer to when needed. Staff gave us examples of how to keep people safe, for example from the risk of falls or choking. One staff member told us, "[Name] is at risk of choking. All staff know they must add prescribed thickener in drinks and to chop food into small pieces."
● Where people had an identified risk of choking, care plans contained details and images of the foods to avoid.
● Recognised tools were used to assess specific areas of risk. These included the risk of a person's skin becoming sore and the risk of falls. People had clear rationales for being scored at high, medium or low risk of falls and actions were in place for staff to follow to reduce the potential risk of harm or injury.
● Detailed guidance was in place directing staff when they should seek professional healthcare intervention. For example, some people had catheters and the person's plan of care gave staff information about catheter use and detailed 'troubleshooting'. This included information for staff to check for, such as to make sure catheter tubing was not twisted.

Systems and processes to safeguard people from the risk of abuse
● Overall, people and relatives felt safe with staff in their homes and protected from the risks of abuse when their care calls took place. Most people had got to know their care staff and were able to recognise them. However, a few relatives told us staff did not always show their identity badges and this posed potential risks to people's safety and wellbeing if they did not know the staff.
● The registered manager had a safeguarding people from abuse policy which informed staff what actions they should take if abuse was suspected. Staff members told us they would report any concerns to their manager. Staff could also tell us how they would 'whistle-blow' any concerns to external organisations such as the Care Quality Commission, if they felt their concerns had not been listened to.
● The registered manager understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) of certain events, which included allegations of abuse. Where incidents had been reported to them, these had been investigated.

Staffing and recruitment
● Staff were recruited in a safe way. Checks such as references had been obtained.
● Pre-employment checks had been undertaken. DBS (Disclosure and Barring Services) checks had been obtained. Where any disclosure had been made, a detailed risk assessment had taken place to ensure the staff's suitability to work for the organisation. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● There were sufficient staff employed to undertake agreed care calls. Staff told us they did not feel rushed on care calls. People and their relatives could not recall any missed calls and told us that overall staff arrived within the agreed time slots and stayed for the duration of the agreed care call.
● The registered manager had a care call monitoring system. Office based staff explained the system created alerts to them if care staff were running late. One staff member told us, "If someone is vulnerable,

such as they live alone and are cared for in bed, they will be highlighted as priority and we will divert a care staff member to them if their own staff member is delayed for some reason."

Learning lessons when things go wrong

● The registered manager told us lessons were learned from accident and incident analysis. This meant actions could be taken to reduce the risk of reoccurrence.

Good

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.

At our last inspection we rated this key question requires improvement. At this inspection this has changed to good. This meant people's outcomes were good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law
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.

- At our last inspection we found improvements were needed to ensure mental capacity assessments were completed when needed. The required improvements had been made. The registered manager had undertaken mental capacity assessments when required and care plans contained detailed information for staff to refer to.
- The registered manager demonstrated they understood when a 'best interest' decision would be needed and when they would need to refer a person for an independent mental capacity assessment.
- Staff worked within the remit of the Mental Capacity Act. People were supported in their own homes and they were not restricted by staff in how they lived their lives. Staff understood the importance of gaining consent and people confirmed to us staff did this. One staff member told us, "I always talk to the person I am supporting, explaining what I am doing, and seeking their feedback to me to make sure they are happy."

Staff support: induction, training, skills and experience

- Staff received an induction and training. All staff spoken with were complimentary about the quality of the training they received. One staff member told us, "I had not done care work before, I found the training really useful, especially the practical session for moving and handling. I wouldn't have had a clue without that." Another staff member said, "The induction and training was good, I really found the shadowing shifts beneficial to me to see the training put into practice."
- Some people had specific health conditions and support needs. Staff had opportunities to complete online training sessions in these areas. Care plans also gave detailed information about health issues which staff could refer to.
- People felt staff had the skills they needed for their role.

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

● People were supported with their nutritional and hydration needs where this was an agreed part of their care and support plan. People and relatives confirmed this support took place and staff prepared food and drink according to their preferences.

● Some people had their fluids monitored by staff and guidance in the care plan directed staff about how much fluid they should encourage a person to drink.

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

● Staff were able to give examples to us of when they would seek help and support from other healthcare agencies. For example, one staff member told us, "If I had any concerns at all about [Name]'s catheter, I would phone the district nurse. They are very prompt at responding to a concern such as a blocked catheter."

● The registered manager worked with information and guidance given to them from healthcare professionals including occupational therapists and district nurses.

Good

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.

At our last inspection we rated this key question good. At this inspection this has key question continued to be rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives gave positive feedback about the caring approach of staff. A person told us, "They are all very caring and very considerate, the staff are certainly in the right job as far as I can see." And a relative told us, "They (staff) feel like a part of the family, we can talk to them about everything."
- Staff demonstrated a caring approach. For example, one staff member told us, "The care call task had only taken 10 minutes to complete, but [Name] told me they were lonely, so I offered to make them a hot chocolate. They said, 'let's have one together and a chat', which we did and then I left them much happier and had used the care call time to spend time with them."
- Care plans were written in a way that promoted a caring approach. For example, where a hoist was used to transfer people, staff were directed to manoeuvre the person in the hoist slowly and gently to avoid any distress during the transfer.
- People and their relatives were involved in making decisions about their care. A staff member told us, "I go out to meet with people to complete an initial assessment of their needs. I like to go and do this face to face whenever possible as this is more personal, and I can start to build a relationship with people."
- During initial assessments, people were given opportunities to share information about protected characteristics under the Equality Act 2010. This meant people's equality and diversity were respected.
- Senior staff told us they aimed for people to have consistency in the care staff undertaking their care calls. Most people and relatives told us this happened and gave positive feedback about the benefits of consistency in care staff. Staff also told us they appreciated having regular 'call runs' supporting the same people as this enabled them to get to know people well and provide care in a way the person wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy. People and relatives confirmed staff closed doors and used towels to give respect during personal care. A person told us, "They are all very professional." One staff member told us, "I place a towel or dressing gown over [Name] when I support them back to their bedroom to dress."
- People's independence was promoted. A staff member told us about one person who had been previously cared for in bed but was now able to use their armchair to sit in, which they preferred. Staff were supporting this person to have as much independence as possible about where they spent their time.
- Detailed care plan information directed staff on how to promote people's independence. For example, staff were directed to hand a person their mug to hold in their right hand so they could hold it and drink themselves.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection this has key question continued to be 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 needs were assessed prior to them receiving care and support from Tamworth Homecare Limited. Staff undertook a detailed initial assessment which was used to create a personalised care plan.
- People's day to day care and support was tailored to meet their individual needs and preferences. Detailed information was available to staff to refer to about what care and support tasks they needed to complete on each care call.

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 their can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and was documented in their plan of care.
- Not everyone could recall being offered a choice of the gender of their care staff. However, no-one expressed any unhappiness about their current arrangements in staffing. A person told us, "They are all very nice ladies and the occasional gentleman that comes to me, I am quite happy with them."
- Some people had sensory impairments such as being hard of hearing or needing to wear glasses. Care plans directed staff to ensure people were supported to wear their hearing aids and / or glasses. Where people had specific communication needs, guidance was given to staff, for example, to speak slowly and clearly.

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 service offered support calls and social visits to people as well as the regulated activity of personal care. People, or their relatives, could purchase these other services if they wished to from Tamworth Homecare Limited if these were not a part of their funded package of care.
- People's plans of care gave details about their hobbies and interests. A staff member told us about how they supported one person, after personal care was completed, to take part in activities such as shopping, swimming and bingo.
- Staff could tell us about people's likes and dislikes and what they enjoyed chatting about during care calls.

Improving care quality in response to complaints or concerns

● People and their relatives told us they had no current complaints about the services they received and were aware of how to contact the office staff if they needed to raise a concern.
● There was a complaints policy available to people and their relatives. Complaints received had been recorded and investigated by the registered manager. The registered manager demonstrated that complaints and concerns were used as a way of learning to improve the services they provided.

End of life care and support
● End of life care and palliative support was provided. A palliative care plan directed staff about a person's wishes and how and where they wished to be cared for.
● Where people had a ReSPECT document in place which included a directive of DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation), the person's care plan informed staff of this and where the legal document was kept in the person's home. A ReSPECT form is a legal document containing information about a person's advance care wishes.

Requires Improvement

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.

At our last inspection we rated this key question good. At this inspection this has changed to requires improvement. This meant the service was not consistently managed and well-led and some improvements were needed in quality checks. However, leaders and the culture did promote high-quality, person-centred care.

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

- The registered manager had quality checks and audits in place. However, these were not always effective in identifying where improvements were needed.
- Checks on people's medicine administration records (MARs) completed by the registered manager had not identified shortfalls we found related to medicines administered through transdermal (skin) patches. For example, checks had not identified that the manufacturer's guidance was not being followed.
- The registered manager's medicine administration record audit tool had no specific check to determine whether body maps should be in place.
- Medication competency assessments on staff took place. However, these had not identified where staff needed further training in applying transdermal patch medicines to people.
- The registered manager's directives and reminders to staff had not always had the desired outcome. The registered manager told us they had identified some staff who were not always adhering to either the company uniform policy; having long nails or not following the company policy on infection prevention. The registered manager had issued reminders to staff. However, feedback to us from people and relatives demonstrated this remained an area for improvement. Examples were shared with us about staff not always using personal protective equipment and not always wearing their staff uniform. The registered manager told us that there may have been an occasion where an office-based staff member covered a care call at short-notice and may not have been wearing a uniform.
- A care call monitoring system was in place to ensure care calls took place as agreed. Where calls were behind schedule it was the registered manager's intention that people would be notified. Whilst most people said this happened, a few told us they had not always received a call to inform them of a late care call.
- An out of office hours on-call system operated to support staff. Senior staff and the registered manager operated this and stepped in to cover care calls when needed.
- Unannounced spot checks on staff's skills took place. These were used to identify any further training needs staff.
- Care reviews took place and people's plans of care were updated as care and support needs changed.

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 responsibilities under the duty of candour.

● The registered manager had sent us statutory notifications as legally required telling us about specific events.

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

● The registered manager had a system in place for gaining feedback from people in the form of an annual survey. Analysis had taken place and the feedback from people was positive.

● We received mixed feedback from people and their relatives about whether they were asked for feedback on the service. Of the people and relatives spoken with, half told us they could not recall being asked for feedback on the service; a survey. Some people may have joined the service and have not yet been a part of the annual survey on the service.

● Staff gave very positive feedback about the registered manager and felt well-supported in their role. A staff member told us, "He is a good manager, information is shared with us, communication is good, and he tells us what is happening." Another staff member told us, "Since the manager started at the company, things have improved. The care is better for the people we support."

● Processes were in place to support staff. Team meetings and one to one supervision meetings took place and staff described these as supportive and beneficial to them.

Continuous learning and improving care; Working in partnership with others

● The registered manager worked in partnership with other healthcare professionals involved in people's care. For example, working with physiotherapists and occupational therapists.