TES Homecare Ltd

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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 inspection took place on the 31 July and 1 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This was first inspection of the service since registering with CQC in May 2017.

TES Homecare is a domiciliary care service. It provides personal care to people living in their own houses and flats across the city of Sheffield and Rotherham. It provides a service to older adults and younger disabled adults.

Not everyone using TES Homecare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

In addition to carrying out the activity of personal care, the service provides companionship and home help services. At the time of the inspection 40 people were receiving personal care from the provider.

The service had a registered manager in post at the time of the 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.

People we spoke with told us they felt "safe" and had no worries or concerns. Relatives we spoke with did not express any concerns about the safety of their family member.

Safeguarding procedures were robust and staff understood how to safeguard people they supported.

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

Individual risk assessments were completed for people so that identifiable risks were managed effectively.

There were robust recruitment procedures in place so people were cared for by suitably qualified staff who had been assessed as safe to work with people.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

Staffing levels were appropriate to meet people's needs and were kept under review.

Complaints were recorded and dealt with in line with organisational policy.

People knew who the registered manager was and knew they could ask to speak with them if they had any concerns.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and measures put in place to reduce the risk of them happening again.

There were systems in place to monitor and improve the quality of the service provided. Relatives made positive comments about the way the service was managed and staff made positive comments about the management team and working at the service.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Appropriate arrangements were in place for the safe administration of medicines.

Recruitment processes were robust, which helped the employer make safer recruitment decisions when employing new staff.

Is the service effective?

Good

The service was effective.

People's care and support was planned and delivered effectively to ensure the best outcomes were achieved.

People were supported by staff who were skilled and supported in their job role.

People were supported by people who were trained in the Mental Capacity Act and understood the need for consent.

Is the service caring?

Good

The service was caring.

Staff were compassionate, kind and caring and have developed good relationships with people using the service.

Records showed that people's dignity and privacy was upheld when receiving care, and staff told us this was the most important part of their work.

People praised the quality of care they received, and told us staff treated them with respect and cared for them in a way which met their needs

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care.

Care plans were regularly reviewed to ensure they were suitable to people's needs.

There was a comprehensive complaints system in place. Complaints were responded to in a prompt and thorough manner.

Is the service well-led?

Good

The service was well led.

People benefitted from a service that had a registered manager and a culture that was open friendly and welcoming

Staff told us they felt well supported by the provider, and told us that managers were approachable.

The registered manager undertook regular audits and assessments to ensure the service provided was of a high quality. There were systems in place for addressing any shortfalls and implementing improvements.

TES Homecare 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 31 July and 1 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one adult social care inspector.

We spoke with three people using the service and their relatives. We also spoke with the registered manager, the deputy manager and the quality assurance manager.

Before our inspection we reviewed the information, we held about the service including notifications that the registered provider had sent us and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

We contacted Sheffield local authority and Sheffield Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Sheffield local authority commissioners. This information was reviewed and used to assist with our inspection.

We checked a selection of records, including care records for three people who used the service, recruitment and training records for three staff, policies and procedures and other records relating to the management of the service. We spoke with nine staff, including care staff, the registered manager, the deputy manager and the quality assurance manager.

Good

Is the service safe?

Our findings

People using the service felt their care and support was delivered in a safe way. One person told us, "This service has made all the difference in the world to me, it's a lifeline. Things are set up so I can do things at my own pace and to they set things up to make sure I don't injure myself."

The service recognised risk and took proactive action to support, reassure and protect people. We looked at three people's care plans, all of which contained assessments to identify and monitor any areas where people were at risk, or presented a risk to others. There was clear guidance for staff about the action they needed to take to protect people, and staff we spoke with could describe this guidance to us. For example, staff could tell us about the steps they took to ensure people were cared for safely, including the way in which access to people's properties was managed safely as well as the way in which information such as access codes was protected.

Effective systems had been established to reduce the risk of harm and potential abuse. Policies and procedures were available in relation to keeping people safe from abuse and reporting any incidents appropriately. Records of staff supervision showed that safeguarding issues were discussed and staff could raise concerns, so that any potential safeguarding concerns were identified by managers.

We spoke with staff who demonstrated a good knowledge of safeguarding and were able to describe the signs of abuse, as well as what to do if they had any concerns in relation to safeguarding. We found staff had received training in this subject during their induction period, followed by periodic refresher courses, which were carried out on a one to one basis by senior managers. This meant staff were aware of how to report any unsafe practice.

We saw there was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice, and staff we asked about this were familiar with it.

There were sufficient numbers of support workers to keep people safe, meet their needs and provide a flexible service. One person told us, "This a unique service, not a standard service they give you consistency and there's always enough staff because if they are short all the managers pitch in."

People told us they received a consisitent and reliable service from people who knew them well. People were allocated the same care staff so they were supported by who knew them well and visit times were scheduled so there was always travel time for staff to reduce the risk of late visits. Staff we spoke with told us that they usually felt there was enough time in each visit to carry out all required care tasks and meet people's needs.

People were protected by the registered providers recruitment procedures. Recruitment records, and feedback from staff we spoke with, showed that a thorough recruitment and selection process was in place. We checked three staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a

satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This showed recruitment procedures in the service helped to keep people safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines. The service had a detailed medication policy which set out how staff should proceed to ensure the safe handling of medicines. Where people needed assistance to take their medication we saw care plans outlined staff's role in supporting them to take their medication in a safe manner.

A Medication Administration Record [MAR] was also in place which staff used to record the medicines they had either administered or prompted people to take. Staff's competence in relation to administering medicines was monitored by managers, and we saw that staff files contained records showing that their competence had been assessed regularly. This showed procedures were in place for the safe handling and storage of medicines.

The service had a system in place to record accidents and incidents and to identify any trends or patterns. Documentation showed the management team took steps to learn from events such as accidents and incidents and put measures in place so that they were less likely to happen again.

The registered manager had an emergency plan of action to be taken in events such as severe weather conditions and staff shortages. Visits to people who were at risk were prioritised in the event of an emergency.

There was an on-call telephone number for people and staff to ring at any time and the management team provided additional cover when needed. The registered manager told us, "Providing cover when needed is important to us as managers because we keep in touch with people and we know what's working and not working. This means we can always support staff when they are getting it wrong or if they are unsure about anything."

The registered provider made sure good infection control practices were followed. Staff told us and records showed that staff were provided with infection control training. Staff were provided with glove and aprons and we saw these were readily available to staff. Staff had a good understanding of food hygiene and safety as they had completed the training.

Good

Is the service effective?

Our findings

People's care was reviewed on a regular basis, to ensure that it was effective and continued to meet their needs. These reviews took place after people had been receiving care for a short time, and then on a regular cycle. They were conducted by senior staff members. Reviews of care looked at whether people's care was meeting their needs, whether they were satisfied with the care they were receiving, and whether any changes were required to make the care more effective. Managers monitored review records to ensure care remained effective.

People and their relatives told us they felt that the support workers had the skills and knowledge that they needed to meet their needs.

Induction training was provided to staff so they had the skills and knowledge for their role. New staff spent time shadowing more experienced staff to help them understand their role. The registered manager informed us new staff were working towards completing the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers.

The provider communicated with staff by means of formal supervision, appraisal and team meetings. We checked supervision and appraisal records and saw that they were used to identify training needs and development plans for staff, and showed that staff's knowledge and abilities were improved and supported via this method. Staff we spoke with confirmed that they had been spot checked and described it as a thorough, quality monitoring process.

Staff we spoke with told us they had training to meet the needs of the people they supported. The provider's mandatory training, which took place when staff commenced their roles in addition to ongoing refresher training, included moving and handling, the protection of vulnerable adults and medicines management, amongst other, relevant training. One staff member told us: "The training is good and it means I know what I'm doing when I'm out there." Another described the training as "good" and told us the provider had equipped them well to undertake their role.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own home, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the legislation and staff received training to enhance their understanding. The registered manager told us that currently everyone receiving personal care was able to consent to the care and support that they provided. We saw policies and procedures in relation to the MCA and DoLS were in

place and care staff we spoke with understood the importance of the MCA in protecting people and the importance of involving people in making decisions.

People we spoke with told us they had been involved in reviews of their care, and records showed that people had signed care documents to confirm their involvement and approval.

There were details in care plans about people's nutritional needs, and where part of the care package required staff to provide a cooked meal for people, there was information about their food preferences and dislikes in addition to information about choices care staff should offer. Daily records of care showed that staff were acting in accordance with people's care plans and meeting their assessed needs. This showed people's opinions and choices were sought and respected and a flexible approach to providing nutrition was in place.

People had access to healthcare services and received ongoing healthcare support where required. One person said the, "The staff are very good and alert to the slightest changes in my health and they [care staff] know when I am having a good day or a bad day, they do things at my pace and that's important to me."

Support workers understood what actions they were required to take when they were concerned about a person's health or wellbeing. Records showed that were concerns had been identified such as weight loss or general deterioration in a person's health the relevant health professionals had been contacted and actions taken with the consent of the person.

Good

Is the service caring?

Our findings

People we spoke with praised staff and told us the quality of care was very good. One person told us, "I've got my life back, I couldn't ask for a more caring service" and "The staff are so caring and have so much empathy, I have never experienced care like it before."

Relatives spoken with said the staff were very caring. They told us they had no worries or concerns and felt their loved one was well cared for by staff that knew them well. They commented, "We work together, they involve me in everything and that's how I like it. They [staff] are so fantastic" and "They are like family and just come in and use their initiative whilst always maintaining a professional line."

Relatives also told us they had been fully involved in the care planning with their loved one so their opinion was taken into account.

People using the service told us they had been involved in making decisions about their care and treatment, and said they felt their views were taken into consideration. They told us they had been involved in creating and updating their care plans and said staff supported them in the way that had been agreed in their care plans. This showed important information was recorded in people's plans so staff were aware and could act on this.

Staff we spoke with told us that a high standard of care underpinned their work and was greatly emphasised by the provider. Staff told us that the length of care visits meant that they could carry out their care tasks well, and didn't feel hurried or rushed. On occasion, staff could extend the length of the time of the care visit where required by the person.

The care staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. The provider's policy meant that staff were introduced to people before they began to provide care for them, and staff told us this meant they could get to know the person and their preferences. People using the service told us they felt they knew the staff who supported them well, and said it was important that the provider ensured only a small number of staff provided support to them. The registered manager told us that their aim was for every person using the service to be supported by a small team of care staff who knew them well.

We saw people's privacy and dignity was promoted so people felt respected. Staff we spoke with could describe the steps they took to preserve people's dignity when providing support, and gave us practical examples such as ensuring they always remembered that they were working in another person's house, checking people's preferences and addressing them in the way they preferred to be addressed. Daily notes, in which staff recorded the care they had provided, showed that staff upheld people's dignity and privacy when providing care.

Staff said they had a good relationship with people's families and we found the staff spoken with were knowledgeable about people's family and the contact they had with them.

Good

Is the service responsive?

Our findings

People we spoke with told us their care had been tailored to meet their needs. They told us if they wanted to change the way they were supported, for example if they needed more or less assistance, the provider ensured that the change was quickly implemented. One person using the service told us, "You get fed up of having to tell people your life story, but they came and listened to what I wanted and then found a member of staff who wasn't pushy or too invasive and listened to what was important to me."

We checked three care files, and saw they contained detailed information about all aspects of the person's needs and preferences. This included clear guidance for staff in relation to how people's needs should be met in accordance with their care assessments. These were set out in sufficient detail so that staff could follow what was required. There was information in each person's care plan about their families, life histories, employment histories and interests, to help staff better understand the person they were supporting. The staff we spoke with told us they had time to read people's care plans, and said they could do this either at the provider's office, or in people's homes.

In the records we checked we saw that when people had changing needs, which required healthcare attention or the input of other external professionals, the provider had taken the appropriate steps to liaise effectively with professionals to ensure the person's healthcare needs were met. This included the provider working with district nurses, occupational therapists and other specialist health teams.

Records we checked showed staff completed a daily record of each care visit they made to people. This included a thorough report on the care they provided and any changes in the person's condition, or any concerns or issues that arose. Staff completed these records to a good level of detail, which meant that managers checking these records could monitor what care was being provided and whether it was being provided in accordance with people's care plans. These records were then used to plan any future care and any required changes.

We checked the provider's arrangements for making complaints. Information about making a complaint was given to each person when they began receiving care. This told people how to make a complaint, what they could expect if they made a complaint, and how to complain externally should they be dissatisfied with the provider's internal processes.

People we spoke with told us they would be confident to make a complaint if they needed to, and said they believed the provider would handle any complaints well. One person said to us, "I'm sure they'd sort anything out, but I can't imagine having anything to complain about."

Records we reviewed confirmed the service had two complaints in the last twelve months and these had been responded to in line with the registered provider's policy. Information gathered from these complaints had been used to improve the quality of the service.

Care plans we reviewed confirmed people were supported at the end of their life to have a comfortable,

dignified and pain-free death. The registered manager gave us an example of where they had worked with health professionals to support a person who wished to remain at home at the end of their life. The service responded by providing flexible care and support allowing the person to have a dignified and comfortable death.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, in accordance with the requirements of their registration.

The registered manager had a clear vision and desire to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering. The registered manager told us, "This service is not about growth it's about quality" and "We believe that if we look after our carers and keep them happy they will make sure the people using our service are happy."

Staff told us they felt well supported to carry out their duties, and said that management support was always available. One staff member said, "I can just call in the office if I want to see them [the management team]. It's always welcoming." Another said, "The support is amazing."

We saw the provider used surveys, to gain feedback about its service from staff and people using the service. The provider was using this feedback to develop and improve the service.

Staff we spoke with told us they found team meetings to be helpful as they included training events and were an effective way to discuss their practice and different ways to meet people's needs.

The provider carried out thorough audits of the way the service was provided, including using a system of unannounced spot checks on care visits. We checked records of spot checks and saw that they consisted of managers observing staff carrying out care tasks as well as checking staff knowledge on various topics including safeguarding and medication.

The provider had a system in place for monitoring late and missed calls. We reviewed these records and found there had been no missed calls and in the event of care staff being late people were contacted to explain the reason why and the expected time they would make their call.

We saw other checks and audits had been carried out to assess whether the service was operating to expected standards. This included areas such as health and safety, the quality of care records and medication administration. Where shortfalls had been found action plans had been completed which highlighted areas to be addressed. The management team had developed a continuous improvement programme, which formed part of managers' meetings.

Staff received a corporate newsletter and a monthly newsletter. They could contribute to the newsletter which also celebrated the achievements of people and staff and provided valuable information for staff. For example, there were newsletters based around equality and diversity, data protection, professional boundaries and dignity and respect.

The service had policies and procedures in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to

read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The provider had an up to date Statement of Purpose, as required by law, and we noted that it contained all the information required, setting out the aims and objectives of the service.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.