

Temp37 Healthcare Ltd

Temp37 Healthcare

Inspection report

Unit G29
Waterfront Studios Business Centre, 1 Dock Road
London
E16 1AH

Tel: 02030867835
Website: www.temp37.com

Date of inspection visit:
20 December 2022
28 December 2022

Date of publication:
01 February 2023

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

Temp37 Healthcare Ltd is a domiciliary care agency providing personal care and support to people living in their own homes. The service is registered to support older people with dementia, people with a learning disability or autistic people and children. At the time of this inspection there was 1 person using 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:

Staff supported people to be involved in maintaining their own health and wellbeing where possible with the support from their relative. Staff communicated with people in a way that met their needs. We found that the plan was lacking specific details around a person's communication style and did not have the information and guidance recorded for staff. We have recommended the provider review people's communication care plans so that these met their needs.

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:

People's needs were appropriately assessed before they started using the service. The provider worked with people's relatives and healthcare professionals when required. Care was person-centred and promoted people's dignity, privacy and human rights. Staff understood how to protect people from poor care and abuse. Staff were appropriately trained on how to recognise and report abuse and safeguarding concerns. Care records contained risk assessments with clear guidance for staff to follow. Staff were recruited safely.

Right Culture:

A relative spoke positively about the management team and staff. People received good quality care by trained staff. Staff understood the persons needs in relation to their strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This enabled people to receive compassionate and empowering care that was tailored to their needs. Staff knew and understood people well.

Rating at last inspection

This service was registered with us on 29 August 2017 and this is their first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

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 ●

Temp37 Healthcare

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

This inspection was carried out by 1 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The provider was given 15 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 in the office to support the inspection. Inspection activity started on 20 December 2021 and ended on 28 December 2022.

What we did before the inspection

We used the information the provider sent us in the 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.

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. Due to the registered manager being on leave, we spoke with the director of care. We looked at 1 care plan and risk assessment, recruitment records, quality audits, daily records and training records.

After the inspection, we spoke with 2 staff and 1 relative. We also spoke with the person who was being supported by the service. We reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records.

Is the service safe?

Our findings

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

- The provider had systems and processes in place to safeguard people from the risk of abuse. Staff told us they received training in safeguarding, as part of their induction programme, which was kept up to date. Records confirmed this.
- People said they felt safe using the service. One relative told us, "I feel my [relative] is supported by staff to keep safe. Staff are friendly and helpful."
- Staff were knowledgeable and understood how to report safeguarding concerns and how to identify the signs and symptoms of abuse. One staff said, "The training that I have received since working for the organisation has been very helpful and has helped me become more confident in my job role."
- The director of care was clear of their responsibilities to inform the local authority and the safeguarding team of any safeguarding concerns that had been identified. The director of care told us, "From day one of staff starting with the company we ensured that staff are clear of their roles and responsibilities in regard to reporting and ensuring [people] are safe from abuse."
- At the time of the inspection the director of care informed us that there were no recorded and ongoing safeguarding concerns.

Assessing risk, safety monitoring and management

- Risk assessments were completed by the provider as part of the initial care assessment. Risk assessments covered areas such as, support with daily living tasks, and health related risks, which they contained enough information for staff to provide safe care and manage any risks.
- The provider also completed environmental risk assessments that identified risks to people living in their own homes and for staff working at the property. For example, trip hazards and risks to staff using equipment if required.
- A relative told us, that the provider involved them as part of the initial care assessment to ensure that they received the relevant information that was needed to ensure the person was safe and staff were clear how to support the person.
- Care plans were reviewed by the management team and changes were shared with staff verbally and in writing.
- Staff told us they read handover notes at the start of each shift to ensure they were up to date with any changes for the person being supported.

Staffing and recruitment

- There were enough staff deployed to meet peoples' needs. Staff told us there was enough staff to meet

people needs. One staff told us, "My manager pairs the staff member up with the skill that match the [person] needs, that we are supporting and ensures that the right number of staff is in place. We are also given any additional training if needed."

- A relative told us that there were enough staff to support their [relative]. Comments included, "Yes, there are the right staff that supports my [relative] also they are always on time."
- Staff had been recruited safely. Records showed that the provider carried out robust checks on all staff before they began working at the service. These included employment references, proof of identification and right to work the UK. Disclosure and Barring Service (DBS) checks were carried out. A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.

Using medicines safely

- At the time of inspection, the person using the service was supported by their family with their medicines. The director of care told us that should this change, the staff would receive training to administer medicines to people if required.
- The provider had a medicines policy in place and staff were assessed and trained before they administered medicines to people.

Preventing and controlling infection

- There were effective systems in place for the prevention and control of infection. People were protected from the risk of infection.
- We were assured that the provider was using personal protective equipment(PPE) effectively and safely. Staff told us, they had enough supplies of PPE and stocks were maintained. The director of care told us that the management team carried out spot checks to ensure that staff were compliant.
- We were assured that the provider's infection prevention and control policy was up to date
- All Staff were trained in infection prevention and control, including the correct use of PPE. Training records reviewed confirmed this. One staff told us, "I know how to properly use and dispose of PPEs and I have access to the infection prevention and control policy. I know how to wash my hands regularly including before and after each task. I wear gloves, apron and masks at work, and I clean doorknobs/handles, surfaces before and after use.

Learning lessons when things go wrong

- There were systems in place for recording accidents and incidents. Staff knew what to do if someone had an accident. For an example 1 staff told us, "I would ensure the [person] received any medical supported if needed by calling their GP or emergency services. Also, so I would complete an incident form and send to my manager."
- The provider had processes in place for reviewing and learning from things that went wrong within the services. For example, the director of care told use, "We review all accident or incidents we receive, this also includes complaints. After they have been reviewed, we would identify if an investigation was required and notify the relevant people, such as the local authority. After this was completed, we would put actions in place, to help prevent the concern happening again, and meet with all staff to discuss the concern and learning."
- Staff confirmed they received regular updates and meetings with the registered manager to discuss any changes to the persons care and updates to policy. Also 1 staff told us, "When we meet this gives us a chance to share our views and give any suggestions of new ways or working."
- The provider had policies and procedures in place to guide staff on what actions were required when things went wrong.

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.

- The provider had effective systems to assess people's needs and deliver care accordingly. Assessments included physical and mental health support needs. As well as how the person would like their care given.
- Care plans contained enough information for staff to know about people's individual choices, wishes and daily routines. Care plans had details about the person's life, history and family involvement. Assessments included people's cultural and spiritual needs.
- A relative told us they were involved with the assessments of needs process. They said, "I am fully involved with my [relative's] support needs and the assessment that was completed by the service and continue to work with staff to ensure that the right support is in place."
- The person was allocated a staff team of their own to ensure they received consistent care and the person's routine was followed.
- All staff had a good knowledge of people's individual preferences and choices. One staff said, "It is very important to carry out tasks slowly and in the way the [person] likes to be supported and in their time not the staff's time, by supporting in this way the [person] will accept my support."

Staff support: induction, training, skills and experience

- Care staff had received training and had the knowledge and skills they needed to safely provide care and support to people. For example, all newly recruited staff completed an induction programme and shadowed an experience staff member who knew the person well.
- Staff told us they had received training that covered all areas of their job role and refresher training was also given to ensure their knowledge was kept up to date. One staff said, "We receive mandatory training like health and safety, handling and lifting, we also have regular supervisions with manager as well as having yearly appraisals."
- Training records showed that staff received training in risk assessments, health and safety, medicines, first aid, food safety and infection control.

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

- People's needs assessment covered the areas of nutrition and risks related to eating and drinking support needs. The director of care told us where required staff were trained to support people with eating and drinking appropriately.
- Care plans have clear guidance and information on how staff are to support people with eating and drinking safely. Staff was aware on how to seek professional advice from speech and language if required for further guidance.

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 decisions 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 Mental capacity assessments (MCA).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA framework. The service also had up-to-date MCA policies for staff to follow
- A relative told us, consent was always sought by staff and if staff did not ask their relative before support was given, they would refuse staff help.

People's consent to care and treatment was obtained, during the initial needs assessment and were recorded in care records.

- Staff were able to describe the process they would follow if a person didn't have capacity to make decisions. For example, one staff said, "I have received mental capacity training, which taught me the process that needs to be followed, if it was identified that someone who is receiving support was not able to make a decision by themselves."

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

- Staff developed and built a good relationship with people using the service. A relative told us, "Staff treating my [relative] with respect. It takes time for my [relative] to let new people to support them, staff have to be patient which they are."
- Staff knew people they supported well, they knew their preferences and routines and offered choice. One staff told us about a person they supported, "I have got to know when the [person] is unhappy about something, this is by observing the [persons] body language and facial expressions. Also, the [person] will tell me to go away when they need time by themselves."
- The provider had given all staff equality and diversity training. This supported staff to understand how to support people with their spiritual and cultural needs and understand wider issues around treating people equally and valuing differences. For example, staff spoke about people's choices and preferences around relationships.

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

- The provider had a system in place to involve people in their care and seek their views. The director of care told us, "We send out feedback questionnaires and we call [people] and their relatives, which gives people the opportunity to tell us how we are performing as a provider. This also helps us to develop as an organisation."
- People's daily routines such as, what time they like to get up or go to bed and how they would like to be supported with their meals, were documented in their care plan along with their likes and dislikes.
- Staff had a good understanding of people's individual needs and preferences and understood the different ways they communicated with staff. One staff told us, "We work closely with the [person's] family as they help support the [person] with making decisions."
- The director of care told us, "As part of staff induction we embed the importance of listening to people's choices and how the [person] wants their care delivered. We also capture this information at the assessment stage, which is shared with all staff."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Care plans gave specific instructions for staff to maintain people's dignity and encouraged them to be as independent as possible.
- A relative told us that they felt all staff were respectful to their relative. Comments included, "I have no concerns with the way that staff support my [relative] with their care needs. If my [relative] was not happy

with the staff they would make it clear to the staff and to me."

- Staff were clear how to promote people's privacy and dignity and to maintain people's independence. One staff told us, " I ask the [person] for their consent to close the door whenever I support them with their personal care, also I only support in the areas that the [person] needs my help with as it's important to maintain people's independence."
- People's personal data was kept secure and the registered manager understood the importance of keeping documents and care records secure to ensure people's confidentiality was maintained.

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

- The service provided a personalised care package that met people's preferences and choices on how they wanted to live their life. The provider implemented person-centred care plans with the involvement from the person and their relatives.
- A relative told us, "The staff have to work in the way that works for my [relative] or they will withdraw from the staff. Flexibility is key."
- Staff demonstrated that they knew people well. One staff member told us, "I like working with the [person] that I support, as I have learnt so much from them and the family."

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.

- The provider had systems in place to assess people's communication support needs. People's communication needs were assessed at the initial needs assessment and recorded in their care plans of the support that was needed. The director of care told us information can be written in different formats if required, this included large print and pictorial.
- Care plans had information on how staff needed to communicate with people they supported, however, we found that the plan for one person was lacking specific details around the person's communication style and did not consider body language or communication aids.

We recommend the provider review and implement the Accessible Information Standard, so people's communication needs are appropriately assessed, and an appropriate care plan made readily available to staff supporting the person.

- The provider was clear how to access support from other professionals if required, such as the speech and language therapist, to support people with their communication care needs.

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

- The person who used the service lived with their family, therefore their social and recreational needs were met by them.

End of life care and support

- The provider was not supporting any person with end of life care at the time of inspection.
- The provider had an end of life care policy which gave guidance to staff about how to provide this type of care sensitively.
- Staff told us they felt confident in delivering end of life care if a person were to need this support. Staff said, "I have in the past given support to a [person] who needed this support, and I am confident in delivering 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 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

- There was a positive person-centred culture at the service, where staff respected people and each other within the staff team. The director of care told us, "The management team worked directly with staff and led by example."
- Staff told us the culture was open and honest with good teamwork. One staff member said, "The management team are very welcoming to new staff, as I have always felt a part of the team and listen too from day 1 of working at the service."

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 provider understood how to inform CQC of significant events including incidents. The director of care said "As a provider we have a duty to report significant events to CQC in line with our legal responsibilities. Also, we have an open-door policy, which means where we have identified that something has gone wrong, we will inform the key people and apologise as well as ensuring positive actions are being implemented to prevent any re-occurrence."
- A relative told us they were kept informed by the provider and had confidence in the leadership of the service. One relative said, "The staff always talks to me about any concerns they may have in regard to the support they give to my [relative]."

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

- There was a positive culture of improving the service to ensure that people's quality of life outcomes were achieved. The director of care and staff were clear of their roles and responsibilities and how risks were managed. For example, the director of care said, "We ensure all staff have training in positive behaviour support, which helps to ensure that staff are supporting [people] appropriately with their anxieties. This training also gives staff confidence on managing behaviour incidents and risks."
- There was a clear structure of governance, staff knew what their roles were and where to go if they needed support to perform their role effectively. A member of staff told us, "If I need any support or advice I can go the manager who will go over my concerns and question. I never feel silly about asking a question."
- The provider had undertaken regular audits. These included care plans, risk assessments, infection prevention and control and training. Where issues were identified, the service had an action plan to help improve things that were identified as part of the audit.

- The provider held regular meetings with staff to update them with any changes to people's support needs and guidance. Also, this gave an opportunity to discuss, policies and procedures that may have been reviewed, as well as giving staff the opportunity to feed back.
- A member of staff told us, "Meetings are also used for management to feedback to staff on any learning from incidents and what changes and practices. Also, to discuss any development opportunities within the company."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in the running of the service. The provider regularly asked for feedback on the service they provided from people and their relatives.
- The provider was aware on the importance of working effectively with others such as commissioners, safeguarding teams and health and social care professionals.
- Staff knew the importance of working in partnership with external professionals such as the GP, mental health team, and pharmacies. A member of staff told us, "I support the person to collect their [medicines] from the pharmacy. I would also work with the [person's] family to support with any medical appointments if needed."
- Care plans showed that joint partnership working was taking place to review people's health.