

Tempcare Personnel Ltd

Tempcare Personnel Limited

Inspection report

Bradford Chamber Business Park
New Lane, Laisterdyke
Bradford
West Yorkshire
BD4 8BX

Tel: 01274662422

Date of inspection visit:
08 May 2018
22 May 2018

Date of publication:
21 June 2018

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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

The inspection took place between 6 May 2018 and 25 May 2018 and was announced.

The service was last inspected in October 2014 and was compliant with the standards that we looked at. From September 2016 to January 2018, the service was dormant, meaning that it was not providing the regulated activity 'personal care.' Since January 2018, the service has been providing personal care to one service user.

A registered manager was in place. 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.

We found appropriate care and support was provided to the person receiving the service. Positive feedback was received from the person and their relative and no concerns were raised.

Overall medicines were managed safely although a few improvements were needed to the documentation of medicine support.

Risks to people's health and safety were assessed although some of these needed to be more detailed.

Staff delivering care and support knew people well, and the person and relative said the person was safe in the company of staff.

Staff were recruited correctly to help ensure they were of suitable character to work with vulnerable people. There were enough staff to ensure a reliable service was provided. Staff received appropriate support and training to undertake their role.

We were told appropriate support was provided at mealtimes in line with the person's needs and preferences.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were kind and caring and demonstrated they were dedicated to providing personalised care and support. Care was delivered by a small and consistent team who had got to know the person well.

Appropriate care was provided that met the person's needs. We found discrimination was not a feature of the service and the person's individual needs and requirements were catered for. Independence was promoted by the service.

Good feedback was provided about the overall quality of the service. We saw a flexible and personalised approach to service delivery.

Some improvements were needed to documentation to ensure it provided a full account of the person's care and support needs. Policies and procedural documents needed updating to ensure they were fully relevant to the support staff were providing. We made a recommendation regarding the improvement of documentation and procedural documents.

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.

The person and relative raised no safety related concerns. We saw risk assessments were in place.

Medicines were safely managed and the person received their medicines as prescribed.

Staff were recruited safely and there were enough staff to ensure a safe service.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support relevant to their role. There was a consistent team of staff.

Appropriate mealtime support was provided.

The service worked with other health professionals where required.

Is the service caring?

Good ●

The service was caring.

We were told staff were kind and caring. Care was provided by a consistent staff team that knew people well.

People's views were listened to and respected.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and care plans in place. Care was person centred and based around people's needs and preferences. Feedback about the quality of care was positive. A system was in place to log, investigate and learn from complaints.

Is the service well-led?

The service was not consistently well led.

Improvements were needed to care documentation to ensure an appropriate level of detail was recorded. Some policies and procedures needed updating.

Feedback about the overall care experience was positive.

People's feedback was valued and sought by the service.

Requires Improvement 

Tempcare Personnel 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.

The inspection was announced. We gave the service a small amount of notice we would be visited the office to ensure that the registered manager was present. On the 8 May we visited the provider's office to look at care and support documentation and speak with the registered manager. On the 6 and 7 May 2018 we spoke with staff. On the 21 and 25 May 2018 we spoke with the person who used the service and their relative.

Before the inspection we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We also contacted the local authority commissioning and safeguarding teams to ask them for their views on the service and whether they had any concerns. On this occasion we did not ask the provider for a Provider Information Return. This is information we usually require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the person who used the service, their relative and the two staff members who delivered care and support. We also spoke with the registered manager. We looked at the person's care records, medicine records, two staff recruitment files, training records and other records relating to the day to day running of the service.

Is the service safe?

Our findings

Overall we found medicines were managed safely. The relative we spoke with told us that their relative was supported consistently to take their medicines. The registered manager and staff had a clear understanding of the medicine support plan giving us assurance it was followed. For example they were able to tell us about all the medicines the person took and why they took them.

Medicine Administration Records (MAR) were in place which provided a clear record of the support the person had received with each individual medicine. We found some dates at the end of each month had been cut off from the MAR, we raised this with the registered manager who said they would take immediate action to amend the MAR form to ensure all dates were included.

The person who used the service told us they felt comfortable around staff. The relative of the person who used the service said they had confidence their relative was safe whilst being cared for by staff. They said, "Confident [person] is more than safe with [staff member], super safe".

There had been no safeguarding incidents occurring within the service, but staff and the registered manager were aware of the procedure to follow should a concern be identified.

Risks to people's health and safety were assessed by the service. Risk assessment documents were in place although these were rather basic and required more person centred information. However the person and relative said that they felt safe using the service and staff followed safe working practices. Staff and the registered manager knew the person very well and were very familiar with the care and support they provided, mitigating any risk. The registered manager said they would ensure risk assessments were updated to be more person centred.

Emergency procedures were in place and an on-call number was operated 24 hours a day should staff need to get in touch with management. Staff we spoke with said they were always able to get in touch with management should they need to.

Staff were recruited safely. Checks on staff backgrounds and character were completed to help ensure they were suitable to work with vulnerable people. There were enough staff to ensure that the person received consistent care. The relative we spoke with said care was consistently provided when it was required and records we reviewed confirmed this. Tempcare Personnel is also a nursing and care worker recruitment agency. This meant there were staff signed up to the agency who could provide care should the regular staff be absent.

The provider told us no adverse incidents had occurred. We saw forms were in place to record incidents should they occur in the future. We saw where minor issues had been raised about staff performance these had been addressed, giving us assurance that the service was committed to continuous improvement and learning. The relative we spoke with said the registered manager listened to them and any minor concerns they had.

Staff had access to a supply of personal protective equipment whilst caring for people. This helped ensure they followed appropriate hygiene techniques.

Is the service effective?

Our findings

Staff had received appropriate training to help ensure they delivered the right care and support. The relative we spoke with said that staff were appropriately trained and knew their relative well. The person also said staff were suitable for their role. Both staff who delivered care and support had completed the Care Certificate in 2018. This is a government recognised training scheme, designed to equip staff new to care with the required skills for the role. Staff had received training in subjects which included medicines management, safeguarding, equality and diversity and manual handling. Systems were in place to provide training updates to staff on an annual basis. Only two staff delivered care and support to the person which meant they could get highly familiar with the person's needs and requirements.

Supervisions and appraisals had not yet taken place since care commenced in January 2018, but we saw plans were in place to provide these to staff. The staff we spoke with said they felt well supported and were able to speak with the registered manager when they needed to.

The registered manager told us they kept up-to-date with best practice and the latest developments in care through subscribing to journals and browsing the internet for updates. They were also a registered mental health nurse and therefore were required to keep up-to-date with nursing practice by way of continual professional development to maintain their registration. We did identify that some policies and procedures needed updating to ensure they referenced the latest best practice 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. In the case of Domiciliary Care applications must be made to the Court of Protection. We found no DoLS had needed to be made.

The service assessed people's capacity to manage aspects of their own care. At the time of the inspection, the person who used the service had capacity to make decisions relating to their care. We saw evidence the person's choices and views were sought and respected by staff.

The person and their relative said that staff provided appropriate support at mealtimes and with cooking. Staff we spoke with were clear on the person's culinary preferences and how to meet their needs in this area. We saw a comment had been received by the relative stating "[Staff] cooking skills are good." Care records provided basic information on the support the person needed with cooking.

Staff told us they liaised with the person's family or GP over any healthcare concerns they had when providing care and support. Records showed any concerns were clearly documented and included

information on any healthcare professionals contacted.

Is the service caring?

Our findings

Staff we spoke with demonstrated a dedication to providing personalised care that met the person's individual needs and requirements. The care package was highly personalised around the person's individual needs with staff delivering care 24 hours a day. The relative we spoke with said staff were kind and caring and had the right personal attributes to look after their relative. The person said they were happy with the staff that provided care.

Continuity was provided to the person who used the service. Care was delivered by one core staff member, with a back-up staff member to cover their absences and days off. This helped ensure the development of good, strong relationships between the person and staff. One staff member said "we are like the best of friends. The relative said they thought the service had thought "very carefully" about who delivered care to their relative and they were matched appropriately based on experience and personal attributes. The registered manager confirmed this approach had been used. Before care and support was delivered staff were introduced to people to ensure that care was not delivered by strangers. The registered manager and staff knew the person who used the service well, their individual likes, preferences and care needs. For example they were able to tell us about all the medicines the person took and why they took them.

The staff and registered manager all told us that the service promoted people's independence. We were told of examples of how they supported the person to maintain their independence for example encouraging them to undertake self-care tasks and do jobs around the home. The relative we spoke with confirmed the service was effective in this approach.

Mechanisms were in place to listen to the person and their relative and act on their views. Much of this was done on an informal basis, with staff and the registered manager adapting care and support methods around the person's requests. More formal mechanisms were also in place which included regular review meetings and feedback requested on the staff providing care and support. We saw evidence that changes were made based on the person's views, demonstrating they were respected.

We checked whether the service was acting within the legal framework of the Equality Act 2010. We found discrimination was not a feature of the service and the person's individual needs and requirements were catered for.

Is the service responsive?

Our findings

The relative said they were very happy with how the care package was being delivered and that the care was appropriate and met their individual needs. The person also said they were happy with the support provided.

People's care needs were assessed prior to using the service. This was completed by the registered manager. We saw care records were in place which confirmed an initial assessment of need had been carried out and a care plan developed. These covered areas of assessed needs such as mobility, support at mealtimes, communication and social needs. These were rather basic and could have included more detail, however speaking with staff and the manager they knew the person very well and their individual needs. Staff knew the person's likes and preferences and gave examples of the activities and companionship they provided to help meet their social needs.

Care plans were subject to regular review and we saw evidence the person and their relative had been involved in these reviews with their views recorded.

Daily records of care were maintained which provided evidence of the care and support provided. We looked at these records which were appropriately completed.

A system was in place to listen, investigate and respond to complaints. No formal complaints had been received. Where minor areas for improvement had been received, we saw these had been taken seriously by the service and used to further improve the quality of care provided.

Is the service well-led?

Our findings

Some improvements were needed to documentation to provide assurance that appropriate systems were in place to identify and mitigate risk. For example care plans and risk assessments were rather basic with a lack of person centred information recorded. Medicines care plans needed more information on the exact nature of the support provided to the person on a daily basis. Policies and procedures needed updating to be more relevant to the service and its care practices and ensure recognised guidance such as National institute for Health and Care Excellence (NICE) was referenced. There also needed to evidence that staff had read and understood policies and procedures as this was not clear in induction documents.

We recommend the provider improves care documentation to make it more relevant and person centred and ensures policies and procedures are updated, based on the latest best practice guidance.

The person and relative we spoke with were happy with the service. The relative said "We have a lot of confidence in them, they make sure we have qualified and experienced staff."

A registered manager was in place. The manager had a clear vision for the service, ensuring affordable , personalised and dignified care involving people and their family members to the maximum extent possible. We saw the service was true to these values and provided the person with personalised and respectful care. Staff said they found the manager supportive and helpful. One staff member said "[manager] is there if you need him, you can always get in contact."

Some systems were in place to assess and monitor the service. Medicine records and daily records came back to the office every 2-4 weeks and were audited by the manager. The service had only been providing care to the person since January 2018, so had not yet completed spot checks on staff practice whilst working in the person's home. However they said they were going to start these shortly.

People's feedback was sought and valued. For example a questionnaire was sent to the person asking them for their views on each individual staff member that provided care and support. We saw the results were very positive. For example a comment read "[Staff member] experience, maturity and sense of humour have all been well received.[Person]particularly appreciated that [Staff member] is supportive and good company but also understand when to leave her alone."