

Telopea Managed Services Limited

Telopea MSL

Inspection report

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Ratings

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

Overall summary

The inspection was announced and took place on 15 April 2015

Telopea MSL provides personal and nursing care to people in their own homes. At the time of our inspection eight people were receiving support from the service.

The service has a registered manager in post. 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.

People were kept safe from avoidable harm and abuse and were looked after by staff who had been provided with safeguarding training. There were risk management

Summary of findings

plans in place to protect and promote people's safety. Where risks had been identified the action plans that had been put in place to guide staff to minimise the risks required more detailed information.

There were sufficient numbers of staff available to keep people safe and to meet their assessed needs. Safe recruitment practices were being followed. There was a system in place to ensure that people received their medicines at the appropriate times by staff who had been trained in the safe handling of medicines.

People were supported by staff who had the knowledge and skills to carry out their roles and responsibilities. People's consent to their care and support was sought in line with current guidance. When required staff supported people to eat and drink and to access healthcare facilities.

Positive relationships had been developed between people and staff. People were able to make decisions about their care and support needs and staff ensured people's privacy and dignity were respected and promoted.

People received care that was appropriate to meet their assessed needs. Information on how to raise complaints or concerns were available to people.

There was a culture at the service which demonstrated openness and leadership skills. The quality assurance system in place was used to obtain feedback and monitor performance.

Summary of findings

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 not always safe

Staff had been provided with safeguarding training to protect people from abuse and avoidable harm.

The risk management plans in place to protect and promote people's safety did not provide detailed guidance.

The staffing numbers available were suitable to keep people safe and to meet their needs.

The systems in place to manage people's medicines were appropriate.

Requires Improvement



Is the service effective?

The service was effective

People were cared for by staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff ensured people's consent was sought before assisting them with care and support.

People were supported to eat and drink and to maintain a balanced diet.

When required staff supported people to access healthcare services and to maintain good health.

Good



Is the service caring?

The service was caring

Staff developed positive and caring relationships with people.

People were able to express their views and to be involved in making decisions in relation to their care and support needs.

Staff ensured people's privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive

People received care that was appropriate to meet their assessed needs.

People were provided with information on how to raise a complaint or concern.

Good



Is the service well-led?

The service was well-led

There was a positive and open culture at the service.

Good



Summary of findings

The leadership at the service was visible, which inspired staff to deliver a quality service.

There was a quality assurance system at the service.

Telopea MSL

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 of Telopea MSL took place on 15 April 2015 and was announced. We gave the manager 48 hours notice to ensure they were available and we could access the required documents.

The inspection team consisted of two inspectors

Before the inspection we reviewed all the information held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection we spoke with three people who used the service and two relatives over the telephone. We spoke with two support workers, one field supervisor, one administrator and the registered manager. We reviewed the care records of five people who used the service, three staff recruitment files and other records relating to the management of the service.

Is the service safe?

Our findings

There were risk management plans in place to protect and promote people's safety. The registered manager told us before care was provided to people, assessments were undertaken to assess any potential risk to the individual and to the staff supporting them. We were also told if staff identified deterioration in a person's ability to weight bear or the hoist was no longer suitable, changes would be made to the person's risk assessment to minimise the risk of harm. We saw evidence that staff identified that a person's hoist posed a risk to their safety, as it was not large enough. A referral was made to the occupational therapist and an alternative hoist was provided.

We saw that people's risk assessments had recently been reviewed to reflect changes to their identified needs. The registered manager had been pro-active to ensure that staff had been made aware of the changes to ensure people were supported safely and in line with best practice. Where risks had been identified, we found in some instances the action plans that had been put in place to guide staff to minimise the risks required more detailed information.

There were arrangements in place to ensure people were kept safe from avoidable harm and abuse. People said they felt safe when their support workers visited them and they did not experience any form of discrimination from staff. A person said, "Yes I feel very safe in my carer's hands."

Relatives confirmed their family members were safe when the support workers visited them. A relative said, "I feel quite confident leaving my family member with the support worker. They not only look out for my dad but for my mum as well."

Staff were aware of their responsibilities if they witnessed or suspected a person was at risk of harm; and had been provided with safeguarding training. A staff member said, "I would report it to the manager."

The registered manager told us that staff received updated safeguarding training bi-annually and their competencies were assessed. She said that people were given a copy of the service's safeguarding policy, which included telephone numbers of outside agencies they may wish to contact if they did not feel able to raise a concern with the service. The manager said, "I am fully aware that I do not

investigate safeguarding concerns. I would make referrals to the local safeguarding team and would always seek their advice." We saw evidence of staff training and the outcome of staff competency assessments.

There were plans for responding to emergencies or untoward events. The registered manager told us that people had been provided with information on how to contact the service in an emergency situation. The emergency number was accessible twenty four hours a day. We saw evidence that people had been provided with the emergency telephone number and there was an emergency protocol in place for staff to follow when assisting people with palliative care.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us that there were appropriate numbers of staff employed to meet their needs. One person said, "The staff always turn up on time." Another person commented, "They are flexible. I had a situation where my care worker was just about to leave but had to stay with me as I needed extra support. It made them late but they didn't leave until they were sure I was safe and comfortable."

Staff told us that decisions about staffing levels were based on people's needs and dependency levels. Each staff member were allocated a certain number of people to care for. This meant that staff provided support specifically to those people to ensure consistency with staffing. One support worker said, "We always stay our allocated time. If we finish our work early we will stay and have a chat until it is time to leave." Another support worker commented that they had time for travelling included in their rota so they were rarely late. They said, "I don't feel rushed off my feet. I have the time to do the job properly."

There were arrangements in place to ensure safe recruitment practices were followed. Staff told us that they had been through a robust recruitment process before they started work at the service. A staff member was able to describe the service's recruitment process. They said, "We never let anyone commence work until all the checks have been received by us. It's important to get the right people." In the recruitment files we looked at we found that satisfactory Disclosure and Barring Service (DBS) certificates and two references had been obtained, as well as proof of identity.

Is the service safe?

There were systems in place to ensure that people's medicines were managed safely. People told us that staff administered their medicines at the correct times. One person said, "My carer gives me my medicines on time."

Staff told us that people's medicines were dispensed in dosette boxes and it was down to individuals or their relatives to re-order their medicines from the pharmacy as and when required. Staff said they were not allowed to administer medicines to people unless they had been

prescribed by their GP. The registered manager confirmed this. She also said that staff had been provided with medication training and their competencies in the safe handling of medicines were regularly assessed. The training records seen confirmed this. We looked at the Medication Administration Record (MAR) sheets for three people who used the service. We found that they had been fully completed.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. People told us that support workers had the right skills and knowledge to care for them appropriately. One person said, "My carer knows me and what I need. I can put myself in their hands and feel comfortable they know what they are doing." Another person told us, "My carer is a miracle. She comes here and does the lot." Relatives were also positive about staff's skills, knowledge and experience. One relative commented, "The staff are first class. My [relative] is very well looked after."

Staff told us they had received a variety of training including safeguarding, moving and handling and health and safety. One staff member said, "The training is good and provides a solid foundation to do the job." Another care worker commented, "It's good that the service is willing to invest time and effort into staff training. It's the best company I've worked for."

In addition we saw copies of training certificates in staff files, along with copies of competency tests which were completed during training sessions to demonstrate staff understanding. Training records seen confirmed that staff were up to date with essential training; and that induction training had been completed by new staff. We saw evidence which confirmed that nurses had completed clinical competency assessments in relation to taking bloods and the management of intravenous infusions and flushes.

There was a system in place to ensure that people were cared for by staff who were compatible with them. People told us they were supported by staff who understood their needs and were compatible with them. A person said, "I get the same carer. She understands me and does whatever you ask her to do." A relative said, "We get the same carers both in the week and at week-ends who understand my family member's needs. They are very reliable and always turn up on the dot."

The registered manager said when a new care package was received compatibility with the individual needs and the service needs were looked at. For example, the service would ensure there were enough staff available to deliver care consistently; and staff were aware of the person's

preferences, ethnic and religious needs. Requests from people to be matched with staff from the same ethnic background were always acted on providing the personnel were available.

There were arrangements in place to ensure that staff were provided with the appropriate support and induction training to undertake their responsibilities. Staff said they were required to complete an induction programme and not allowed to work alone until assessed as competent in practice. They told us that supervision sessions were carried out on a regular basis and that they felt supported through a programme of supervisions and appraisals.

The registered manager told us that a senior member of staff visited people in their homes and carried out observations of staff's practice whilst assisting people with their care to ensure that they were delivering care in line with the person's care plan. She said, "Spot checks are used to provide feedback to staff and highlight areas of positive performance, as well as areas for improvement." We saw records were maintained of staff supervision sessions and these included spot checks undertaken.

People's consent to provide care and support was sought. People said that staff sought their permission before assisting them with support. A person said, "The carer always seeks my permission and explain what they are going do."

Staff said that they sought people's permission before providing assistance. A staff member said, "I always ask before I do anything. I would never dream of not asking for permission first."

The registered manager said, "People sign the care plan as a form of an agreement to be supported." She demonstrated a good understanding of the Mental Capacity Act 2005 and how it worked in practice. She said, "I am in the process of arranging training for staff on the Mental Capacity Act." We found that staff knowledge on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards [DoLS] varied. There was no one using the service at the time of our inspection being deprived of their liberty unlawfully.

People were supported by staff to eat and drink and to maintain a balanced diet. People told us that staff supported them to prepare snacks and meals of their choice.

Is the service effective?

Staff told us that people had frozen meals which required heating up in the microwave or oven. A support worker said, "I provide people with microwave meals of their choice. I will always leave drinks and biscuits for people and make sure they are within their reach. If a person suffers with diabetes I will always leave them fruit."

The registered manager said people had access to dietary and nutritional specialist support via their GP. She said that staff had been trained by a nutritionist nurse to support people who required feeding via a Percutaneous

Endoscopic Gastrostomy [PEG] tube. This is a tube passed into a person's stomach through the abdominal wall to provide a means of feeding when they cannot maintain adequate nutrition with oral intake.

People had access to healthcare services to maintain good health. People said they made their own healthcare appointments or family members supported them to do so.

The registered manager said that at the time of our inspection the service was supporting a person with regular hospital appointments. We saw evidence of this in the person's support plan.

Is the service caring?

Our findings

Staff developed positive and caring relationships with people who described staff as kind, patient, understanding and reliable. A relative said, “I can’t fault them. They listen to us and do as we ask. It’s what suits us best, not what suits the staff.”

Staff said that people’s support plans took account of their individual needs and preferences. A staff member was able to provide us with a detailed account of how they ensured that a person’s preferences and cultural needs were being met. This demonstrated that care was delivered in a person centred and sensitive manner.

The registered manager told us that positive relationships had been developed between people and staff. This was because people received care from a staff team that was consistent. She said, “My staff are trained to treat people with sensitivity and as individuals in their own rights regardless of their disability or cultural background.”

People were supported to express their views and to be involved in making decisions about their care and support. People said they were involved in planning their care. One person said, “I tell them what I want and how I like things to be done.” A second person commented, “I know what I need and my wishes are carried out.”

The registered manager told us that she kept in touch with people and their relatives via the telephone and e-mails to make sure they were happy with the service they were receiving. The support plans we looked at contained information on people’s decisions and how they wished to be supported by staff.

There was no one using the services of an advocate at the time of our inspection. The registered manager said people’s relatives advocated on their behalf. She said, “If a person requires the services of an advocate I would support them to access one.”

People’s privacy and dignity were respected and promoted and they were encouraged to maintain their independence. A person said, “My carer treats me with dignity and respect. They make sure I am not exposed when having a bath.” A further person commented, “My carer respects me and helps me to maintain my independence. She does all the little things that I can’t do for myself.”

Relatives said that the support workers maintained their family members’ privacy by ensuring curtains and doors were closed when assisting them with personal care. A relative said, “The carer respects my family member and treats him with the utmost dignity.”

Staff said when assisting people with personal care they ensured that they were not exposed. A staff member said, “If I put someone on the commode I leave the room and make sure they are not exposed.” Staff told us where people wished to maintain their independence this was encouraged. For example, a staff member said, “I always ask people if they wish to wash their hands and face.” The registered manager told us that staff were provided with training on how to promote people’s privacy and dignity and their practices were regularly observed to make sure they were promoting people’s privacy and dignity.

Is the service responsive?

Our findings

People received personal care that was appropriate to their needs. People said the care they received met their individual needs. A person commented, “I give the care I receive from my carer 10 out of 10.”

Relatives said they had been involved in planning their family members’ care and that the support plans reflected how they would like to be supported. A relative said, “The manager visited us and we told them what support we needed. We have been very fortunate to get the right care and support when we need it.” A second relative commented, “I have had to reorganise my family member’s care and the staff agreed to come in early so that I could go to work.”

Staff were knowledgeable about the people they supported. They told us that people were able to say how they wished to be supported. A staff member said, “People tell me what they need and I do it. I always follow the care plan.” We saw evidence in the support plans we looked at that people’s needs had been assessed prior to them receiving a service. The plans were written in a personalised manner and outlined how the assessed needs were to be met. They included information on people’s personal histories, preferences and strengths.

There were arrangements in place for people to have their individual needs regularly assessed, recorded and reviewed. People told us that their care needs were reviewed on a regular basis and they were regularly contacted by the office staff to discuss if there were changes to their needs.

The registered manager told us that staff provided feedback if people’s care needs changed and this would prompt a review of the support plan. She said, “Whenever the staff tell me that there is a change in a person’s condition I go out and reassess them.” We saw evidence that reviews had taken place and where people’s needs had changed the support plan had been amended to reflect the new changes.

People were encouraged to raise concerns and complaints. People said that they were aware of the service’s formal complaints procedure and would feel comfortable to use it. A person said, “Yes, I know how to make a complaint but I want to make it perfectly clear I have no concerns about the service, especially about my carer.”

Relatives said that they knew how to make a complaint and felt confident to raise one if the need arose. A relative said, “I have never had to make a complaint. If I did I am confident it would be sorted out the same day if possible.”

The registered manager told us that she encouraged people to complain and saw complaints as an opportunity to improve on the quality of the care provided. She said a copy of the service’s complaints procedure was included in the information pack that was given to people.

We saw the service had received four complaints since the beginning of the year. These had been responded to in line with the provider’s procedure. There was an audit trail of the outcome of complaints investigated and action plans had been put in place to minimise the risk of occurrence.

We found that the complaints procedure did not make people aware of their rights if they were not happy with how the provider investigated their complaint.

Is the service well-led?

Our findings

The service promoted a culture that was open, inclusive and empowering. People said the registered manager was approachable and they were regularly contacted by the registered manager and asked for their views on the service provision.

Staff told us they worked closely with the registered manager and that she was open and transparent. They said they were encouraged to express their views and opinions to improve on the care provided. A staff member said, “I feel supported by the manager she is approachable.”

Staff were actively involved in developing the service. The registered manager said that she encouraged fairness and transparency and staff views were regularly sought. For example, regular staff meetings were held and staff were encouraged to contribute and to question practice issues. The registered manager said, “If we have a problem we learn from it and deal with it.” We saw minutes of staff meetings held.

We found that the whistleblowing process was outlined in the staff hand book; and it was regularly discussed at staff meetings along with the service’s vision and values.

The day to day culture of the service was kept under regular review. For example, staff told us that the service’s values and staff attitudes were regularly discussed at staff meetings and during one to one supervision. A staff member said, “We are expected to act in a professional manner at all times and we have spot checks to make sure we are doing so. We help each other out and work as a team.” A second staff member commented, “There is good communication and team work.”

The leadership and management at the service were visible at all levels. Staff told us they felt supported by the field supervisor and the registered manager who worked closely with them to provide a quality service. Staff said the registered manager made them feel relaxed and were accessible out of hours to provide advice and support. They all said that the management team was committed to ensure that people received a quality service. When mistakes occurred these were discussed in a transparent manner at staff meetings and measures put in place to minimise the risk of any further recurrence.

There was a registered manager at the service. People said that the registered manager and the management team was cooperative and contacted them on a regular basis to find out if they were happy with the care provided. A person said, “They phone regularly to see if we are okay and happy with the care.” We saw evidence of telephone monitoring calls undertaken.

The provider was meeting their registration requirements for example, statutory notifications were submitted by the provider. This is information relating to events at the service that the provider was required to inform us about by law.

There were quality assurance systems in place. The registered manager told us that the service had a system of audits, and reviews which were used to good effect such as, obtaining feedback and monitoring performance. We saw evidence that regular audits relating to people’s medicines, staff practice and care records were carried out.