

Tendercare Home Limited

Tendercare Home Ltd

Inspection report

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West Midlands
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16 September 2021
30 September 2021

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Tendercare Care home is a residential care home providing personal care and accommodation for up to 43 people some of whom may live with dementia. The service was supporting 27 people at the time of the inspection.

People's experience of using this service and what we found

Improvements had been made to the service and systems were in place to ensure people were supported safely and protected from the risk of harm. People were supported by skilled and competent staff and received their medicines when they needed them. Systems were in place to reduce the risk of infection, and to review any incident and accidents to see if there were any lessons to learn from these.

There has been a change of management since our last inspection and action has been taken to drive improvements to the service provided to people. The registered manager was described as approachable, supportive, open and transparent in the way they managed the service.

People, relatives and staff have been consulted about the service and their feedback was gathered. Improvements have been made to the systems in place to monitor the delivery of the service and to address any shortfalls. Although improvements have been made these now needed to be sustained to ensure standards of care were maintained.

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)

The last rating for this service was inadequate (Report published 16 February 2021) and there were breaches of regulations identified. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in special measures since February 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an unannounced inspection of this service in November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safe care and treatment and governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well led which contain those requirements.

The ratings from the previous comprehensive inspection undertaken in March 2020 for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Tendercare Home Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Tendercare is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 September and ended on 30 September 2021 when feedback was provided. We visited the service on 16 September 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the

provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We also spoke with four care staff, a domestic, assistant deputy manager, registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the provider and two visiting healthcare professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of documents and records including the care records for five people, two medicine records, three staff recruitment files and training records. We also looked at records that related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not ensured systems and processes were in place to protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe when being supported by staff. One person told us, "The staff are kind and treat me well, they are patient." A relative said, "I have no concerns about [person] care. I know if they were treated badly [person] would tell me and we would act."
- Staff told us they had completed refresher training and felt confident to raise any concerns either internally to the registered manager and provider or externally to the local authority or CQC. A staff member told us, "Things have changed here, for the better. I would raise any concerns I had, and I feel confident I would be listened to and action would be taken."
- The training matrix provided to us showed all staff had completed safeguarding training since our last inspection. Records of competency checks were also provided to demonstrate how staff knowledge and practices were monitored. This was to ensure staff knew the procedures to follow and supported people protecting their human rights.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People told us staff supported them safely. One person said, "The staff know me well and they know how to ensure I am safe as they walk with me, so I don't fall. They are very good like that. They are gentle when they help me to wash as well."

- Staff told us they had completed moving and handling training and felt confident they had the skills to support people safely. A staff member said, "Things have improved since the last time and I have received the required training for my role, so I know how to support people safely. I would raise any concerns about poor practices to management and I am confident these would be dealt with."
- Discussions with staff demonstrated their knowledge of people's needs including any risks they needed to be aware of.
- Improvements had been made and people's care records we reviewed contained sufficient information to enable staff to provide the required support to mitigate the identified risks. For example, where someone was at risk of sore skin, the care plan advised staff on the frequency the person should be supported for pressure relief.
- Feedback from visiting healthcare professionals demonstrated staff followed any recommendations made to support people's needs. A healthcare professional told us, "Things have improved here, the staff work well with us and listen to our recommendations. If they have concerns about people, they call us, and we work together to develop a plan."
- We reviewed the medicines for two people. The electronic records confirmed medication had been administered as prescribed. Improvements had been made and when we counted the balance of medicines in stock these were accurate with what medicines had been administered and signed for.
- We found improvements had been made with the management of transdermal patches which were applied to people's skin. Records were now in place to indicate where these patches had been applied. This ensured manufacturer's instructions were complied with and the patches were applied to different parts of a person's skin.
- We checked the storage and balance of controlled drugs at the home and these were accurate. However, we did note a recording error within the controlled drugs register which was corrected at the time of our inspection visit.

Staffing and recruitment

At our last inspection the provider failed to ensure people were supported by skilled and competent staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and relatives, we spoke with told us staff had the required skills to meet their needs. One person told us, "The staff know what they are doing, and I think they have had the necessary training". A relative said, "I think the staff do a good job and I presume they have been trained."
- Staff told us, and records confirmed newly employed staff had received the training they needed to support people safely. A staff member said, "I have completed all the required training for my role, and I feel confident I can meet people's needs. If there was anything, I was unsure of I would ask, and I know I would be supported with this."
- The registered manager was able to provide us with records which demonstrated how staff knowledge and skills were assessed and monitored. This included observations of their practice and discussions with staff to check their knowledge.
- People we spoke with told us there was enough staff to support them when needed. One person said, "Yes the staff come when I need to go to the toilet or to do something, but they do seem busy and it would be nice if they had more time to sit and chat. It's the little things that matter as well."
- Staff told us there was enough staff on duty to meet people's needs. A staff member said, "There is enough

staff on duty to care for everyone, it can be busy at times and we do try and fit in activities where we can."

- A dependency tool was in place which the registered manager told us was regularly reviewed, based on the changing needs of people.
- We reviewed the recruitment files for three staff members. Most of the required recruitment checks had been completed before the staff members commenced working in the service. This included a Disclosure and Barring check (DBS), which ensured potential staff were suitable to work with vulnerable people. We found there were gaps in the employment history that had not been fully explored and recorded for two staff members. The nominated individual and provider advised us this would be addressed, and the information would be updated. This was confirmed following our inspection.

Learning lessons when things go wrong

- We reviewed the systems in place to monitor incidents and accidents in the home. These were analysed on a monthly basis and action recorded where needed, of how risks to people were to be mitigated. Improvements had been made since our last inspection and the records showed incidents were analysed for patterns and trends.
- Since our last inspection the provider completed an action plan and work had been ongoing to address all the shortfalls, which were used to drive improvements in the service.

Preventing and controlling infection

- We were somewhat assured the provider was meeting shielding and social distancing rules. We observed people did not always socially distance at mealtimes. This was discussed with the registered manager and provider about making good use of the space they had during mealtimes.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant although improvements have been made to the service management and leadership, these needed to be sustained and embedded to ensure high- quality and person-centred care is provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider failed to have effective systems in place to monitor and maintain oversight of the service provided to people. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection a new registered manager has been appointed who has provided leadership and direction to the staff team, to drive improvements in the service.
- We discussed with the registered manager and provider further improvements were required with the audit undertaken for recruitment files to ensure all required information had been obtained such as gaps in employment.
- Improvements had been made to ensure systems and processes were in place to maintain oversight of the service and ensure incidents were reported to the appropriate authorities.
- Systems have been put in place to ensure known risks to people were mitigated and action taken to monitor the care provided to people.
- Improvements had been made to the effectiveness of the audits completed. For example, medicines audits were now completed weekly and monthly. When shortfalls were identified actions were recorded and followed up to ensure improvements were made. Audits were in place to cover a variety of areas, including, health and safety, infection control, and care plans.
- Audits were completed by the registered manager, nominated individual and provider to ensure oversight of the service provided to people was maintained at all levels.
- We reviewed the fire risk assessment which had been completed by an external company and was dated March 2019. The registered manager confirmed all the recommendations had been addressed. The provider told us the annual review had been delayed due to COVID-19 and the fire risk assessment was due to be reviewed in October 2021.
- Relatives we spoke with felt the service was being managed in people's best interests. A relative said, "Everyone seems much happier in the service, and we can see how the new manager is making lots of

changes for the better. The manager is approachable, nice and helpful. We are happy."

- Staff told us they felt confident to raise any concerns with the management team. A staff member said, "Things are so much better; the manager is brilliant and so supportive they have changed things for the better and the morale is good now. I feel able to share any concerns with the manager or the provider if I needed to and I know I can go to external agencies if I don't feel supported or listened to."
- The provider was aware of their legal responsibilities to report any notifiable incidents promptly to CQC. We also saw the rating from the last inspection was displayed as required.

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

- The care records were electronic and those reviewed did not show how people were consulted and involved in the development of their care plan. We also noted for some people information about their life history was brief. This was discussed with the registered manager who advised action would be taken to address this as part of the ongoing improvements.
- People told us they were consulted about the care provided and they confirmed staff met their needs. One person said, "There has been many changes here, both with the staff and the manager. Things are better. The manager is lovely and always comes and says hello. The staff are kind and caring. I am happy here. The staff ask me what help I need, and they give it."
- Systems were in place to gain feedback from people and relatives. We saw records of the meetings that had been held with people to discuss the service provided, including, COVID-19 restrictions, and to enable people to raise any concerns.
- The registered manager told us surveys would be sent out to relatives in the next few weeks in order to gain formal feedback. A relative told us, "The manager is always asking for feedback every time we visit."
- Relatives we spoke with told us staff have kept them involved and updated about their loved one's well-being. A relative told us, "The communication has been good, and we have been fully briefed on everything." Another relative said, "I am totally satisfied with the care provided. Our [relative] always looks well when we visit. The new manager is first class and always makes themselves available. The staff are committed, and the garden looks great after all the work that has been done."
- Staff we spoke with confirmed systems were in place to ensure they were involved and kept updated, such as, handovers, and staff briefings. A staff member told us, "The atmosphere has changed and is more positive now. It is a pleasure to come to work. The manager is a role model, so caring and approachable. They go above and beyond for people and is supportive to staff." Another staff member said, "I feel valued here and supported by management and my team. Things have much improved."
- The registered manager has introduced a manager's recognition award which is presented to a staff member each month. We saw pictures of previous presentations and gifts given to staff who were recognised for their work.

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 registered manager understood their responsibilities in relation to the duty of candour regulation. Where incidents had occurred, the management team had informed the appropriate external professionals and people's loved ones.

Working in partnership with others

- The management team worked in partnership with many agencies including the local authority to drive improvement in the home and to ensure people's needs were met.
- A visiting healthcare professional told us, "The manager and staff are proactive and work well with us. Things are much better here, and people appear to be getting the care they deserve."

- The management team has worked with all partner agencies including the local Public Health England office to ensure feedback and recommendations in relation to preventing and managing COVID-19 outbreaks had been implemented in a timely manner.