

## Telopea Managed Services Limited

# Telopea MSL

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Teloepa MSL is a domiciliary care agency providing personal and nursing care to 92 people at the time of the inspection. 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

People told us they felt safe because they had care staff who were reliable and arrived on-time and never missed a care visit. Staff understood how to keep people safe and how to report any concerns. Risks related to people's health conditions were well managed and monitored. People confirmed they received their medicines correctly and on time.

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

Staff were trained and had good knowledge of people needs and preferences and were able to support these. People told us staff had good communication skills and worked together with other professionals to ensure seamless care.

People were treated kindly, with compassion and at a pace suited to individual needs. Care was flexible to meet people's changing needs and their wishes were listened to and respected. Care was personalised and people felt confident to raise a concern if required.

People had built trusting relationships with staff members and the registered manager and the staff team knew people and their individual preferences well. People were asked regularly for their views about the care. These were considered to help drive improvements and continual learning.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 13 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Telopea MSL

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and one assistant inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a three-day notice period of the inspection as we wanted to speak to people prior to the site visit and needed to give people notice that we would be calling them. Inspection activity started on 16 October 2019 and ended on 24 October 2019. We visited the office location on 21 October 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eleven people who used the service and two relatives about their experience of the care

provided. We spoke with nine members of staff including the registered manager, compliance manager, senior care workers and care workers.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider during the inspection period to validate evidence found in relation to agency staff employment checks. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe because staff treated them kindly and were always on time and could be relied upon. One person told us, "Staff get on well with other members of my family, I feel safe with the staff in my home."
- The provider had effective safeguarding systems in place and staff understood what to do to protect people from harm and how to report any concerns. Staff had training about safeguarding, a good understanding of different forms of abuse and knew where to go to seek further advice if needed.

Assessing risk, safety monitoring and management

- Staff assessed all risks related to people's conditions such as moving and handling, falls and safe methods for eating and drinking. Risks were regularly reviewed and guidance about how to manage the risks was incorporated into the care plans.
- The registered manager had completed risk assessments in relation to people's environment, in and around the home. These included those for emergency evacuation, infection control and the use of oxygen in the home.
- The registered manager had implemented a comprehensive contingency plan in the event of an emergency. This included areas such as the need to evacuate from the office, the loss of power, extreme weather and the potential impact of Brexit to deliver continuity of care.

Staffing and recruitment

- The registered manager carried out pre-employment processes such as disclosure and barring checks and employment history before staff started work.
- People told us they never experienced a missed care visit: staff were only rarely late and never more than 15 minutes. If staff were late, people told us they always communicated the reason and kept people informed.

Using medicines safely

- One professional told us they were in talks with the registered manager regarding the safe administration of medicines prepared by relatives. For people who required help to take their medicines, staff supported them safely and completed a medicine administration record (MAR). The registered manager placed information in people's care plans about the medicines they were prescribed and the way in which each person preferred to take their medicines.
- Staff were trained to help people with their medicines and the registered manager checked staff knowledge and best practice by observing and discussing the processes. This was to make sure staff understood the training and that medicines could be administered safely.

### Preventing and controlling infection

- Staff used processes effectively to prevent and control infection. They had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and understood how to prevent the spread of infection.

### Learning lessons when things go wrong

- Incidents and accidents involving people using the service or staff, were managed effectively. Staff recorded these appropriately and team leaders acted following accidents or incidents to reduce the risk of these reoccurring.

- Staff told us they discussed outcomes of any incidents from inside and outside the company. This gave staff the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection staff were not consistently supported or monitored by way of spot checks and supervisions. Staff training materials used were out of date and contained inaccurate information. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received training from an accredited company as part of their induction when they first started working for the agency. The training covered the requirements and principles of the care certificate. This identifies a set of standards and introductory skills that health and social care workers should consistently adhere to.
- Training outcomes were tested through the use of competency checks by the registered manager and senior staff team. Training was refreshed annually. Staff who felt they needed additional support told us they were confident they could ask for this and it would be put in place.
- Staff were able to demonstrate a good understanding of the requirements of their role. They told us they had the opportunity to discuss learning outcomes regularly at both team meetings and individual support meetings. Staff told us they were confident in their role and felt very supported by the registered manager and senior staff team.

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

- People told us that the registered manager discussed their care needs with them prior to the care starting. This included their personal preferences about how they liked care tasks to be carried out. The registered manager worked with health professionals such as district nurses and occupational therapists to ensure that the care plan guidelines met the required legal standards of support.
- Care plans were very detailed and with a lot of information about people's choices and personal preferences, likes and dislikes. One person told us, "This company is excellent. I can't complain about anything. The registered manager came before they started and chatted to me, they asked me to 'talk them through my day'. They understand flexibility and person-centred care."

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

- Not all people required support with meals from staff members. For people who did require support to prepare meals or to eat and drink, staff met this need safely. Medical professionals trained staff to support some people with specialised diets such as a liquid diet and the use of Percutaneous endoscopic gastrostomy tubes (PEG feeding tubes). This is a tube that is medically inserted into a person's stomach to support people to eat if they are unable to swallow food orally.
- Staff told us they had completed food hygiene training and were aware of safe food preparation techniques. This helped to minimise food related illnesses.

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

- Staff completed paper records of daily notes which were kept in people's homes and regularly brought into the agency for auditing and monitoring purposes. These records were available, with the permission of the person, for other visiting health and social care professionals. This helped to promote co-ordinated care and good communication amongst professionals. We discussed with the registered manager the need to support staff skills in this area to include more personalised information. This could include people's comments and mood state for example as, while detailed, the daily notes were currently task led.
- The provider worked with another care agency to provide agency staff to some people on a consistent basis. The registered manager ensured these staff had been through the same recruitment and training processes as permanent staff. They also co-ordinated cover for the agency staff if they were ever absent so that the absence did not negatively impact people. When discussing how this worked, one person told us, "The staff are on time and at a time that suits me: they are brilliant. They are staff who go the extra mile like helping me with the house and going shopping."
- The registered manager also made referrals to specialist health and social care professionals when required. The agency was not currently supporting anyone to access an advocate but they told us how they had done so in the past.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff team told us they were not currently supporting anyone who did not have the mental capacity to make their own decisions. Staff had clear information about how to support people to make decisions.
- People were supported by staff who understood the principles of the mental capacity act. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them with respect and kindness. One person told us, "Staff are always so respectful and uphold my dignity. When supporting me to shower I only have female staff that I know well." Another person said, "I had surgery that affects some parts of my body and means I sometimes find some tasks difficult such as opening lids. The staff member will see when I am struggling and step in, discreetly supporting me."
- People told us staff were caring and patient, did not make them feel rushed, seemed well trained and knew what they were doing. People were offered a choice of gender of staff for support to meet their preferences and help them feel more comfortable with intimate personal care.
- Staff supported people to maintain relationships with their families who told us communication was very good. One person told us, "Staff are thoughtful and remember to ask about how my health appointments went. They remember things about my relatives too." A relative said, "The staff look after my family member the way I want them to."

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

- Staff supported people to make decisions about their care and these were recorded in their care plans. Staff had enough time at each care visit to support people fully in the way they wanted. People told us that staff arrange to stay slightly longer if needed and communicate with the office so that any other people are not affected as a result.
- People were supported to make choices about their care by regular discussions about their experience with the registered manager as well as regular formal reviews.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were supported in dignified ways for example, closing doors and curtains and covering people up as much as possible while providing personal care. People told us they felt more comfortable being supported with personal care as the provider always made sure the same small team of staff supported them. This helped people to develop trust and relationships which helped them with this intimate type of care.
- People told us staff were polite and respected their privacy including keeping their information and records private.
- People confirmed that staff members encouraged them to do what they could for themselves. This ranged from being involved with domestic tasks and food and drink preparation to dressing and washing areas of their bodies they could reach themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. Changes to care needs were recorded both manually and reported to the office so they could be recorded in the electronic records for clear monitoring. This meant records were updated straight away and everyone involved in the persons care had access to the correct information.
- Staff had built good relationships as people spoke very highly of the care they gave. Staff knew people's likes, dislikes and preferences. One person told us, "Staff work at a considerate and caring pace." A relative said, ""Very good service. My family member gets looked after well, they are kept clean, medicines are up to date and we have no problems." There was also clear information about people's long-term health conditions to guide staff.

Meeting people's communication needs

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

- People were offered alternative forms of communicating where this was required, such as large print or alternative languages. One person chose not to use pictures or computers to communicate and preferred to use gestures or sounds. Another person chose to communicate using a thumbs up or down sign.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. They told us they would speak with the registered manager, other staff or their relatives if they had concerns. One person told us, "I feel absolutely confident about calling with a concern as I know the registered manager would listen."
- The provider fully investigated all complaints. They escalated complaints to social services to seek advice when necessary and when families asked for this. Complaints were also recorded electronically, monitored and audited to ensure actions were completed and outcomes shared.

End of life care and support

- The service was supporting a number of people with end of life care. People's needs and wishes had been fully explored and recorded. Care plans reflected the additional sensitivities and detail to enable compassionate care.
- Staff were very aware of how to support people receiving end of life care and were able to talk about the

preferences of both people and their relatives. The registered manager ensured peoples relatives were also supported during this difficult time by communicating regularly and having a flexible approach to care. One relative had written in following their family member passing away. The relative wrote, 'I am writing to express my appreciation and gratitude for all your help over the last 15 months or so. I've never had cause to regret asking you to take on [my family members] care.'

- The registered manager liaised with other health professionals for guidance and support to ensure that people could experience a dignified and pain free death.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection arrangements in place to monitor, improve and evaluate the service provided were ineffective. Audits completed were not robust and did not identify areas that required improvement or ensure that remedial action was taken. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and senior office staff had created electronic monitoring systems that enabled effective audits of complaints, compliments, care plans, daily notes, feedback, medicines, staff training and competency checks of practice. They also conducted unannounced spot checks of staff practice. This meant they had a good oversight of care delivery and the achievements and challenges of the service, which they acted on.
- All incidents were recorded in detail. The registered manager and compliance staff reviewed these for trends and patterns. They set actions in place which were then implemented, reviewed and shared.
- Staff were very confident in their knowledge of legal requirements, their roles and of the people they were supporting. The registered manager showed a passion to provide good care by ensuring they knew each person and their needs and preferences. They were continually learning about new guidance and best practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, 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 committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required. One person told us, "The [registered] manager is absolutely excellent." A relative said, "Excellent service."
- Staff told us they were happy working at the service and were treated well by the registered manager who was also understanding of the need to have a work-life balance. Staff were very knowledgeable about their training and the needs and preferences of people they supported.

- The registered manager complied with legal requirements for duty of candour; they displayed their rating in the office and we received notifications about safeguarding incidents during the inspection process. However, we did discuss the need to clearly display their rating, the date of publication and a link to the full report on their website once the outcome of this inspection is final.

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

- People felt fully involved in the service and could call at any time. They completed regular surveys and gave feedback in person and through emails to the registered manager. One person said, "Really good manager." And another person, "The best agency I have ever used."
- Some people gave feedback about concerns that staff used a language with each other that the person could not understand. However, overall, feedback was very positive. One person wrote, 'Dear [registered manager], I want you to know how wonderful [staff member] was to me this morning with the care I received, they are a wonderful carer. I haven't always lived like this and over the weekend they prepared a tray for my visitors. [Staff member] always goes over and above everything to do with their job.'
- We spoke to the registered manager about the feedback. They took immediate action to rectify the concern about language and documented actions taken. They also shared through staff supervisions and meetings which gave staff the opportunity to speak up and discuss impact and plans for improvements.

#### Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and compliance staff team carried out audits and quality monitoring visits. These showed they identified areas of the service that required improvement and made those improvements in a timely way. Records of complaints, accidents and incidents were analysed to find trends or themes.
- Staff told us how all areas of positive and challenging events were discussed with the registered manager and senior team. Staff also worked together to learn from knowledge shared and gave each other support through social media apps.

#### Working in partnership with others

- Information available to us before and during this inspection showed that the staff worked in partnership with other organisations, such as the local authority social services and healthcare teams. One person had stated how the registered manager had worked with the hospital staff to ensure the person could receive the right care in hospital. This included having the same team of care staff support them during their hospital stay. This meant they were less anxious and their dignity was upheld not having to be supported with personal care by staff they did not know.
- The registered manager worked with organisations which had supported people to promote their independence and good quality of care. One social care professional had written in to say, 'It has been brought to our attention that Telopea has provided and is providing a high-quality service for [name of person]. At a recent review it was reported how brilliant their carer staff is and that they go above and beyond at every care call. We would like to take this opportunity to thank you and your staff [team] for your continued support.'