Tenda Hands HomeCare Ltd

Tenda Hands Homecare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Tenda Hands Homecare is a domiciliary care agency providing personal care to older people, people with physical disabilities, people with dementia and people with mental health issues. It provides personal care to people living in their own houses and flats. At the time of our inspection there were 110 people using the service. 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.

People's experience of using this service and what we found
The service did not follow safe recruitment procedures and care workers were not sufficiently vetted to ensure they were suitable to support people who used the service. The service did not appropriately monitor care calls, which had led to a high number of care calls being late or missed.
Medicines were not always managed safely. Overall, the quality assurance monitoring system was not effective to ensure appropriate improvements were made to care for people who used the service.
Risks to people were not always adequately assessed. The provider did not have effective systems in place to mitigate risks.

People, relatives and care workers could express their views. People who used the service and relatives were able to raise concerns and complaints about the service, however appropriate actions were not always taken. This meant that ongoing improvements could not be made.

Initial assessments for people formed part of a care plan which aimed to meet their needs however, these were conducted by the local authority and not the provider. Peoples wishes and preferences were not established in relation to their care. Care plans were basic, and task orientated. We found that systems were not robust enough to demonstrate risks were effectively identified and managed.

Staff were aware of their responsibility to report allegations of abuse. People told us they felt safe using the service. There were enough staff working at the service.

Systems were in place to protect against the spread of infection.

People were supported by staff who knew them and had training to understand their needs. People had a consistent staff team supporting them. Staff had access to a variety of training as part of their induction and ongoing professional development.

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

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

Rating at last inspection
The last rating for this service was good (published 24 September 2019).

Why we inspected
The inspection was prompted in part due to concerns received about care workers missing or being late and not attending the allocated time to care calls commissioned by the local authority. A decision was made for us to inspect and examine those risks.

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment, staff recruitment, person centred care, and good governance processes at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not Safe	**Requires Improvement**
Is the service effective? The service was not Effective	**Requires Improvement**
Is the service responsive? The service was not Responsive	**Requires Improvement**
Is the service well-led? The service was not Well-Led	**Requires Improvement**

Tenda Hands Homecare

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 site visit was carried out by two inspectors. After the inspection one inspector contacted care workers and two Experts by Experience contacted people who used the service and relatives. They did this to seek their view and experience of working for and receiving personal care from Tenda Hands Homecare. 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 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. However, the registered manager was on leave and we were supported by the service manager and external quality assurance consultant throughout this inspection.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that a senior member of staff would be in the office to support the inspection.

Inspection activity started on 26 January 2023 and ended on 30 January 2023. We visited the location's

office on 26 January 2023.

What we did before the inspection
We reviewed information we had received about the service since our last inspection which included notifications which the provider must send to us of significant events. 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 this information to plan our inspection.

During the inspection
During the site visit we met and spoke with the service manager and external quality assurance consultant, and a care coordinator. We viewed a range of records. We looked at care records for 12 people. We also looked at 10 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed. Following this inspection, we spoke with 10 people who use the service, 11 relatives and 11 care workers, one care coordinator and two field supervisors. We spoke with the Local Authority who commissioned the service.

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 the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The service did not follow safe recruitment practices.
- We found that the service carried out recruitment checks such as references and Disclosure and Barring (DBS) services checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, we found in staff records viewed care workers provided support unsupervised to people who used the service, while waiting for their DBS check. This puts people who used the service at risk of being supported by care workers who may potentially not be suitable to support vulnerable people.
- We found that one DBS check we viewed had an entry of a caution. However, there was no information that this had been followed up by the service and if this had been assessed by the service. Therefore, it was unsafe to employ the care worker to support people unsupervised until this matter had been explored with the care worker in question.
- We further found that while references were obtained it was not always clear who provided the reference and if it was the care workers previous employer. The service had no system in place to verbally verify the authenticity of such references.
- We saw that new candidates had to complete application forms and state their employment history. However, we found on some occasions that there were gaps in care workers employment history and no explanation was given to clarify the reason for these gaps.

The lack of established and effective recruitment procedures puts people who used the service at risk of being supported by unsuitable care workers. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found that the service had a high number of, late, short and missed care calls. We analysed the electronic call monitoring data and found that about 50% of calls were late with 30% of calls being late over 30 minutes. A substantial amount of calls were shorter than the time allocated and around 50% of calls were improperly logged. Improperly logged calls meant care workers did not log in or log out.
- We looked at 10 complaints randomly selected for 2022 and found that 9 of these complaints related to late and/or missed calls. This was consistent with safeguarding alerts we had received which triggered this inspection.
- People who used the service and relatives raised concerns about late and missed calls. One relative said, "They don't call if they're running late, only if it's going to be really late. We seem to work around them rather than them coming to suit us."
- We discussed this with the quality assurance consultant and service manager and were advised that the

service was aware of the issues found and as a result of this they purchased a new care call monitoring system which will commence operation the day after our visit to the office.

The lack of sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People who used the service were not always assisted to take their medicines safely.
- Care workers supported people who used the service with their medicines had received training. However, we did not find any evidence that their competency had been formally assessed. This did not meet the requirements in the provider's own medicines policy as well as the clinical guidance from the National Institute for Health and Care Excellence (NICE).
- Some people received assistance and support with their medicines. The risk of this activity had been assessed. However, the risk assessments lacked detail and guidance for care workers in how to manage the risks in relation to medicines assistance safely.

The lack of effective risk management plans and competency assessments for care workers was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medication Administration Records (MARs) viewed were of good standard and had no gaps or omissions, which meant people who used the service received their medicines on time. One relative told us, "The medication is kept in a Dossett box and the carers give it to him in the morning." Another one said, "His carer is always there to prompt him with his medication and says you must take your medication and you must eat something."

Assessing risk, safety monitoring and management

- Systems in place did not show care staff how to ensure the risks were as low as possible for the people they supported. Care workers did not have specific guidelines to follow. People were ultimately put at risk.
- One person was assessed as being at risk of falling. Care workers were told to ensure pathways were clear and visible and that the equipment was properly used. However, there was no information on the risk assessment about the equipment or how it was to be used.
- Peoples care plans included a list of healthcare conditions. There was no information for staff on risks associated with some of these and therefore they may not be able to make a judgement about whether someone was becoming unwell.

We found that systems were not robust enough to demonstrate risks were effectively identified and managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to protect people who used the service from the risk of harm and abuse.
- The service had a safeguarding procedure providing care workers with the required information to be aware how to report any issues relating to harm and abuse. Care workers had received safeguarding training during their induction and annual refreshers. Care workers told us that they knew abuse had to be reported to the local authority and CQC as well as the registered manager.

● People who used the service told us they were safe with care workers. One person said, "I feel safe when they move me in the hoist," a relative told us, "My father has a safe key box the carer lets herself in, my dad is kept very safe 100%."

Preventing and controlling infections

● People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

● Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection prevention and control.

● The service had a robust infection control procedure, which also provided guidance around how to minimise the risk of transmitting COVID 19. One care worker told us, "I have received a range of training including infection control and using PPE." A relative said, "They (managers) come to the house and make sure that there is enough PPE equipment."

Learning lessons when things go wrong

● There was a process for reporting and recording accidents and incidents.

● Staff said there were systems to learn from incidents and accidents and used them to drive improvements.

● We looked at monthly audits which highlighted concerns, identified the themes such as falls, care worker lateness and implemented an action plan.

Requires Improvement

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out prior to the person receiving the service, however, these were from the referring Local Authority. There was no evidence of the provider conducting initial assessments for people, therefore we were not assured people could determine their preferences.
- The service manager told us they took the information from the Local Authority assessment to formulate the care plan, however they did not speak to the person. The care plans were not detailed enough, or person centred.
- In the Local Authority monitoring report one person said that they had not received an initial assessment by the provider and had no reviews of care since commencement of their care package.
- People's views were not reflected in assessments which were used to develop care plans. The plans were not regularly reviewed or updated.

The provider had failed to respect peoples wishes and preferences in relation to their care. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

- Care workers had the appropriate skills and training. They demonstrated good knowledge and skills necessary for their role. We were able to view training information and documentation that confirmed the required training had been achieved by care workers.
- New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment. Care workers told us that the training had been useful. One care worker said, "There is suitable training for my role and refresher training every year."
- We saw records confirming that supervision and support were being provided. The service had a self-appraisal process, which formed part of the supervision process and was discussed with care workers annually. This process addressed further development and training needs of care workers.

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

- People were supported to have enough to eat and drink where this was part of their care plan. Most had their meals prepared by family members, although care staff sometimes supported with this. Care staff received training in food hygiene.
- Care plans had information on people's dietary requirements and allergies and any support people

needed during meals. This included specific religious and cultural food requirements.
● One person told us, "I order my food and the carer just puts them in the microwave and warms them up for me."
● A care coordinator told us," Staff are aware of the importance of providing people with drinks and food during each visit and also reporting any changes in people's appetite."

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

● Currently the service was not working with other agencies on providing care to people. Family members led on this aspect of people's care. We discussed this with the service manager, who told us they would contact respective professionals when needed.
● Care workers knew what action to take if people's health, wellbeing and care needs changed. They said they would discuss this with the registered manager and contact the emergency services if necessary.

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.

● The provider had a process in place and was working within the principles of the MCA. Care records reviewed showed consent forms were in place and were appropriately signed.
● One care worker told us, "Some people with dementia could lack capacity to make some decisions but could still make many decisions for example what they wanted to wear and eat. It is importance to report any changes in people's ability to make decisions to the family, office, healthcare professionals and others involved in the person's care."

Requires Improvement

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 the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples care plans were not always person centred. We reviewed 12 care plans and found they contained more task-based information.
- One person told us, "She (care worker) does what she has to, then she goes, what can you say?" Another person said, "I cannot remember doing a care plan with them. Someone came out a few weeks ago asking questions. I am not entirely happy with the care; it isn't the way I want it."

The provider had failed to respect peoples wishes and preferences in relation to their care. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were being met.
- The care coordinator told us, "We can make documents accessible and in other languages. Most of our care workers can speak 4 or 5 languages this will help the person to express themselves and is a great way to use their (care worker's) skills."
- A relative told us, "Mum cannot hear what the carer says to her, so they use a sort of sign language. It works well."
- Care staff had relevant training in communication.

Improving care quality in response to complaints or concerns

- There were systems in place to respond and act to complaints and concerns. The service had a robust complaints procedure. The service manager told us that all complaints were documented and responded to in line with this procedure.
- There had been recent complaints of missed calls by a relative. We discussed with the service manager how the service had responded to this complaint. The service manager told us that first they apologised to the person, then did a thorough investigation. They picked up on areas that they needed to improve on, this

helped them rectify the issue and make the necessary changes.

● One relative told us, "I did complain to the office, the supervisor came from the office she asked me to write everything down they dealt with it they were very good".

● One care worker told us," I would report all complaints to management who would then deal with them, I know that something good can come out of it and there can be improvements to the service."

End of life care and support

● At the time of the inspection the provider did not support people with end of life care.

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 the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service's quality assurance monitoring system was not always effective in ensuring that ongoing improvements were made to support people who used the service Systems in place did not adopt control measures to ensure the risk was as low as possible.
- The electronic call monitoring system did not effectively alert the provider to late and missed calls. The auditing of staff recruitment records did not highlight the shortfalls we found during this inspection.
- There was a Quality Assurance policy in place which described an annual development plan for quality improvements and staffing audits including supervision/support and training. We found that these plans were not in place.
- The quality assurance systems were not in place, therefore there was no evidence of continually evaluating and seeking to improve governance and auditing practice. This meant the provider had failed to ensure the quality and safety of the services provided.

The lack of management oversight of quality performance, risk assessments and staffing and recruitment meant people were placed at risk of harm. This was a breach of regulation 17(1) (2) (a) (b)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

- The service undertook regular announced and unannounced spot-checks, giving people who used the service and relatives the opportunity to comment on the care they had received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with all relative partners and considered people's equality characteristics.
- Care plans documented equality characteristics unique to the individual. People receiving care were protected from being treated unfairly. We reviewed evidence of telephone calls made to people to obtain feedback on the service.
- The care coordinator told us, "We are aware of the importance of understanding and respecting people's differences."
- Care workers told us they were involved in group meetings with managers and other care workers and were a part of a group chat on WhatsApp.

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

● There were investigations when things went wrong, such as accidents. The service manager ensured, relatives and professionals were informed and updated.

● The care coordinator told us, "Complaints are important, taken seriously, recorded and the outcome reported by meeting with the person and their family and updating them on the outcome."

Continuous learning and improving care

● The provider had systems in place to respond if things went wrong, however they were not reviewed to see how they could be prevented from happening again.

● Quality assurance and monitoring systems were in place, but these were not always effective. Although the provider had addressed some concerns there were areas of concern which the system had failed to identify.

● There were gaps in the call monitoring system that was being used. The provider knew there were issues with late or missed calls but took their time to address it.

● One care worker told us, "At staff meetings we discuss topics like safeguarding, incidents/accidents and compliments, we reflect on what happened, what we did and what we learnt."

Working in partnership with others

● The provider worked in partnership with other health and social care professionals to monitor and meet people's needs. They liaised with medical professionals and social workers when needed.

● During the inspection we saw evidence of contact with people's family, local authority, district nurses and GP.

● The provider was part of networks of other registered managers where they shared ideas and information about good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to respect peoples wishes and preferences in relation to their care. Regulation 9 (1) (c) 3 (a)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment systems had not always been followed. This placed people at risk of harm. Regulation 19 (1) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 HSCA RA Regulations 2014 Staffing The provider's systems had failed to ensure there were sufficient number of staff deployed to meet peoples needs. This placed people at risk of harm.