

Tender Nursing Care

Tender Nursing Care

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: Tender Nursing care is a charitable organisation. It is a domiciliary care service, which provides support for those in the community who require end of life nursing and personal care. The agency office is located in the Ryan Medical Centre in Bamber Bridge. It is easily accessible by public transport and a car park is available. At the time of our inspection there were nine people who used the service.

People's experience of using this service: People told us they felt safe using the service and were kept informed and up-to-date in relation to their family members care. They said care and support was delivered in a way they wanted it to be. They felt involved and were certain their loved one's needs were being met by kind and caring staff. One person told us, "We are very happy with the service and the carers who come here. They are very good indeed. We have no complaints. They are very pleasant and respect my wife as a person. We get the same staff all the time, who have very good attitudes."

Since the last inspection a good range of improved documentation had been introduced, which had enhanced the practices adopted by the service. Systems to act on allegations of abuse were in place. Risks in general had been managed.

There were no reported accidents or incidents, but a system was in place to record these, should it be necessary. Relatives of the people we visited took on the responsibility of the management of medicines. However, staff had received training in medication awareness and guidance for staff was available. Staff were recruited safely and there was a consistent staff team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs and choices were assessed and their care and support was delivered to achieve effective outcomes. Staff engaged with people and we were told care workers were kind and caring.

New staff received an induction programme and completed shadow shifts before commencing lone working. A broad range of training had been completed by all staff, who were regularly supervised and appraised each year.

Detailed information was recorded in daily diaries, which demonstrated people were provided with person centred care and support plans were available in people's homes. A system was in place for the management of complaints.

Some audits had taken place and feedback was regularly obtained from those who used the service and their relatives. Senior oversight was ongoing to provide support and drive improvements forward. Team meetings were taking place.

Rating at last inspection: The last inspection was rated good in all key questions and good overall. The

report was published on 30 August 2016.

Why we inspected: This was a scheduled inspection based on the previous ratings.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. We may bring the next inspection forward if we receive any concerning information.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Tender Nursing Care

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was undertaken by one adult social care inspector.

Service and service type: Tender Nursing Care is a domiciliary care agency. It provides nursing and personal care to people living in their own homes who require end of life care. The Care Quality Commission does not regulate premises used for domiciliary care; this inspection looked at people's care and support.

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

Notice of inspection: We gave the service 5 days' notice of the inspection. This was because the service is run from the same office as the administration staff employed by the Ryan medical centre and therefore to protect confidentiality it was necessary to book a separate facility for the purpose of the inspection.

What we did: Prior to our inspection we looked at all of the information we held about the service. This included any concerns, investigations or feedback. We also checked the statutory notifications the service is required to send to us by law. We asked for feedback from professionals about their views of the service. We also looked at the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used a planning tool to collate all this evidence and information prior to visiting the service.

During our inspection we visited, with their agreement, two people in the community. We spoke with four relatives and six staff members. These included five nursing or care staff and the registered manager, who took overall responsibility for the service. We looked at a variety of records. These included two care files, four staff personnel records, audits, policies and procedures and records relating to the operation and oversight of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who used the service and their relatives told us they felt safe using Tender Nursing Care. People's human rights were respected and equality was promoted.
- Systems to act on allegations of abuse were in place and clear guidance for staff was available about how to deal with such incidents. Staff training had been provided in this area and staff members we spoke with were aware of actions they needed to take, should they be concerned about someone's safety. They told us, "If I thought someone was being abused I would report it immediately to the manager" and "Oh, if there were any signs that someone was being mistreated then I would tell [the manager] straight away. She is always at the end of the phone."

Assessing risk, safety monitoring and management

- Although no accidents had been reported, relevant guidance was available for staff to follow and systems were in place for the recording of accident information.
- All staff had been supplied with first aid kits, should they need these in the event of an emergency and torches had also been issued for use at night.
- Environmental risk assessments had been completed in relation to the premises where people lived and where staff worked. The daily diaries we saw contained good information about how staff had supported individuals during each visit and how potential risks were being managed. Policies were in place to guide staff in the event of an emergency situation arising. Detailed risk assessments were in the process of development in areas, such as the use of bed rails.

Staffing and recruitment; Learning lessons when things go wrong

- Staff personnel records showed that a robust recruitment process had been adopted by the agency to ensure all staff were deemed suitable to work with vulnerable people.
- Clear guidance was in place in relation to disciplinary and grievance procedures and evidence was available to show these were followed in day to day practice. Evidence was also available to demonstrate that lessons were learnt when things go wrong.
- Staffing levels were satisfactory at the time of our inspection. Those who used the service and their relatives told us that staff always attended when they were scheduled to do so and always stayed for the expected length of time.

Using medicines safely

- Clear guidance was in place for the staff team in relation to the safe administration of medicines and all staff had received training in this area. People we visited in the community were supported by a relative, who had taken on the responsibility of medicines management.

Preventing and controlling infection

- All staff members had received infection control training and guidance was included within the health and safety policies at the agency office. These outlined the procedures staff needed to follow in order to prevent cross infection. Records showed that good hand hygiene formed part of the observation practices conducted by the registered manager.

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.

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

- A new improved system had been introduced for assessing people's needs. This included a four page document, which covered all activities of daily living. There was evidence that people's assessed needs and reviews were reflected within the care records. People told us their choices were taken into consideration.

Staff support: induction, training, skills and experience

- Induction programmes were present on staff files, which contained evidence that new staff were supported to develop their knowledge and confidence. New staff initially worked a three month probationary period, to ensure they were suited to the job and to ensure they wished to continue on a permanent basis.
- Staff we spoke with demonstrated their understanding of people's needs. Records showed that all staff had undertaken a broad range of mandatory training, which helped to ensure the staff team were skilled and confident to deliver the care and support people needed.
- Records showed that staff had received regular supervision sessions and annual appraisals. Those we spoke with confirmed they were able to discuss their views and any concerns with the registered manager of the service. One member of staff told us, "We are supervised and the manager [registered] is always popping in to see the clients whilst we are at work."

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

- Due to the nature of this service people who used it were mainly supported by their relative in relation to the provision of meals. However, we establish that a staff member did prepare lunch for one person each week. We looked at this employee's records, which showed a wide range of training modules had been completed, but these did not include basic food hygiene. The registered manager provided evidence that this training had been completed.

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

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

- Care files showed the agency consulted other professionals, when necessary to discuss the needs of people in their care. This helped to ensure people's health and social care needs were being appropriately met.

Adapting service, design, decoration to meet people's needs

- This is not applicable to this service, as people live in their own homes.

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 so that they can receive care and treatment with appropriate legal authority when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in domiciliary care and support living services is usually through MCA application procedures made to the court of protection.

- We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that people who used the service were not being deprived of their liberty and therefore applications to the court of protection were not required on this occasion. However, all staff had received training in relation to the MCA.

- Those who used the service or their relative had given their care workers written permission to hold contact details, such as telephone numbers, should it be necessary to make contact, in case of emergency. We were told that staff members provided the care and support in a way they wanted it to be delivered.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with told us they were respected and treated well by the staff and that they received a good standard of support. They were very complimentary about the approach of staff members towards those who used the service. Staff members we spoke with were fully aware of the importance of respecting people and promoting equality and diversity.

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

- People we spoke with told us they were able to make decisions about how they were supported.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us their privacy and dignity was always respected by the staff who visited them. One relative explained how their loved one's independence was promoted by his care worker and how his wishes were taken into consideration.

- Care records were retained in people's homes. This enabled people to access information about their own care and support, as they needed it. However, other documentation was stored securely in the agency office, so that confidentiality was maintained in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Clear guidance for staff was available in relation to GDPR.

- Staff members we spoke with were fully aware of the importance of respecting people's privacy and dignity and promoting independence, as far as possible. Comments we received from relatives included; "We are very happy with the service and the carers who come here. They are very good indeed. We have no complaints. They are very pleasant and respect my wife as a person. We get the same staff all the time, who have very good attitudes."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- New documentation had been introduced in relation to the planning of people's care. Plans of care were available within the records retained at people's houses and a summary of needs was included. The daily diaries, written by care staff at each visit were detailed and outlined how people had been supported to meet their assessed needs. This helped to ensure people received person-centred care and support.
- Records were seen of support plan reviews for each individual. These included feedback from those who used the service and their loved ones.
- Relatives told us they were kept informed and up-to-date in relation to their family members care. They said care and support was delivered in a way they wanted it to be. They felt involved and were certain their loved one's needs were being met by kind and caring staff.

Improving care quality in response to complaints or concerns

- A detailed complaints system was in place. The service had not received any complaints since the last inspection. The complaints procedure was included in the service users' guide, which was incorporated into the documentation left at people's houses. People we spoke with were fully aware of how to make a complaint, should they need to do so. Staff we spoke with were confident in passing any complaints to the registered manager, should the need arise.

End of life care and support

- This service delivers both nursing and personal care for people who are predominantly at the end of their lives. The support is mainly provided overnight, which allows the main carer to receive some rest. However, the service has recently introduced day support too, so that the main carer can have some relaxation, do shopping or attend personal appointments. One relative told us they were allocated one full day per week, when they enjoyed golfing with friends. People we spoke with and their relatives spoke highly of the care and support they received.
- All staff employed, with the exception of a new starter had completed the 'six steps to end of life' training programme. Staff we spoke with told us this training was of good quality and helped them to provide compassionate care and support to those who used the service and their families. The registered manager told us that staff had clearly learned from this training, as together they had developed more detailed end of life care policies and procedures, as well as introducing preferred priorities of care. This involved the person themselves, their relatives and any significant others. Evidence was seen of support provided for families following the death of their loved one.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received person centred care from a well-trained and knowledgeable staff team. This was confirmed by everyone we spoke with. Daily records demonstrated that people received care and support in a compassionate manner. However, some records we saw could have been more detailed. The registered manager subsequently confirmed that action had been taken immediately to provide more detailed information and that a specific workshop had been arranged for all staff.
- Staff had access to a wide range of policies and procedures, which provided them with information about current legislation and good practice guidance. The registered manager was aware of her responsibilities in relation to the duty of candour.

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

- The registered manager had been in post since December 2017. She had introduced a good range of updated documentation, policies, procedures and practices. She demonstrated her understanding for the current needs of the service and the monitoring of quality performance. Staff we spoke with understood their roles, in relation to the need for delivering a good standard of care and support. Feedback about the registered manager was very positive from everyone we spoke with. One member of staff told us, "It is a nice service. The [registered] manager is always available and she is so approachable. Nothing is too much trouble for her."
- The service was well-led. We did not identify any breaches of regulations at this inspection. The previous inspection ratings were displayed on the website and at the service. Computerised documents had been developed, such as policies and procedures.

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

- Staff told us and records we looked at confirmed team meetings had taken place. Records included the attendees as well as the topics discussed. We established that there was regular communication between the registered manager and staff members. People who used the service and their relatives told us that they felt engaged and involved in their own care and support, or that of their loved ones.

Continuous learning and improving care

- Systems were in place for assessing and monitoring the quality of service provided. An information governance toolkit had been completed and an action plan had been submitted to the Clinical

Commissioning Group (CCG).

- The President of Tender Nursing Care carried out periodic quality assessments with people in the community, to ensure they were satisfied with the support they received. The Chairman of Tender Nursing Care was responsible for periodically assessing the registered manager's performance. The registered manager told us she gets enormous support from the trustees of the organisation.
- Surveys were completed and some audits had been introduced, so that specific areas could be monitored and any shortfalls be addressed promptly by means of an action plan.
- A management file was available within the agency office. This contained a broad range of relevant information.

Working in partnership with others

- We saw evidence that the service worked in partnership with relevant professionals in both the health and social care sector. This helped to ensure people's assessed needs were being appropriately met.