

# TFT Consultancy Limited

# 25 The Beeches

## Inspection report

25 The Beeches  
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Date of inspection visit:  
02 February 2022  
08 February 2022

Date of publication:  
23 February 2022

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

25 The Beeches is a domiciliary care agency providing personal care and support to people living in their own houses and flats.

At the time of our inspection, the service was providing care and support to three people, all of whom were receiving 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 were supported by a consistent team of staff who knew them well. There were enough staff to meet people's needs. We have made a recommendation about recruitment processes. People had not experienced missed care call visits.

People were protected from the risk of harm or abuse as staff had completed safeguarding training and knew what actions to take if they identified any concerns.

Risks to people had been assessed however we found some improvements were needed to ensure risk assessments were more detailed to reflect people's care and support needs. We have made a recommendation about assessing and recording risks.

Staff received training and supervision to help them fulfil their role and responsibilities. Staff felt supported and valued and enjoyed working at the service.

Relatives spoke positively about the kind, caring attitude of staff and were satisfied with the care and support their loved ones received. Staff treated people with dignity and respect and people's independence was promoted. Without exception, relatives told us they would recommend the service to others.

People were supported to maintain good health. Where appropriate, referrals to health care professionals were made and recommendations were followed by staff. Where required, people were supported with their nutritional needs.

People and their relatives were consulted over their care and support needs and 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.

The registered manager was committed to providing high quality care. There was a positive culture within the service. The registered manager was committed to working with staff to improve and develop the service.

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

This service was registered with us on 22 December 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the length of time the service was registered and when they commenced providing a regulated activity.

#### 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# 25 The Beeches

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection team consisted of one 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

This inspection was announced. We gave the provider 48 hours' notice of the inspection.

Inspection activity started on 31 January 2022 and ended on 8 February 2022.

#### What we did before the inspection

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 two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, service manager and care workers.

We reviewed a range of records. This included three people's care records. We looked at two 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.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls and electronic file sharing to enable us to review documentation.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed feedback received from a health and social care professional.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- Staff had received safeguarding training and the provider had a safeguarding policy in place with guidance for staff to follow.
- Staff were able to describe the actions they would take if they suspected a person was at risk of abuse. One member of staff told us, "I would let my manager know...I would follow up if [my concerns were] not acted upon. I would tell a social worker, or the Police and tell them what is going on. I cannot keep to myself I must do something if I am concerned."
- The registered manager understood their responsibility to report any concerns to relevant authorities.

Assessing risk, safety monitoring and management

- People that used the service had relatively low needs. Staff told us they worked alongside the registered manager when they started work at the service and all risks had been communicated to them.
- Risk assessments had been completed and regularly reviewed however they did not always contain detailed guidance for staff to follow. We discussed this with the registered manager who assured us they would take immediate steps to review and update people's risk assessments.

We recommend the provider seek advice and guidance from a reputable source about assessing and recording risks.

- Systems were in place to help ensure people and staff received support in the event of an emergency. An out of call service was available when the office was closed.
- Relatives told us they had no concerns about people's safety and felt people were safe. Feedback included, "I feel [person] is safe. I can relax and sleep better." And, "I feel [person] is safe and [staff] have had all the training."

Staffing and recruitment

- There were enough staff to meet people's needs.
- People were supported by a consistent team of staff who knew them well.
- Relatives told us staff arrived on time and stayed for the duration of the care call visit. No one had experienced missed care call visits.
- Systems were in place to ensure staff had the right skills and experience and were suitable to work with people who used the service. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with

people who use care and support services. However, staff did not always have a full employment history documented.

- Following the inspection, the provider responded promptly to our feedback to obtain the missing employment histories for the individuals concerned.

We recommend the registered manager ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides references to the recruitment checks and documents required when appointing staff.

- Disciplinary policies supported management of unsafe and ineffective staff conduct.

Using medicines safely

- Where required, people were supported with their medicines.
- Staff had received medicines training and had their competency assessed by the registered manager prior to them administering medicines.
- The registered manager carried out regular audits of the medicine systems to ensure medicines were being managed safely.

Preventing and controlling infection

- Systems were in place to reduce the spread of infection.
- Staff completed training in infection control and had access to personal protective equipment (PPE) such as masks, gloves and aprons.
- Relatives confirmed staff wore appropriate PPE when they visited people's homes.
- The provider was following government guidance and information to support people and staff members safety.

Learning lessons when things go wrong

- The registered manager told us there had not been any significant incidents since the service had become operational. They understood their responsibility for reporting, recording and analysing any future incidents or accidents. They said they would share any learning with staff to mitigate 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed prior to them receiving care. This was to ensure staff would be able to safely and effectively meet their care needs.
- People and relatives were involved in the assessment and development of people's care plans.
- As part of the assessment process, people's protected characteristics had been considered and documented; for example, cultural and religious needs. This ensured staff knew how to support people appropriately.

Staff support: induction, training, skills and experience

- Newly appointed staff received an induction to the service. This included working alongside the registered manager to understand people's care and support needs and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received supervisions and on-going support from the registered manager whom they described as approachable and available for advice and support at any time.
- People's relatives told us they felt staff had the right skills and knowledge to support their family members.

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

- When needed, staff supported people with eating and drinking.

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

- People were supported to maintain their health and well-being and to access health services if required.
- Relatives confirmed to us staff contacted them if they had any concerns about their family member.
- Where people needed specialist equipment, the registered manager had supported relatives to access the equipment.

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.

- The service had processes in place to follow the principles of the MCA to ensure consent to care was sought following legislation and guidance. This included details of Lasting Power of Attorney (LPA) where appropriate.
- Staff had received training in the MCA and supported and encouraged people to make their own decisions; for example, what to wear or what to eat.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Relatives told us staff were kind and caring and they were happy with the support provided by staff. One relative told us, "They are excellent. Carers go above and beyond. We are very lucky to have them. They always have a smile on their faces and are polite."
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.
- Staff received training in equality and diversity to help them recognise the importance of treating people as individuals with different and diverse needs.

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

- People and their relatives were involved in decisions about their care and how they wished to be supported. This was confirmed by relatives. One said, "We are involved in the development of the care plan and have had a few meetings to review it."
- People and relatives were given the opportunity to provide feedback about the service and the care they received. This was usually done via home visits and feedback forms.
- The service held information on local advocacy services. The registered manager informed us no one was currently using advocacy services. An advocate supports people to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- Relatives and staff feedback confirmed people's privacy and dignity were respected. One staff member explained how they closed curtains and doors when completing personal care to respect people's dignity and privacy.
- Staff understood the importance of people maintaining their independence and the benefits it had for their well-being.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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's care plans included information on how they wished to receive their care and support. A relative told us, "[Person] is very precise and likes things done in a particular way. There has been no trauma or distress to [person] since we have started using the service."
- Care plans were reviewed regularly to ensure they continued to meet the needs of people. Staff were notified of any changes in people's care and support needs. This ensured staff had access to current and relevant information.
- People benefitted from having regular care staff to promote continuity of care.

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.

- Care plans identified people's communication needs. The registered manager told us they would ensure people had access to the information they needed in a format they could understand. This approach helped to ensure people's communication needs were known, and met, in line with the AIS.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place.
- There had been no formal complaints raised since the service had become operational.
- Relatives knew who to speak with if they had a complaint and felt confident any concerns would be listened to and acted upon.

End of life care and support

- The service was not currently providing end of life care to people.
- The registered manager told us they work with healthcare professionals to support people with end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service was small, and we had no concerns with the care provided to people. However, improvements were needed to ensure risk assessments were more detailed. Although improvements were needed, risks to people were mitigated because they were supported by consistent team of staff who knew them well and understood their care and support needs. Following feedback, the registered manager informed us they would take immediate steps to review care planning documentation.
- Not all recruitment checks were in line with schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as highlighted in the safe section of this report.
- Quality checks were undertaken by the registered manager however were not always formally recorded or had not identified the concerns we found. The registered manager explained they were in the process of purchasing an electronic software system to enable them to develop more robust quality assurance systems.
- Staff enjoyed working at the service and were clear on their roles and responsibilities. They said they felt supported and valued and spoke highly of the registered manager. The registered manager told us, "My key value is to invest and develop my staff. I make sure I am visible and approachable and take any required action."
- The registered manager was aware of their regulatory responsibility to submit the appropriate notifications to CQC when needed.
- The provider and registered manager understood duty of candour and took a prompt, open and honest approach to concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager knew people well and demonstrated their commitment and passion to providing a high quality, personalised service to people, achieving good outcomes for them.
- Staff felt valued and appreciated for their work. A member of staff said, "I feel valued and work closely with [registered manager]. They are approachable and I can go to them about anything."
- Relatives told us they were happy with the care and support their loved ones received and would recommend the service to others. One relative said, "I can contact [registered manager] at any time and they respond to me. Communication is very good; I would recommend the service to other people."

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

- People and their relatives were involved in the delivery of their care. Their feedback was sought to help drive improvements; for example, through questionnaires and home visits. We noted feedback received from recent questionnaires had been overwhelmingly positive. A relative told us, "[Staff] have really made a difference, we are lucky to have them."
- People's equality characteristics were respected and fully considered in the planning and delivery of their care and support.
- Staff told us communication was good and important information was relayed to them in a timely way to ensure people received safe and effective care.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continuous improvement and to providing the best possible care.
- During the inspection the registered manager was receptive to our feedback and looked for ways to make changes. For example, the provider's recruitment checklist document was updated to ensure full employment histories, together with explanations of any gaps in prospective staff members' employment histories, were explored during the recruitment process.
- Staff worked in partnership with people, relatives and health care professionals to ensure people had the best outcomes and consistent care.