



# Inspection Report on

**Tender Loving Care Limited**

**2 Narrow Lane  
Llandudno Junction  
LL31 9BB**

## **Date Inspection Completed**

24/10/2019

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## **Description of the service**

Tender Loving Care provides domiciliary support. The service's registered office is based in Llandudno Junction. The service provides care and support to adults aged 18 years and over with physical disabilities, sensory loss/impairment and dementia who live within the North Wales partnership area.

The service is owned by Tender Loving Care Limited, the nominated responsible individual (RI) is Helen Darling. There is a manager in place to oversee the daily operation of the service who is suitably qualified and registered with the work force regulator, Social Care Wales (SCW).

## **Summary of our findings**

### **1. Overall assessment**

People who receive a domiciliary support service from Tender Loving Care are happy with the service they receive. We found care workers were overall on time for care calls. People's needs and preferences were detailed within personal plans, these were kept under regular review and people are able to choose how they receive support, in the way which suits them. People benefited from positive relationships with their team of care workers, we received positive feedback from people, their relatives and representatives who were happy with the service provided. People told us they received support in line with their personal plans and which focused on their needs, which as a result positively affected their well-being. There are arrangements in place to support and develop care workers; we found care workers received the necessary training and support to provide care and support to people that helped them achieve their personal outcomes. There is a clear management structure with lines of accountability and systems in place to monitor the quality of the service provided, however these could be strengthened.

### **2. Improvements**

The service has re-registered under the new Regulation and Inspection of Social Care Wales Act 2016 (RISCA) and this was their first inspection under the new legislation.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service. These relate to:

- Personal plans and risk assessments
- Quality of Care Review and visits to the service
- Complaints and safeguarding records
- Staff contracts and working hours

## 1. Well-being

### Our findings

People are offered choice and are able to maintain control over their lives. We found people's choices and preferences in relation to how they want to receive their support was detailed within personal plans was respected and promoted by care workers. We found record keeping, assessment and care planning documents were consistent and comprehensive, however would benefit through being written in a more outcome focussed way. We received positive feedback from people about care workers and the overall service they receive, confirming they received care in line with their arranged packages of care and support. People told us their choices were listened to and upheld wherever possible. We spoke to a professional and reviewed records which demonstrated the service has measures in place to work effectively with health care professionals. We conclude people experience positive well-being because their needs are understood and catered for.

The service is underpinned by a clear management structure, with systems and processes to help monitor the service provided; however, there are areas where these require strengthening. People had access to written information about the service. The Welsh language needs of people were anticipated and the service demonstrated a commitment towards the Welsh language 'active offer'. People were safeguarded because staff received training in safeguarding and there was a safeguarding policy in place. The recording of safeguarding referrals and complaints would benefit from improvement to ensure the outcomes of safeguarding referrals and complaints are clearly recorded.

## 2. Care and Support

### Our findings

People are recognised and treated as individuals. We saw people's needs were considered prior to receiving support to ensure the service was suitable for them. Personal plans were in place which reflected people's needs, contained guidance for staff and were kept under review. Care workers stated personal plans had improved; they could be improved further through ensuring they are written in an outcome focussed way using wellbeing outcomes as guidance. Personal plans had been developed with people and/or their relatives had been consulted. We were told people received a letter to confirm they were eligible to receive a service and had a copy of their personal plan in their home file, which was confirmed by people receiving a service. Risk assessments were in place; however, risk assessments could be improved through reviewing them as soon as an incident occurs to ensure the risk assessment is still relevant to the person. The service provider has recruited a Welsh-speaking member of staff to complete initial assessments and reviews, which promotes people to receive an assessment in either English or Welsh. People told us they were supported by care workers who were familiar to them and a Welsh-speaking person stated that they were able to receive support calls through the medium of Welsh, which benefits people as it promotes confidence their needs and preferences are understood. People are at the centre of the care provided.

People get the right care and support when they need it. We were told by people, their relatives and representatives that people receive support in line with their needs, and the correct amount of staff were always present and the correct amount of time was spent during care calls. We reviewed a sample of staff rotas which evidenced this; the rota system clearly identifies the amount of time to be spent during calls, which calls require more than one care worker and which care workers are working together to support an individual. People, their relatives and representatives also confirmed that care workers usually arrive to care calls on time, and on the occasions when care workers were late, people or their relatives would receive a phone call to explain there would be a delay. Care documentation demonstrated people received support as required; we spoke with care workers who stated they did not feel rushed in supporting people. There were robust processes in place to ensure staff were made aware of any changes in people's needs in a timely manner and staff reported they were able to report any changes direct to management or office staff, and that information was acted on immediately. Care records demonstrated people had been supported to access health care professionals' advice and support with their health and well-being needs. People have access to health care interventions and are supported to remain healthy. Overall, the service is responsive to people's changing needs and takes prompt action to promote their safety. People are supported to remain well and healthy and to achieve their personal outcomes.

People are protected from abuse and neglect and know how to raise concerns. We spoke with care workers who understood their role in safeguarding people and stated they had received training in safeguarding. We saw there was a safeguarding policy in place for the

information and guidance of care staff. People received support in line with risk assessments, from two care workers when required, for instance supporting people transferring or mobilising with the aid of equipment. Care workers, care documentation and people receiving a service confirmed this. People told us they knew how to make a complaint if they needed to and were confident office staff would listen to them if they did. They told us they would feel comfortable discussing any issues with office staff or management, and have found that things have been dealt with as requested. There are mechanisms in place to ensure people receive medications as prescribed, staff are trained, and medication administration charts are monitored and audited. Overall, there are systems in place to ensure people are safe and protected from abuse. The computer system used by the service has measures to record safeguarding incidents and complaints and we saw that safeguarding records and complaints had been logged; however, we recommend that the documentation of complaints and safeguarding referrals require strengthening to ensure actions taken to resolve complaints and the outcome of any safeguarding referrals are clearly documented.

## Final unpublished report

### 3. Leadership and Management

#### Our findings

People have access to information about the service as a copy of the written guide and service's statement of purpose are kept in people's home files; these documents provide people and their relatives with information about the service and details what the service offers to people. We spoke with people who talked positively about the communication they received from office staff or care workers in relation to any changes. Overall, the care workers we spoke with felt comfortable highlighting matters to the management team and office staff. We received feedback from care workers that the employment of previous care workers as office staff had been very beneficial; they are knowledgeable of the experience of care workers and the challenges they may face providing support calls in the community. Care workers were knowledgeable of whom to contact during office hours and out-of-hours for advice, for support or to share information with management or office staff. There were arrangements in place to monitor and review the service, there is a clear management structure and responsible individual (RI) oversight in order to support the operation of the service. The RI visits the service regularly and works closely with the office and management team to oversee the service. We saw evidence that the RI visits people in their homes to obtain feedback about the service as part of quality assurance. There are arrangements in place for the responsible individual to have oversight of the service; however, the service should ensure RI visits are documented within a three monthly report and a quality of care review report is completed six monthly.

Overall, people receive care from the same group of support staff. We received feedback from people and their relatives that the care workers who supported them mostly stayed the same. The service had arranged care calls into geographical teams so on the whole the same team of care workers support people in the same geographical area, this promotes continuity of care for people. For those requiring the support of two care workers, the management of the service encourages care workers to share a vehicle. We received positive feedback from the management of the service and care workers that this worked well and received feedback from people receiving a service that care workers arrived at the same time to complete double-handed calls. Time for support calls and travel time was assigned ensuring people's care was completed in line with the agreed period for the call. We saw the computer schedules which evidenced this and spoke to care workers who confirmed that they had enough time allocated, when there was not enough time allocated or people's needs changed they were able to communicate this with office staff, who would act on this information. Call schedules were logged into by care workers in the community and monitored by office staff to ensure care workers arrived to calls on time, or when a care worker was unable to attend a call, the system enabled another care worker to be allocated the call. People can be assured they will benefit from a service where support calls are not rushed, support calls are monitored and sufficient time is allocated for calls and travel time.

People can be assured care workers have been checked that they are fit for the role prior to their employment. We saw that care workers were recruited safely with the appropriate checks having been carried out to ascertain their fitness to their role. Staff files were seen to contain references from previous employment, disclosure and barring checks, and contracts of employment. However, due to recent regulatory changes we recommended that the service provider offers care workers a choice of continuing employment under a contractual agreement following a period of three months. The management stated there had been a high turnover of staff; however had mechanisms in place to monitor this. We saw that exit interviews were offered. There are systems in place to monitor the hours worked by care workers; we saw that there was a policy in place. We requested a report of the average hours worked from our selected sample which did not highlight any concerns relating to the hours care staff work. We reviewed the working hours policy and recommended that the policy be reviewed to ensure staff working hours are not too long and risk assessments put in place for care workers who choose to work longer shift patterns. People are supported by staff who are recruited safely; however, improvements are required to the working hours policy and to ensure care workers are offered a choice of contractual agreement.

People are supported by staff who have the knowledge, skills and formal supervision to enable them to support people to achieve their outcomes. We saw evidence that care workers completed shadow shifts to enable them to get to know people and how best to support them, we spoke with care workers who confirmed this. Overall, care workers told us the quality of the induction was good and they felt well supported by the management team who were approachable. We observed the management team to speak respectfully to care workers and about people receiving a service. We were told that the office has an open door policy, care workers confirmed they would visit the office to speak to office staff, collect information and personal protective equipment. We saw a supervision and training recording system that showed staff had received supervision and mandatory training, the system would highlight when staff require supervision or an update of their training. Feedback from people using the service, their relatives and a professional confirmed care workers are confident and competent in their roles. We saw there was guidance to care workers in relation to catheter care, how to support people with distress responses, whistleblowing and moving and handling. Overall, staff we spoke with and received feedback from told us they had received sufficient training and were supported when they requested additional support. There was evidence care workers had received supervision and the service provider praised staff for their commitment to their role. We received a copy of the autumn 2019 newsletter that was sent out to staff, which kept care workers up-to-date in relation to any news or changes in the service. People receive support from a staff team that are supported and there is a system in place for management to oversee the ongoing supervision and training needs of staff.



## **4. Improvements required and recommended following this inspection**

### **4.1 Areas of non compliance from previous inspections**

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

### **4.2 Recommendations for improvement**

The following are recommended areas of improvement to promote positive outcomes for people:

- Personal plans and risk assessments: Ensure personal plans are written in an outcome focussed way using wellbeing outcomes as guidance. Ensure risk assessments are reviewed following any incidents to ensure they are continually effective.
- Quality of Care Review and visits to the service: The service provider must make provision for the quality of care and support to be reviewed as often as required but at least every six months and records of RI visits to the service to be completed at least three monthly.
- Complaints and safeguarding records: Ensure safeguarding referrals and complaint records include the outcomes of safeguarding referrals and the outcome of complaints.
- Staff contracts and working hours: Ensure staff are offered the choice of continuing to be employed under a contract of employment where the number of hours required to be worked per week are at least the average number of hours they have worked; or less than those worked, during the preceding three months. It is recommended the working hours policy is reviewed and risk assessments put in place for care workers who choose to work longer shift patterns.

## 5. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. A full inspection was undertaken in response to concerns received in relation to care and support, staffing, and leadership and management; all areas have been looked at as part of the inspection and covered within this report. We made an announced visit to the service on 30 September 2019 between 09:51 a.m. to 1:51 p.m., 24 October 2019 between 10:35 a.m. to 13:55 p.m., 30 October 2019 between 10:00 a.m. to 3:00 p.m. and 27 November 2019 between 3 p.m. and 4.30 p.m.

We used the following sources of information to formulate our report:

- We spoke with three people who receive a service and one relative;
- We spoke with five care workers;
- We spoke with one professional;
- We held discussions with the responsible individual, manager and management team;
- We looked at a wide range of records. We looked at care documentation for five people, five staff files, training and supervision records. We reviewed a number of policies and procedures. We considered the statement of purpose and compared it with the service we inspected. This document sets out the vision for the service and demonstrates how the service will promote the best possible outcomes for the people they care for.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

Type of care provided	Domiciliary Support Service
Service Provider	Tender Loving Care Limited
Responsible Individual	Helen Darling
Date of previous Care Inspectorate Wales inspection	24/10/2018
Dates of this Inspection visit(s)	30 September 2019, 24 October 2019, 30 October 2019 and 27 November 2019
Operating Language of the service	English and Welsh
Does this service provide the Welsh Language active offer?	The service provider is working towards providing the Welsh language active offer.
Additional Information:	

**Final unpublished report**

**Date Published 03/02/2020**

