

Theresa Care Limited

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Inspection report

Unit 6
Headway Business Park, Denby Dale Road
Wakefield
WF2 7AZ

Tel: 07814194978

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14 September 2022

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Theresa Care Limited is a domiciliary care agency and provides personal care and support to people who require assistance in their own home. At the time of our inspection 10 people were being supported by the service. 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

Right Support:

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.

Right Care:

Care is person-centred and promotes people's dignity, privacy and human rights. People were supported by staff to access activities of their choice and this supported independence.

Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People's care plans and risk assessments were person centred and had been developed with the person and their representative, where appropriate. Risk assessments included guidance for staff on managing and reducing identified risks to people.

Staff had received up-to-date training and information about reducing the risk of infection to people. People told us staff used appropriate PPE when visiting their homes to provide care.

Some people received support with taking their prescribed medicines. We found that this was managed safely. Staff were recruited safely, and the provider had carried out satisfactory checks of their suitability before they commenced work at the service. Induction training was provided to new staff.

People and relatives told us staff were usually on time and they were informed if they were going to be late

for a care visit. 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. We recommended the provider follow the MCA and ensure consent to treatment was formally recorded.

The provider had systems in place to ensure the quality of support to people was maintained and improved. Regular spot checks of care in people's homes were carried out, and people's views of the care they received were sought.

We found evidence the provider proactively worked with other professionals to ensure people received the care and support they required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 06 May 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered service. We inspected to give the provider a rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Theresa Care Limited

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 was carried out by 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from

the local authority and professionals who work with the service. The provider was not asked to provide a provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Information was viewed electronically on the 9 September 2022 and we carried out an interview with the registered manager on the 13 September 2022 and contacted two people and three relatives.

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 of 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

- There were systems in place to ensure that people were safe from the risk of harm or abuse.
- Staff had received training in safeguarding adults. They understood their roles and responsibilities in ensuring concerns were reported immediately.
- The registered manager understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.
- People and their relatives told us they considered the support provided by Theresa Care Limited was safe. A relative said, "They [staff] seem to be well trained they are friend and efficient."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified and individual risk assessments were in place for people which included tasks such as moving and handling and personal care. People's person-centred risk assessments outlined measures to help reduce the likelihood of people being harmed, and their care plans contained guidance for care staff on keeping people safe.
- Staff received the training they required to support people safely. For example, they had received training in moving and handling, first aid and fire safety.
- Due to the size of the service there had been no documented accidents and incidents. The registered manager told us they had a system in place to learn lessons and record themes and trends, should they occur.

Staffing and recruitment

- The registered manager ensured that staff were suitable for the work they were carrying out. Disclosure and Barring Service (DBS) checks, work visas and references had been undertaken before staff started working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People received support from regular staff members. People and their relatives told us that staff were reliable. A person said, "They [staff] are punctual and they contact us to tell us if they are going to be late."

Using medicines safely

- People that needed assistance with medicines administration were receiving their medicines on time and as prescribed.
- Staff received training in administration of medicines and their competency was checked to ensure they were safely administering medicines.
- Medicines audits were in place and being regularly carried out to ensure the safe administration of medicines was taking place.

Preventing and controlling infection

- The service had an infection prevention and control policy in place.
- Staff completed infection control training and had up to date guidance to follow.
- Feedback indicated staff wore PPE and no issues were raised in respect of this.

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.

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 MCA 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.

- The registered manager was aware of the principles of the MCA and knew the needs of the people support was provided to. Staff members had received training about the MCA.
- The registered manager had asked for people to consent to care and treatment but there were no written consent or formal capacity assessments in place. Following our inspection, the registered manager took immediate action to ensure capacity assessments and consent was recorded.

We recommend that the provider follows the principles of the MCA and ensures there are formal records in place around capacity and consent to treatment.

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

- Assessments of people's needs had been carried out before they started to receive care and support from the service.
- A relative told us, "We all went through the care needs at the beginning. Staff speak to us quite often. We would discuss things that would be of benefit to [my relative] and staff are very proactive in suggesting things too."
- The assessments considered a range of areas such as people's physical care needs, their day to day life and activities in the community.

Staff support: induction, training, skills and experience

- The provider had an induction process for new care staff. Staff said, "I have had both face to face and

online training, and any additional training that is identified as required, I have been enrolled on it and completed it."

- Staff had received training and had the knowledge and skills they needed to carry out their roles. Staff told us and records confirmed training was up to date.
- Staff told us they had regular supervision and were well supported by the registered manager.

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

- Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments.
- All care staff had undertaken training in nutrition, hydration and food hygiene.
- A relative said, "I order the meals and the staff reheat them. They do other things too they are so nice they bring [my relative] cakes and make her food."

Staff working with other agencies to provide consistent, effective, timely care

- People's care records showed that staff liaised with other professionals to ensure that people's needs were met.
- People's care plans included information about other health care professionals involved with their support. We found that information about any potential changes to people's healthcare needs was also quickly raised with their families.
- Care staff were provided with guidance by the provider to ensure that people's needs were met in liaison with families and healthcare professionals as required.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health and wellbeing was included in their care plans and risk assessments.
- People were registered with their own GPs and received support from other community health services when they needed this.
- If concerns arose about people's health, care staff were provided with guidance about what to do to ensure appropriate action was taken.

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;

- People and relatives spoke positively about staff. One relative said, "We are just thrilled with them. It's the first time we have any care and it's been much better than we anticipated. I've met the staff and they are wonderful with [my relative]. They use their initiative." Another relative said, "[My relative] is vulnerable and we can't be there all the time and its vitally important we have confidence with them, and we do."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. One relative said, "I think they are very nice, and they do things off their own back. They took [my relative] to the coast for the day."
- Staff told us they were respectful of people's privacy and dignity. One staff member said, "I always ask permission to do something and ask how the person would like it done, or if they prefer to do it themselves", and I make sure the curtains or doors are closed and promote independence by encouraging the person to do things they can do for themselves."

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

- People and, where appropriate, their relatives were involved in making decisions about their care. One person told us, "They [Staff] ask me about everything that I want. If there was something I wanted, I can also suggest things."
- Professionals told us they had received positive feedback about the service. Comments included, "I will not hesitate to refer them [Theresa Care Limited] to anyone, they are very good with [my relative]."

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 were person-centred and reflected their individual needs and preferences.
- People and their relatives were involved in the development and reviewing of their care plans.
- Staff had a good understanding of people's individual needs and provided personalised care.
- Staff told us care plans were informative and gave them the guidance they needed to care for people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew how to communicate effectively with people in accordance with their known preferences.
- The registered manager was able to provide different formats for people such as easy reads or large prints, should they be required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans recorded information about people's interests, and what they enjoyed doing with their time.
- People were supported to access activities of their choice which helped their wellbeing.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and told us they would feel comfortable reporting any concerns, as they found the management team approachable.
- People told us they had not needed to raise any concerns or complaint, but they were confident they would be resolved should they ever need to raise anything.

End of life care and support

- The service unexpectedly needed to provide end of life care at short notice. The registered manager said they worked closely with health professionals and acted on their advice and guidance to assist the person to have a dignified passing at home, which was their wish.

- Staff were booked on appropriate end of life training.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- A range of professionals were regularly contacted for advice and guidance where it was needed.
- People were at the heart of the service. The registered manager told us the primary focus was to develop people's confidence and provide them with the tools needed to live more independently. The registered manager said, "We have exceeded our client's expectations. We empower our clients to do things they wouldn't have done if we were a typical domiciliary care company. We provide additional support with activities, or cleaning. It is always good to see our clients happy."
- People were supported to meet their needs in a person-centred way. Staff knew people well and were aware of their preferences.

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

- The registered manager understood their responsibilities under the duty of candour.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider was aware of their duty to notify CQC of any incidents in line with the regulations.

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

- Relatives were regularly asked for feedback on the service's performance through informal conversations and meetings. Questionnaires were regularly given to people's families.
- Relatives were invited to contribute to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff received regular communication with updates and changes that were taking place. They were able to give their feedback using a secure group chat facility which the registered manager regularly monitored.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.

Continuous learning and improving care

- The registered manager was keen to ensure a culture of continuous learning and improvement and kept

up to date with developments in practice through working with local health and social care professionals. They said, "As the manager I have to be firm and fair to staff. I work as a carer as well so I can get to know what the staff are facing and get to know the clients. It shows the staff that I don't give them a task that I don't do myself. This is a calling for me I love it and I am passionate about it."

- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.