

Tender Loving Care South West Ltd

Tender Loving Care South West

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

This announced inspection took place on the 13 November 2018. It was announced 48 business hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. This is the first inspection under its new legal entity.

Tender Loving Care Ltd (TLC Ltd) is a Domiciliary Care Agency that provides care and support to adults, in their own homes. The service provides help and support with people's personal care needs in the St Columb and surrounding areas of Cornwall. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 24 people were receiving a personal care service. These services were funded either privately or through Cornwall Council or NHS funding. There were 17 staff employed, some of those were office based to coordinate and manage the service.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

Prior to the inspection we received a concern from a family member about the responsiveness of the registered manager. We spoke with people and relatives during the inspection who all spoke positively about the managers approach. Health and social care professionals told us the service provided care that met people's health and social needs. They also fed back that the registered manager responded to people's care needs appropriately. They told us that on the majority of occasions had communicated well and formed positive relationships with family members. We discussed this feedback with the registered manager so that they had the opportunity to reflect and see if any learning lessons could be taken from this.

People were extremely satisfied with the quality of the service they received and the caring approach from staff. People and family members told us they would recommend TLC Ltd based on their positive experiences. Comments from people included; "The carers are lovely, very kind indeed" and "The staff are polite, professional, kind and caring.

People told us they had not experienced a missed care visit. The service used a digital care planning and call monitoring system to ensure care visits were not missed. Staff had hand held monitors to input all contact they had with the person that day. They felt the system worked well and provided them with all the information needed to ensure the person received support they needed.

People received care and support from a consistent team of staff with whom they were familiar. Staff arrived on time and stayed for the full time allocated. People spoke positively about the staff that supported them

and told us they were always treated with care, respect and kindness. Staff were respectful of people's privacy and maintained their dignity. Staff had developed good relationships with people and were familiar with their needs, routines and preferences

Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

There were processes in place to protect people and the security of their home when they received personal care, including staff wearing uniforms and carrying identification. People received information about who they should expect to be delivering their care so they were aware of who was due to call upon them.

People told us they felt safe and that staff had the skills and knowledge to provide the required care. Safeguarding procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and wellbeing had been assessed and managed.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided. Accidents and incidents were reported and reviewed to reduce the risk of an incident occurring again.

Staff were recruited in a safe way and there were enough to meet people's needs. Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them in any way. People's legal rights were understood and upheld. Everyone told us staff ensured their dignity and privacy was promoted.

People told us staff had sought their consent for their care. 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. Staff had received relevant training and understood the principles of the Act.

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. The care plans included objectives for the planned care that had been agreed between the service and the individual. All of the care plans we reviewed were up to date and accurately reflected each person's individual needs and wishes. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

Staff supported people to have a nutritious dietary and fluid intake, assisting them to prepare and eat food and drinks as they needed.

People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had received safeguarding training and were confident about reporting any concerns.

Risk management procedures were robust and people were given information so they could take informed risks.

There were sufficient numbers of suitably qualified staff to meet the needs of people they supported.

Is the service effective?

Good ●

The service was effective.

Staff were supported by a system of induction, training and supervision.

People received support from stable staff teams who knew their needs well.

The service met the requirements of Mental Capacity Act. This helped to ensure people's rights were respected

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes

Is the service responsive?

Good ●

The service was responsive.

People's care needs had been thoroughly and appropriately assessed. This meant people received support in the way they needed it.

Care plans were detailed and informative and regularly updated.

There was a satisfactory complaints procedure in place.

Is the service well-led?

The service was well led.

People, their relatives and staff were asked for their views of the standard of service provided.

There was a clearly defined management structure in place.

Staff said they were supported by management and worked together as a team, putting the needs of the people who used the service first.

The service worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Good ●

Tender Loving Care South West

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 checked 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 the 13 November October 2018 and was announced. The provider was given 48 office hours' notice because the location provides a personal care service to people who live in the community. We needed to be sure that we could access the office premises.

The inspection was undertaken by one adult social care inspector who visited the services office. An expert by experience contacted people by telephone to gain their views on the service. An expert by experience is a person who has experience of using, or of caring for a person who has used this type of service. During the visit we spoke with the registered manager, deputy manager, and three carers. Following the visit, we spoke with four staff to gain their views on the service. The expert by experience spoke with 11 people who either used the service or was a relative to gain their views of the service. We also spoke to five health and social care professionals to gain their views of the service.

We reviewed a range of records about people's care and the way the service was managed. These included care records for five people, medicine administration records, staff training records, four staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the most recent customer satisfaction survey completed by people using the service.

In preparation for our visit, we checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered provider about incidents and events that had

occurred at the service. A notification is information about important events, which the service is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

Is the service safe?

Our findings

People told us they felt safe receiving care from staff at the agency. They said, "I feel very safe. The carers all know what they are doing." Relatives echoed this view, commenting "Yes, it's very reassuring to know that [person name] has visits and when I get home [person's name] is happy, clean and well cared for."

Staff fully understood their role in protecting people from avoidable harm. All staff had received training on safeguarding of adults and were able to explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to the registered or deputy manager who, they were confident, would take appropriate actions to protect the person. The registered and deputy manager had a sound knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified. We reviewed the services safeguarding policy and found it to be satisfactory.

The service had a whistle-blowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or there had been safeguarding concerns, the registered manager had investigated fully to try to resolve the issue.

There were systems in place to enable staff to collect items of shopping for the people they supported. The procedures ensured that people's finances were protected when staff supported them in this area of their lives.

Some people needed support or reminding to take their medicines. When staff supported people in this task appropriate medicines records were completed by staff. One person commented "I feel much safer knowing that someone is checking my tablets with me as I worry about those things."

People told us they were never supported by someone they did not know. All staff were provided with photographic identification badges to enable people to confirm the identity of care workers. New care workers were introduced to people by a member of staff who they already knew.

The service used a digital care planning and call monitoring system to ensure care visits were not missed. Staff told us, "I prefer this system, it works well. We know exactly where we are meant to be, what time and what support we need to provide." Staff used this system to record their arrival and departure time from each care visit. As the system is 'live' the managers were able to monitor where staff were at all times. This was done to ensure staff safety and check that all planned visits were provided.

People and staff told us there had been, "No missed visits" since our last inspection. Staff told us that they if the rota changed they would be alerted to this by the managers immediately. Where managers made changes to staff visits schedules there were appropriate systems in place to ensure staff knew which visit they were expected to provide each day.

Duty rotas were prepared in advance and care packages were not accepted unless there were sufficient staff

available. Staff told us they had adequate time to travel between visits without rushing. All staff told us they had the time to stay with people for the contracted length of time and that, where there were any issues, they did not feel pressured.

Staff in the office and those working in people's homes had contact numbers to be used in emergencies. For example, emergency service numbers including social service and health departments.

The service had a contingency plan in place to manage any emergencies. Risks to people in the event there was an interruption to their service delivery due to an emergency had been assessed and rated, in order to identify who would be at the highest risk. This demonstrated the provider had prioritised people's care provision during such an event.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm.

An on-call rota was in place so that staff knew who to contact outside of office hours. This allowed the manager on-call to access details of the rota, telephone numbers of people using the service and staff. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query.

Records were kept of any accidents or incidents. The registered manager checked all accident and incident records to make sure any action was effective, to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. This helped to protect people from being cared for by unsuitable staff.

The service held training for all levels of staff on equality and diversity so that they were aware of the current legislation and how this reflected on the delivery of care and support. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people they supported at home to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them and where people's communication was limited staff told us they knew it was important to take time to listen carefully.

Staff received additional training on how to keep people safe, which included moving and handling, infection control and first aid. The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office.

Is the service effective?

Our findings

People consistently told us care staff met their care needs in a competent manner. Comments received included; They know what they are doing. I can't fault them at all."

Before, or as soon as possible after, people started using the service a member of the management team visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were written with the person, to agree how they would like their care and support to be provided.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. People told us that staff stayed for their allocated time and they were satisfied with staff who supported them. They told us that, in general, the same staff made the visits which meant people were familiar with them and felt confident in how the staff delivered their care. One commented "I have had the same carers for the last couple of years so they are very knowledgeable about my needs."

New staff completed an induction when they commenced employment which is in line with the Care Certificate. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. We met two new members of staff who were positive about their induction and confirmed they had 'shadowed' existing staff until they felt ready to work on their own.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they had a range of training opportunities available to them and they were encouraged through management support to develop their knowledge and skills Staff were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date.

Staff told us they received one to one supervision which enhanced their skills and learning. Supervision included observations of their practice and an annual review of their performance. Supervision meetings provided an important opportunity for staff at all levels to discuss their progress and any learning and development needs they might have. Staff told us they were supported by the management team.

People were supported to maintain a healthy lifestyle where this was part of their support plan. Staff supported some people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People told us staff prepared foods of their choosing. Some people said they were left with snacks to eat and also drinks within easy reach between visits. One person commented, "They always tell me I have to drink plenty to keep my kidneys working right and they make a drink as soon as they get here and another one when they leave." The

registered manager acknowledged that staff were due to attend a refresher course in food and hygiene so that they were aware of how to prepare and provide food safely.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included GPs, occupational therapists and district nurses to provide additional support when required. One person commented, "They always check that I am happy with everything and if they think I need to see a doctor, they will phone and get an appointment for me." Care records showed staff shared information effectively with professionals and involved them appropriately.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care. The managers and staff had received training on the MCA. Staff we spoke with were knowledgeable about how the Act applied to their role.

We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support.

Is the service caring?

Our findings

People told us the staff always treated them with care, consideration, respect and kindness. They said the registered manager and staff were always available and were very kind and caring. Comments included; "They are very caring, they can't do enough when they (the staff) are here", "The carers are very caring, and kind and very sensitive" and "It's a difficult job with difficult personalities I expect, but they show up every day with a smile on their faces. That's very important to me."

People told us that staff "went the extra mile" and said how much this comforted and reassured them. For example, a relative told us "I do most of [person's name] shopping but I am out of action at the moment, so the staff are picking up any bits of shopping she needs. They don't have to do that, they are doing it out of the goodness of their hearts so to speak. I'm really grateful." We heard of many examples of how caring and thoughtful the staff were to the people they supported. One said, "I think the people that work for them really do the job because they care."

Staff understood their role in providing people with person centred care and support. They were aware of the importance of maintaining and building people's independence as part of their role. People told us staff worked with them to promote their confidence and their independence. People's care records gave guidance for the care staff about asking people what support they wanted and how care and support should be delivered. People told us they felt involved in their care and were involved in any decisions about any changes.

People received care, as much as possible, from the same care worker or team of care workers. People told us this helped them as staff got to know them well and understood their likes and preferences in how they wished to be supported. Staff told us that due to their regular work patterns they knew the people they looked after well and could build lasting relationships.

Staff were motivated and clearly passionate about making a difference to people's lives. Staff demonstrated a commitment to their work and worked together as a team. Comments from staff included, "I love the job", one commented "If I had a wish list I'd like to make the care industry more popular as this work is so rewarding and so important."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual and spoke well and knowledgeably about people's privacy and dignity as well as how to maintain confidentiality. Some people had requested female only carers to visit them and this was respected as were people's religious and cultural needs. There was information about this in people's care records.

Rotas and practical arrangements were organised in a way that gave staff time to listen to people, answer their questions and involve people in decisions. We were given examples of staff rearranging the timing of their normal visits so that they could support a person to be prepared to attend a medical appointment.

Some people did not have any support from relatives. The service was aware of advocacy services and how to contact them. This helped ensure people's interests would be independently represented and they could access appropriate services outside of the service to act on their behalf if required.

As part of the induction process and ongoing training staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe and meeting data protection legislation. All care records were stored securely in the registered office to maintain people's confidentiality.

Is the service responsive?

Our findings

The service was responsive to people's needs because people had received assessments which identified what those individual's requirements were and then put a comprehensive person-centred plan in place. People, or those with authority to act on their behalf, had contributed to planning their care and support. This had taken into account each person's strengths, levels of independence and quality of life.

Relatives told us that they were involved in the development and review of their family members care plan. For example, relatives told us "I feel very involved. I was able to say what [relative] needed and liked right at the beginning and they listened. If I say anything, like [person name] would prefer this or that, they do it straight away and let all the girls know. It's never a bother" and "When we were trying to find an agency we looked at a few but this was the only one that we felt really listened to what [person they would support] wanted and they have respected that all along."

People told us staff were always responsive to their needs and they were involved in decisions about their care. They said, "They are very flexible. If we need to change something for [person's name] say at weekends or after a hospital stay, they will always accommodate it if they can." People felt fully involved in how care was being provided to them.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. For example, people who had several visits in a day, had a care plan for each time period. If support was provided for a longer period of time then guidance was provided for staff outlining what task or activities were to be completed or considered. This was of particular importance for people who may not have been able to explain their needs. For example, where people had memory difficulties or impairments of sight and/or hearing this was clearly set out in the care plan with guidance for staff about the most appropriate way to communicate with the person. Care plans were regularly reviewed and updated so staff were responding to a person's current needs. Any changes were quickly identified and recorded; with staff telling us updates were sent directly to them.

Daily care records, kept in the folders in people's homes, were completed by staff during and at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. Completed daily care records were returned to the service office each month and reviewed by managers as part of the service's quality assurance processes.

People were encouraged to maintain their independence. They were supported to address their own care needs where this was safe and appropriate. This meant people using the service were supported to keep control over their lives and retain their skills. For example, one person told us "If I change my mind, they are always flexible about what they do for me."

The registered manager was aware that some people were unable to easily access written information due

to their healthcare needs. They were considering how to provide information in a more meaningful way.

The service had a complaints procedure. People said if they had any concerns or complaints, they felt they could discuss these with staff and managers and they would be responded to appropriately. For example, a person told us "I couldn't get on with one of the carers, it was a while ago, but I phoned up and explained to [Registered Manager] and it was sorted straight away." People did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. With the exception of one relative, all felt that the registered manager would respond to any suggestions or concerns that they raised. This is referred to in more detail in the well led section of the report.

Although Tender Loving Care Ltd is not a specialised end of life care provider the service was able to help people stay at home at the end of life if that was their wish. The service worked with the local hospice and palliative care nurses to enable people to remain at home for as long as possible or through to end of life.

Is the service well-led?

Our findings

Prior to the inspection we received a concern from a family member about the responsiveness of the registered manager. We spoke with five health and social care professionals. Their feedback was that the service did provide care that met people's health and social needs. They also fed back that the registered manager responded to people's care needs appropriately, and on the majority of occasions had communicated well and formed positive relationships with family members. We discussed this feedback with the registered manager so that they had the opportunity to reflect and see if any learning lessons could be taken from this.

We spoke with people and family members to gain their views on the service and in particular asked about their views of the management team. People gave us consistently positive feedback about the quality of care provided. People told us they were happy with the management of the service. They told us the registered and deputy managers were actively involved in engaging with the people using the service and monitoring the care being provided. Comments from people were consistently positive and included, "I think it's a difficult job and [registered managers name] is very professional", "If I have a problem, I phone up and [registered manager] sorts it. You can't ask for more than that", "I think [registered manager] is quite direct and that might put some people off" and "I have only needed to speak to [registered manager] once and she was polite and no-nonsense."

People and a family member said if they had any queries they could phone the office and talk to the staff there. They also said it helped that they had met them, either from reviewing their care needs or from undertaking care shifts. All of the people and family members we spoke with would recommend Tender Loving Care based on their positive experience.

Staff were complimentary about the management team and how they were supported to carry out their work. Comments from staff included, "I love my job, it's a good company to work for" and "Staff morale is really good." Staff felt that as the registered and deputy managers actively still undertook some care shifts, they had a sound understanding of the work that they did and also of the people they supported.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management team, regular staff meetings and supervisions. The staffing structure ensured that, at all times, support and advice was available to them.

People and their family members all confirmed that they had been formally asked for feedback in the form of a survey within the last six months and most reported that they are asked informally on an on-going basis. For example "I have done the survey and they also ask me at other times. They even phoned up after I had a new carer to ask if she got on OK." No-one could give an example of a suggestion for improvement that they had made being acted upon.

A new visit scheduling software system had been introduced. This system automatically calculated the

distance and time required to travel between care visits using on-line route planning software. The service was now using this system for all care visits and staff told us the system worked well.

The management structure in the service provided clear lines of responsibility and accountability. The registered manager was also the registered provider as they were one of the owners of the service. They alongside the deputy manager coordinated the day to day running of the service. This included overseeing operational issues and speaking with people and staff.

The registered provider said their relationships with other agencies were positive. The service worked with health and social care professionals in line with people's specific needs, for example, towards improved mobility and diet. This ensured people's needs were met in line with best practice.

The service records were well organised and when asked staff were able to locate all documentation required during the inspection. Policies and procedures had been regularly reviewed and updated to ensure they accurately reflected current practices. People's care records were kept securely and confidentially, in line with the legal requirements.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding teams. Our records showed that the provider had appropriately submitted notifications to CQC.