Tender Care (Newport) Limited

Tender Care (Newport) Limited

Inspection report

5 Abbey Court
High Street
Newport
Shropshire
TF10 7BW

Tel: 01952814707

Date of inspection visit:
22 September 2016
23 September 2016

Date of publication:
14 December 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 22 and 23 September 2016 and was announced. Tender Care (Newport) Limited provides community support and personal care to older people, people living with dementia, people with mental health concerns, and people with sensory impairments, in their own homes. At the time of the inspection, 40 people were receiving a service from the provider. At the last inspection in December 2013, we found the provider was meeting all of the requirements of the regulations we reviewed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not have their needs assessed and a plan in place to ensure their medicine was administered as prescribed. People did not always receive support from sufficient numbers of staff. Risks to people were not always managed and information about people's risks was not always available to staff providing the support. People told us they felt safe and staff understood how to keep people safe from abuse.

People did not always receive support from staff that had up to date training and the knowledge to provide them with effective support. People were not always supported in line with the principles of the Mental Capacity Act. People had support to meet their nutritional needs. People had support to access health professionals and monitor their health.

People had developed good relationships with staff and they were positive about the support they received. People were able to choose for themselves and express their preferences about how their care and support was delivered. People received support in a way, which protected their dignity and privacy.

People were not always supported by staff who understood their needs and preferences. People were involved in developing their care plan. People understood how to make a complaint and these were responded to appropriately.

There were quality audits in place but these did not always identify areas where improvements were required. People told us they felt the service was open and transparent and they could approach the registered manager when they had concerns.

The provider was not meeting the regulations regarding effective management. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

People were not always protected by safe medicines management .

People did not always receive support from sufficient numbers of staff

People's risks were not always assessed and recorded.

People received support from staff who understood how to identify and report potential abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not always receive support from staff that had sufficient training.

People did not always receive support, which was in line with the principles of the Mental Capacity Act.

People were supported to have a choice of food and drinks.

People were supported to access health professionals and to monitor their health

Is the service caring?

Good

The service was caring.

People received support from staff that were kind and caring.

People had support to express their views and make choices about their care and support.

People had their dignity and privacy respected by staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not receive care and support that was responsive to their needs.

People were asked for their views about the service and understood how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not well led.

Management processes did not always identify areas for improvement in how people received their care and support.

People told us they felt they would be listened to if they had any concerns.

Tender Care (Newport) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 23 September 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection team consisted of an inspector and an 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.

Prior to the inspection, we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with nine people who used the service and five relatives. We spoke with the registered manager, four care staff, the financial operations director, team leader and shift manager. We reviewed a range of records about how people received their care and how the service was managed. These included five care records of people who used the service, three staff records and records relating to the management of the service such as complaints and accident records.

Requires Improvement

Is the service safe?

Our findings

Some people told us that staff supported them to take their medicines. These people were happy with the support they received. One person said, "I have help with my tablets every day. The carer gives them to me with a drink and then once I have taken them, she will write it up in the records. As my regular staff is very prompt with visits, I usually have them well within the time that I am supposed to take them. I've never had any problems with taking my medication and I am particularly grateful that I now have somebody here who has to remember about them besides me". Staff we spoke with did not have a good understanding of the support people needed with their medicines. Staff told us where people were prescribed new medicines by their doctor, these changes were not always recorded in people's care plans. For example, one staff member said, "There are no instructions for some medicines, such as antibiotics". The registered manager and staff team had not identified that they were supporting some people with the administration of their medicines. They told us they were prompting people to remember to take their medicines. However, we identified through our discussions with staff, they were providing people with full support to take their medicines and we confirmed with relatives and staff that some people needed full support to be able to take their medicines as prescribed. We found the risks around medicines had not been assessed and there was not a plan in place to provide guidance to staff on medicine administration. This showed people did not always receive support to take their medicines safely and as prescribed.

People did not always receive care and support from regular care workers employed by the provider. One person told us, "They [the provider] do not tell us who is coming but I do know it is agency staff". Relatives told us there has been a lot of inconsistency of care due to the agency staff being used over the summer period. Staff told us there were not enough staff to meet people's care and support needs. One staff member said, "We have had some vacancies and sickness and have had to use agency staff to cover it has been difficult". Another staff member said, "There is not enough staff and more are leaving so it's going to get worse, we are having to squeeze a lot into the working day". We saw records, which detailed the care people, had received. In one person's care record, we saw there were gaps in the record which meant we could not confirm the person had received their care and support. We were unable to confirm with the person whether they had received care. We spoke to the team leader about this and asked they could confirm the calls had been delivered. They told us agency staff had been scheduled to attend these calls and they were unable to confirm if the care visits had actually taken place. The registered manager told us they did not have enough staff and had difficulty in recruiting staff. They told us that they had recently appointed a recruitment specialist to work solely to recruit more staff for the service. The team leader and shift manager told us the priority was to employ more staff. This showed us there was not always enough staff to meet people's needs.

People and their relatives told us staff supported people to stay safe and minimised potential risks to them. One person told us, "I'm just a bit wobbly on my feet so for me it's about them being there to support me at the times when I need to move about and get things like being washed and dressed taken care of". One relative said, "[My relative] used to have bed sores, the staff are very good at monitoring [my relatives] skin to make sure this doesn't happen again". Staff told us they understood the risks associated with people's care. They could give examples of the support they gave people and how they managed risks. For example, one

staff member told us, "There are risks to [a person] with mobility this is managed by using a hoist to do all transfers". We saw risk assessments were in place for people, which assessed risks to the person, their home and environment, however where one person was at risk of choking, this was not documented in a risk assessment. Staff understood the risks to this person; however, an agency worker had recently supported the person and the team leader was not able to confirm if the agency worker would have been aware of this risk and how to keep the person safe. The lack of risk assessment and required action meant people were potentially at risk of harm if they received support from agency staff. This showed information about people's risks was not always available to the staff who were providing their care and support.

People told us they felt safe. One person said, "I think that the fact that I have had my carers for a long time, coupled with the fact that they know me and I know them, makes me actually feel safe and supported as an individual." Staff told us they understood what to look for to identify any potential abuse and how they would report this to the manager. Staff knew they could 'whistle blow' and raise concerns about the care provided by their employer. Staff understood they could report matters directly to CQC. One staff member said, "If the manager does not act, it can be reported to CQC". We spoke with the registered manager who had a good understanding of how to report concerns to the local authority, which lead on matters relating to safeguarding. Previous referrals had been made to the local authority enabling plans to be put in place to protect people from harm and keep people safe. This showed the staff and management team understood how to identify and report any signs of abuse.

The registered provider had systems in place to ensure accidents and incidents were responded to. Staff understood what action to take in the event of an accident or incident. One staff member told us, "If someone has an accident, you cannot move them, if they fall, you make them safe and dial 999 and inform the office or the on call manager". At the time of our inspection, there had been no accidents or incidents. The team leader was able to describe how accidents and incidents would be managed if they occurred. This showed us staff and the management team understood what action to take in the event of an accident or incident.

The registered manager told us checks were carried out before people could start work to make sure they were suitable to work with vulnerable people. We saw references and Disclosure and Barring Service (DBS) checks were completed before care staff commenced employment. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. All staff we spoke with confirmed this was usual practice when new employees started work with the company. This showed that only people considered suitable to work with vulnerable people had been employed.

Requires Improvement

Is the service effective?

Our findings

People told us they felt the staff had the required skills to support them. One person told us, "I think the carers are perfectly well trained for everything that I need doing for me". However, staff told us they did not feel well trained and some staff did not have the required skills to support people. One staff member said, "I have not had much training, the medicine training didn't cover much, I have had previous training which was better". Another staff member said, "There is not enough staff, calls have had to be covered by people without experience". We looked at the training records and found staff training was not always complete in line with the providers expectations. For example, not all staff had received training in safeguarding people from harm, The Mental Capacity Act and medicines administration. The team leader told us staff shortages had affected plans to provide staff training however, the provider did recognise staff needed additional training to understand and meet the needs of people. The registered manager told us, "The training is all due to be refreshed". We saw a new training schedule was in place and the team leader said the training priority was medicines. This showed us staff did not feel they had enough training to support people effectively.

The registered manager told us there was an induction procedure in place for new staff and checks were completed to ensure they were competent in their role before they could work alone. Staff told us they felt the induction process was good and checks had been completed before they worked alone. The records we saw supported this. Staff told us they had not received regular one to one supervisions or appraisals and some staff told us they did not feel as though they could access support with their role. One staff member said, "I have only had one supervision in the time [12 months] I have been here". Another staff member told us, "I haven't had supervision since I started [nine months] at the company the priority has been the clients". The registered manager told us supervisions had been completed on an irregular basis but appraisals were done annually. This showed us staff did not always receive regular support with their role.

People told us staff asked for consent before providing care and support. One person said, "My carer will always ask me if it's okay to run the bath or whether I want to wait a few minutes and perhaps get [them] to finish some of the jobs first in the morning". Another person said, "My carer will stop and ask me if I'm ready to start". We saw people had signed consent forms in place and staff could tell us how they sought consent from the people who they supported. One staff member said, "With [a person] we ask for consent to personal care if [a person] refuses we go back and try again later". People who had capacity to make decisions about their care were enabled to provide consent to the support they received.

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. The registered manager and staff team said the service provided support to people who lacked capacity to make certain decisions or provide consent to their care. We found examples of where staff were making decisions about people's care on their behalf; for example, when they needed to take their medicines. However, these decisions were not being made in line with the requirements of the MCA. For

example, people did not have their capacity assessed and where required decisions were taken on people's behalf, there was no record of this being discussed with relevant people and taken in their best interests. We found the staff did not understand the requirements of the Act and could not describe what this meant for people who they supported. The registered manager told us they did not undertake MCA assessments and there was no MCA assessment within their assessment and care records. The registered manager said where people lacked capacity a discussion would take place with a social worker to undertake the assessment and a best interest meeting would be held. This meant some people's rights were not protected, as decisions made on their behalf were not made in line with the MCA.

People told us they were supported to have food and drinks and could choose what they wanted to eat. One person said, "Staff always get my meals ready for me and make sure that I have a hot drink ready for me. It will vary between a bowl of soup, a sandwich or a ready meal". Another person said, "I really can't manage the kettle at all these days so I am grateful that each staff who come before they finish they will make me a cup of hot tea to have after they have gone". Staff could describe the support people needed with their food and drink and any risks associated to the person. For example, one staff member told us about how one person's health condition affected their ability to eat and what they had to do depending on how the person was each day. We saw care records which showed people had received support to access food and drinks. This people had support with providing food and drink.

Most people told us they could access support from health professionals themselves or through their relatives. However, some people told us staff had been helpful in supporting them to access professionals when needed. For example, one person told us, "I wasn't feeling well so my carer advised I make an appointment, the district nurse actually came and visited me". A relative told us, "The district nurse comes to look at pressure areas and the staff are really good at following the advice from the nurse". The team leader and shift manager told us they made contact with health professionals when required, the records we saw supported this. Staff told us they supported people to monitor their health where required and contacted the office if they felt someone needed support from a health professional. This showed people had the support they needed to access health care professionals.

Good

Is the service caring?

Our findings

People and their relatives told us staff that provided care and support were kind and caring. One person said, "I've always felt as if I'm valued whether that's talking to the staff, on the phone to the office or when the registered manager is here to look at the care plan". One relative told us, "They are all very fond of [my relative] and listen to how they like things done". Staff told us they made time for people on the calls and spent time getting to know the person and could share detail with us about how people liked things done for them. We saw the most recent feedback from people about the service and everyone had made positive comments about how caring and respectful the staff were. This showed us people happy with the relationships with staff.

People were able to make choices about their care and support, for example about what to have for meals and what to wear. One person said, "I was quite adamant that I didn't wish to have a male staff member help me get washed and dressed in the mornings and they have always managed to send me a female carer". Staff told us it was important to enable people to make choices about their everyday lives. We saw people had been asked to make choices about their everyday life in the care plan, for example with the options people had been offered for meals.

People told us staff always observed their privacy and provided care and support in a way that enabled them to maintain their dignity. One person told us, "After my wash, staff will always help me get dressed as much as we can before she applies the cream to my legs". Another person told us, "The carers wouldn't dream of doing anything before they close all the curtains". Staff told us they protected people's dignity when providing care and support. They could give examples of how they did this such as covering people whilst washing and closing the curtains. This showed people had their privacy, dignity, and choices respected.

People were supported to maintain their independence. People and their relatives told us staff supported people to maintain their independence. They said staff would encourage people to do things for themselves. One person said, "They encourage me to wash myself where I can reach". A relative said, "They encourage [my relative] to see to their personal care needs". Staff told us they encouraged people to maintain their independence and could give examples of how they encouraged people, for example, they encouraged people to do as much of their personal care as they could. The registered manager told us people's care plans promoted independence and staff would always encourage people to do as much for themselves as possible. For example, they would always encourage people to mobilise with their frame and not use a wheelchair or they would encourage them to prepare meals and drinks with support. We saw assessments of what people could do for themselves as well as what support they needed and this was reflected in the care plan. This showed people were supported to maintain their independence.

Requires Improvement

Is the service responsive?

Our findings

People told us the service was usually responsive to their needs and preferences, however in recent months this had not been consistent due agency staff use. Everyone we spoke to had received care from agency staff and felt they did not understand their needs and preferences as well as their regular staff. One person told us, "Agency staff do not have the code required to access my home, I don't want people I don't know having this, I have to let them in". Another person told us, "A couple of the agency staff have not been very good, I don't know their names, they didn't seem to know what to do and it has made me feel uncomfortable". A relative said, "[My relative] has dementia so consistency is important for their care, when [my relative] doesn't know someone it can cause difficulties". The team leader told us the service was not aware of which agency staff would be visiting people, and no introductions were made, which they agreed would affect consistency for people. People were positive about how regular staff responded to their needs and preferences. For example, one person said, "They have always been very good to me and if I have an extra job that really can't wait until the next day, they are only too willing to do this for me". Another person told us, "If my regular staff notices I need washing putting in the machine they do this for me and leave a note for the next staff member to put it in the tumble dryer". Staff told us they responded to what people like to do on a daily basis and gave us examples such as how they ask people if they would like a drink before they had a shower or their breakfast before getting dressed. This showed people did not always have their needs met by staff who understood their needs and preferences.

People told us they had an assessment of their needs and had the opportunity to discuss their preferences for care and support. One person said, "I was asked about what time I'd like my visit and if I preferred female staff, which I said I did". Another person said, "My care plan is in my folder. It tells all staff everything about me and what I need help with". People and their relatives told us the registered manager came out to review the care plan on a regular basis and see how things are. One person said, "Every time the registered manager visits, we look at my care plan and make sure it's alright". A relative told us, "The registered manager or one of the other manager's visit to see how the care plan is going". However, staff told us the care plans did not always have the information they needed to support people, for example with medicines. We saw people's assessments and care plan and whilst some areas of the care plans were detailed and described people's needs and preferences, there were gaps in the information for staff, for example with medicines. Care plans were reviewed every three months or sooner if needed and the registered manager told us the assessment and plan was formed following an assessment which was led by the person. This showed peoples care plans did not always identify their needs and preferences.

Most people did not have support with their interests as part of their care plan, however they told us staff did spend time talking to them about different things during their calls. Some people had support with accessing the community. One person said, "Staff take me to visit the crematorium once a week. I wouldn't be able to go were it not for them being with me".

People and their relatives told us they understood how to make a complaint. Some people said they had never had the need to complain whilst others could give examples of complaints they had made and how the registered manager responded to this. One person said, "No, I've never complained about anything

because if I have any concerns, I'll usually talk to the registered manager about it". Another person said, "Apart from the problems they've recently had covering holidays and weekends, I've never really had any issues". One person said, "My relative made a complaint and the registered manager did respond and apologised". We saw records of complaints and the registered manager had investigated and responded to them. This showed the registered manager had a system in place to respond to people's complaints.

Requires Improvement

Is the service well-led?

Our findings

There were not always checks in place on the quality of care people received. We found the checks did not always promote the effective delivery of care and support. Quality assurance systems were not sufficient in ensuring risks to people were effectively managed and areas of improvement identified. We found the registered manager did not have sufficient checks in place to ensure that people received their care visits as required. The management team had not identified the issues we found with people not having records of scheduled visits. They were not able to confirm if one person had received care visits that were important to ensure the risks associated with their health were effectively managed.

We also found there was no system in place to review daily care records to ensure people had their assessed needs met. The management team had not identified the issues we found with one person who was not having their food and fluid intake monitored. They were unable to confirm if the person who had risks associated with their nutritional intake had received food and fluids.
We saw where incidents occurred the registered manger did not always use the information to make improvements to the service. For example, a medicine error had occurred for one person, their relative had noticed the error and sought action to ensure the person was safe and made a complaint to the provider about this. We found there was no audit system in place, which could have identified this error, and we saw no evidence of any action taken to ensure people received medicines safely in the future. This supported what we saw with complaints, an investigation of complaints was undertaken and the incident was managed for the individual; however, these were not used to drive improvements to the quality of the service overall.

The registered manager had not ensured that effective systems were in place to identify and manage all risks to people. We saw that accidents and incidents were recorded but were not reviewed to identify potential 'trends', areas for improvement in the service and ways to further reduce risks to people using the service.

There was an increased risk to people due to their care plans and risk assessments not being consistently accurate. This meant that where agency staff were used they did not have an understanding of people's needs and risks. Agency staff had no induction or an introduction to people's needs and there was no system in place to ensure agency staff delivered care that people needed and we identified instances where people may have been put at risk of harm.
The registered manager acknowledged there were improvements needed to the quality assurance and auditing processes within the service. They told us they did recognise there were areas of improvement required to improve the service provided to people. For example, they recognised there were insufficient numbers of staff available to support people effectively. They also recognised staff members were not receiving the training they required to support people effectively and reduce potential risks to them. However, at the time of our inspection these issues and not been addressed. They told us they would ensure the required improvements were made as a matter of urgency.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014 Good governance

People told us they could talk to the registered manager about anything, and they felt confident they would be listened too. One person told us, "I think so, because some months ago when I wasn't particularly getting on very well with one staff member, I talked to the registered manager to see if it was possible to have somebody different and they sorted it out for me straight away". Staff had mixed views about approaching the registered manager about things. Some staff told us they had positive experiences, one staff member said, "The registered manager and other managers are really supportive". Another staff member said, "We can make suggestions and the managers will listen". Whilst others felt the registered manager was not approachable or did not act on things they were told. One staff member said, "I have raised issues about the lack of training with the managers and nothing has been done about it". Another staff member said, "The registered manager doesn't bother much when things are reported to them". We saw staff coming to the office on the day of the inspection to discuss things and collect equipment. Staff appeared comfortable to discuss things with the management team on the day of the inspection. The registered manager told us they encouraged people and staff to raise concerns and issues with the management team. The registered manager told us, "Staff often raise issues for change and these are considered, they also raise concerns about clients and we always act, for example if someone needs a referral to a health professional". The registered manager confirmed what people had told us, there were systems in place for communication with people. This showed us people felt comfortable and confident to raise issues with the registered manager and other members of the management team, however not all staff felt this was possible.

People told us they had been asked for their feedback about the quality of the service. People told us this was discussed as part of their reviews and they had surveys to complete. People told us they were not sure if any changes were made following their feedback. One person told us, "I do remember being asked to fill in surveys from time to time, but I don't think I've ever been told what happens with the results". Another person said, "I don't think I filled the last survey in because you never hear anything about it again". The records we saw showed the registered manager took action for individual people. For example, one survey received expressed concern about changes in the staff attending calls and we saw the registered manager had held a meeting with the person and their family to discuss the issues and find a solution. However, these issues identified were not used to make improvements for everyone else that used the service. We also saw records of staff meetings where issues that had been raised in the surveys were discussed with staff. This showed there were systems in place to gather people's feedback about the quality of the service and this was used to make improvements, however people did not always receive feedback about what had changed because of their feedback.

The registered manager was aware of their statutory responsibilities. Where incidents occurred, which required a statutory notification these, had been submitted to CQC as required by law. A provider is required to submit a statutory notification to notify CQC or serious incidents such as injuries, deaths or allegations of potential abuse. Some staff felt they were unable to maintain their knowledge due to the lack of training and agency staff did not have their knowledge and skills assessed.

People told us they had good relationships with the registered manager and the staff. Everyone who we spoke with told us they could talk to the registered manager and staff about anything and were confident in their responses. One person told us, "I see the registered manager every three months to update the records and we look at the care plan and chat about my care. [The registered manager] is lovely and I feel like I can talk to them about anything". Another person told us, "I know I can talk to the registered manager about anything that's concerning me and sometimes they come to cover calls so they understand what I need help with". This showed people felt they had an open and inclusive relationship with the registered manager.

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 17 HSCA RA Regulations 2014 Good governance People were not always protected by effective quality assurance systems.