

## Telopea Managed Services Limited

# Telopea MSL

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection commenced on 18 September and was announced.

Teloepa MSL is a domiciliary care agency. It provides personal and nursing care to people living in their own homes and flats in the community. It provides a service to older adults, younger disabled adults and bespoke packages to people returning to their own home following discharge from hospital.

Not everyone using Teloepa MSL receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service has a registered manager who is also the nominated individual of the provider company. 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.

At our last inspection we rated the service Good overall, however at this inspection we found some aspects of the management of the service required improving so the overall rating has changed to Requires Improvement. This is the first time the service has been rated as Requires Improvement.

Quality assurance processes were not robust and did not effectively identify concerns or evidence that action was taken to address issues.

The provider had robust recruitment processes in place however records did not evidence that processes had been consistently followed. Staffing levels were sufficient to meet the needs of people and there was an effective system to manage the rotas and schedule people's care visits.

Staff confirmed they received regular training which supported them in their roles. However, we found that training materials being used were out of date and contained inaccurate information. Staff were not consistently supported or monitored by way of spot checks and supervisions.

People told us that they felt safe and were supported by consistent, reliable staff. Staff understood their responsibilities with regards to safeguarding people. There were systems in place to safeguard people from the risk of possible harm.

People were supported to take their medicines as prescribed, where assessed as required. There were systems in place for the management of medicines. People were supported to maintain their health and well-being and accessed the services of health professionals.

People's needs had been assessed and they had been involved in planning their care and deciding in which way their care was provided. Each person had a detailed care plan which was reflective of their needs and had been reviewed at regular intervals. Risk assessments were personalised and gave guidance to staff on how individual risks to people could be minimised.

Staff were kind and caring and friendly. They provided care in a respectful manner and maintained people's dignity. Staff were knowledgeable about the people that they were supporting and provided personalised care. Staff sought people's consent before providing any care and support and involved people in decision making in relation their care.

People, their relatives and staff knew who to raise concerns to. The provider had an effective process for handling complaints and concerns. These were recorded, investigated, responded to and included actions to prevent recurrence.

People, staff and relatives spoke highly of the provider. There was an open culture and staff felt valued, motivated and were committed to providing quality care.

During our inspection we found breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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 consistently safe.

The provider had a recruitment process in place however records did not evidence that process had been consistently followed.

Arrangements were in place for the safe management of people's medicines.

There were appropriate systems in place to safeguard people from the risk of harm and staff had an understanding of these processes.

There were sufficient staff to support people and meet their needs.

People were protected by the prevention and control of infections.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff had not received regular formal support or monitoring via supervisions or spot checks.

Training delivered to staff contained out of date and inaccurate information.

People were involved in decision making in relation to their care.

People were asked to give consent to the care and support they received.

People were supported to access the services of health care professionals to meet any on-going healthcare needs and to ensure their well-being.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

People were supported by staff that were caring and kind.

Staff were aware of people's preferences and knew the people to whom they provided care.

Staff protected people's privacy and dignity and demonstrated respectful behaviour.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in the planning of their care and received a personalised service.

Detailed care plans were in place which reflected individual needs.

The provider had an effective system to manage complaints.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well-led.

The provider did not have effective arrangements in place to monitor, improve and evaluate the service provided. Audits completed were not robust and did not identify the issues found upon inspection.

People, relatives and staff spoke highly of the provider and their management of the service.

Staff told us they felt supported and valued by the provider. Staff were motivated and committed to provide quality care.

# 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.

Inspection activity started on 18 September 2018 and ended on 24 September 2018. The inspection was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people in their own homes and therefore giving the provider time to seek people's permission for us to speak with them. We also needed to be sure that senior staff would be available on the day of the visit to access the records in the office.

Inspection activity included speaking to people and their relatives, speaking to and requesting feedback from staff employed at the service and seeking feedback from the local authority and commissioners.

We visited the office location on 18 September 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was completed by one inspector.

Before the inspection, we reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us.

We spoke with three people who used the service and one relative. We also spoke with two care workers, one field care supervisor, one administrator and the provider.

We looked at six people's care records to see if they were reflective of their current needs. We reviewed four staff recruitment files, reviewed the care call scheduling and staff training records. We also looked at further records relating to the management of the service, including complaints management and quality audits, in order to review how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

The provider had recruitment procedures in place to help ensure safe recruitment of staff, however it was not clear from the records we reviewed that all relevant pre-employment checks had been completed. We reviewed four staff recruitment files and found discrepancies in the contents of three.

Recruitment checklists in each of the folders we reviewed indicated that all records were present; however, we found some records were missing. For example, in one file there were no references present for the member of staff. In another file, we found only one record of a verbal reference. In addition, we found that this member of staff had a historical criminal conviction recorded on their DBS but found no evidence of any assessment or additional checks completed by the provider in relation to the conviction or their decision to appoint them. In the third file, we found missing details in relation to the member of staff's employment history and no explanation for a five-year gap in employment.

We discussed these issues with the provider who told us that relevant checks were completed for all members of staff at the time of their appointment but agreed that the paper records did not provide the evidence of this. They went on to explain that the service held both paper and computer based records for each member of staff. During our inspection they began a full review of all records to ensure that all documentation was held in one format and that all the required evidence was present.

Systems were in place to manage people's medicines safely. The service had a current medicine policy. People received appropriate support to assist them to take their medicines safely. A review of the daily records and Medicine Administration Records (MAR), showed that staff were recording when medicines had been given or prompted.

People and their relatives told us that they felt safe receiving care and support from the service. They had no concerns about the conduct of staff or their ability to provide care safely. Comments included, "I have no safety worries at all" and "No safety problems or anything like that."

Staff knew the actions they should take if they had any concerns about people's safety. They told us they had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. One member of staff told us, "I can speak to anyone in the team about a concern. All of the people we support are vulnerable and we need to speak up for them."

Staff records confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding people was available to staff. This included guidance for staff on how to report concerns and the contact details for local agencies. The provider demonstrated a clear knowledge of their responsibilities in relation to safeguarding and the requirement to ensure that referrals were made to the local authority where required.

Care and support was planned and delivered in a way that ensured people's safety and welfare. An environmental risk assessment had been completed to help staff identify and reduce any potential risks in

the person's home. This included assessments of possible risks from the premises, access requirements, security, equipment and infection control hazards.

Personalised risk assessments were in place for each person to monitor and give guidance to staff on any specific areas where people were at risk. These included risks in relation to specific health issues and well-being, medicines, nutrition, personal care and mobility. The risk assessments provided information about the risk, the control measure in place and the action that staff should take to reduce the risk of harm. We saw that risk assessments had been reviewed and updated regularly to reflect changes in people's needs.

People and their relatives told us that staff were reliable and that they had consistent members of staff. Comments included "I'm satisfied that the staff are consistent" and "They are very reliable. On time always." No concerns were raised in relation to timekeeping or missed visits.

Staff told us that they thought there were enough team members to provide the care required. We saw that there was an effective system to manage the rotas and schedule people's care visits. The provider confirmed that staffing levels were monitored and the numbers depended on the assessed needs of each person being supported and the demands of their service. However, they did not have a call monitoring system in use and no audits were completed on the care visits. The provider told us they were "considering" implementing a system but felt they had trusted members of staff and did not need to audit care visits.

The service managed the control and prevention of infection. Staff received infection control training and told us they were provided with appropriate Personal Protective Equipment (PPE) such as disposable gloves. The provider had an up to date policy on infection control.



# Is the service effective?

## Our findings

Staff told us that they felt supported in their role but had not had the opportunity to receive formal supervision or feedback from the manager or provider. One member of staff told us, "I used to go to the office once a month but it's stopped recently." We found one record of supervision completed for a member of staff in 2018 within staff files. We found no other supervision records and a monitoring tool or matrix was not completed. The provider was not aware that staff had not received supervision. They told us that the manager completed supervisions and they would establish the reason why meetings hadn't been completed. They recognised that if supervision had not been held with members of staff, this was an area that required improvement.

The provider also had a 'carers inspection process' where they completed spot checks on care visits completed. The provider told us that spot checks were completed every three months for staff and formed part of the supervision & appraisal process. We reviewed the records held and found that only four members of staff out of fifteen had received a spot check in 2018. They were failing to follow their own process.

Staff told us that they received an induction and the training they required for their role. One member of staff told us, "The training is good. [Manager] always keeps us up to date." The provider compiled their own training packages for staff which consisted of workbooks and answer sheets. We reviewed the training materials in place and found reference to out of date and incorrect information. We found that within the manual handling workbook, a reference was made to the Disability Discrimination Act (DDA). This piece of legislation was repealed in 2010. We also found that within the training booklet for medicines it made reference to documenting a short course of prescribed antibiotics as a PRN (as required) medicine on the Medication Administration Record (MAR). This is incorrect. The provider had not identified that materials being used to train staff was inaccurate. They confirmed that they would complete a review of all training materials used.

Training records were up to date and a training plan for staff had been completed. However, as training received by staff may contain inaccurate information it was not clear if all staff were up to date with training.

The lack of supervision, spot checks and the issues identified in relation to training was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives felt that the service met their needs and that staff were effective and well trained. One person told us, "Staff are consistent and know what they are doing." Another person told us, "The carers know me, and I them. Everything gets done."

People and their relatives told us that support was provided to make their own decisions and confirmed that staff would always ask them for consent before they provided them with care or support. Comments included, "They [staff] always ask me" and "All my own choices. I decide." We saw that consent forms were present in people's care records which they or a relative had signed on their behalf to show they agreed with the care and support package provided.

People's needs in relation to food and fluids were documented in their care plan and they were supported with preparing meals by the care staff, where they needed help. A member of staff told us, "The care plans tell us the support people need, if at all. We get to know people but information is always available to us about people's needs." Records we viewed showed that staff recorded the meals that they prepared for people and, where required, they recorded the dietary intake of people for monitoring purposes.

People were supported to maintain good health because staff were able to identify health concerns and report them appropriately. One member of staff told us, "We call the GP or ambulance if needed when we find people are unwell. You get to know people and can see any change in them if they are unwell or off colour." Staff told us that they sought advice from senior staff if they had concerns over a person's well-being, called the person's GP or contacted emergency services if required. Care records showed that people had accessed the care of other health care professionals, such as the district nurse team, occupational therapists and physiotherapists. This had occurred either during their assessment process or when required in managing a person's ongoing health concern.

## Is the service caring?

### Our findings

People and their relatives spoke positively about the caring attitudes of staff. Comments included, "They are kind, caring and pleasant", "They are good the carers are" and "I'm very happy with the care from my staff."

Staff spoke positively about working at the service and the relationships that they had developed with people. One member of staff told us, "I love this job. This the best place I've worked and I have consistent calls every day to the same lovely people." Another member of staff told us, "It's all about the people and the care they need."

Staff knew the care preferences of people they supported. Staff we spoke to were able to explain the care needs of the people they visited and how they preferred to be supported. Through the care plans, and visiting people frequently, staff were aware of people's life histories and backgrounds.

People and their relatives told us that care workers were respectful and treated them with privacy and dignity. Comments included, "Absolute respect" and "I'm treated with kindness and dignity." Staff we spoke with gave examples of how they promoted privacy and dignity when supporting people. One member of staff said, "We are professional and treat people with dignity and respect. [Provider] ensures that all staff value people and are respectful."

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission, safe storage of data and the safe transporting of records.

People were asked their views and were involved in making decisions about their care and support, where possible. Records showed that people had been involved in the assessment of their care needs and deciding the care they wished to receive and had been provided with a range of information to enable them to decide if the service was right for them. Relatives also confirmed that they had been involved in developing the care plans and support package provided by the service, where appropriate.

Care plans were individualised to meet people's specific needs. There was evidence of people's, and their relatives, involvement in the assessment, planning and reviews of their care to confirm that they agreed with the content. Reviews were held with people, their families where appropriate and the provider to monitor and evaluate the care being provided and to review the care package in place.

## Is the service responsive?

### Our findings

People confirmed that they were involved in planning their care. One person said, "I'm supported by my family. We were all involved in arranging and deciding the care."

Assessments were completed prior to people receiving a service. The provider told us that comprehensive assessments were completed prior to a care package being provided to a person and information was gathered from people, relatives and any health professionals involved. Information from the assessments was used to ensure that the service could meet the needs of the person and, once a package was agreed, used to develop the care plan. A copy of the care plan was held in the office and at the person's home.

Staff were knowledgeable about the people they supported. During our conversations it was evident that they were aware of people's preferences, interests and family backgrounds as well as their health and support needs. One member of staff told us, "The care plan provides us with details about the person and not just their needs. Them as a person and individual, not just their condition." Staff told us that they were kept informed of changes in people's needs via messages, during meetings or through direct communication from the office. Staff confirmed there was always a senior member of staff available to ask for clarification if they were unclear about any changes in people's needs or the information within people's records.

People using the service and their relatives were aware of the complaints procedure or who to contact in the service if they had concerns. Comments included, "I would call but it's not needed. I have no complaints" and "Never needed to complain but I would speak to anyone there in the office if I did." People were provided with a copy of the complaints procedure when they began using the service and copies were available in the office.

There was an effective system for managing concerns and complaints. Where issues had been raised and had been identified as a concern they were recorded within daily records along with the action taken to resolve them. Where a formal complaint had been made it was logged and an investigation completed. Responses were sent to complainants and the action that had been taken to prevent the concern occurring again. The learning achieved from the investigation was recorded and shared with staff.

People were also asked about their views on the service through care plan review meetings and via surveys. Surveys were conducted by sending questionnaires to each person who used the service to determine how the service was performing. All of the responses seen were positive with many complimentary comments with regards to the staff, the care received and the quality of the service provided. Comments included, "[Name of carer] is exceptional and has built a brilliant rapport with [relative]", "Very obliging, consistently on time" and "Excellent, reliable caring and professional service." The positive results did not result in a formal action plan being completed however the provider told us that all compliments were passed to the respective member of staff and if any concerns were received, they would follow them up individually with people.

## Is the service well-led?

### Our findings

There was a registered manager at the time of this inspection who was also the provider. Staff told us that the provider offered them with consistent support and guidance and was actively involved in the running of the service. The provider was supported by a manager at the service and a team of senior staff and administrators.

The provider had delegated the day to day responsibilities of the running of the service to the manager. At the time of our inspection the manager was on annual leave and was unable to participate in the inspection process. We requested documentation we would expect to be in place which assured the provider that the service was well managed. During our inspection it was clear that there was a gap between what the provider had expected to be in place and the actual records and evidence that was available to us. The provider was not solely citing the absence of the manager as the reason however it was evident that the manager needed support and guidance to fulfil the provider's regulatory responsibility and a lack of provider oversight had resulted in the issues found during our inspection.

The provider had some quality assurance processes in place however they were not robust and did not effectively identify concerns or evidence that action was taken to address issues. For example, the medicines audit consisted of a check of completed MAR charts. This audit was recorded by a signature on the completed chart. No further record was completed and it was not clear where any issues were recorded or reported as having action been taken. Care plan audits consisted of a checkbox list indicating that records were present. There was no record of the detail of these checks, for example a quality or accuracy check. There was also no audit or checks completed on staff supervisions or spot checks. This meant it had not been identified that these support and monitoring processes had not been completed.

The provider did not have effective arrangements in place to monitor, improve and evaluate the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives had confidence in the provider and manager. All of the people and relatives we spoke with said they would be comfortable about approaching the provider or manager with any questions, concerns or issues they may have and knew that they would be listened to.

Staff told us there was positive leadership in place from the provider. One member of staff told us, "[Name of provider] is the best boss. I am listened to and feel supported. Senior staff will always help out." Another member of staff told us, "Senior staff and management are always available to us and ready to help or advise." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued by the provider. We found staff to be motivated and committed to providing the best possible care.

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. One member of staff told us, "We have team meetings but can always call the office or just

pop in." Another member of staff told us, "I feel I can always go to the office. They [provider and manager] are always available." Opportunities were provided formally, in team meetings and informally through discussions during visits to the office or via the telephone. Records that we viewed confirmed that staff meetings were held and staff were able to discuss issues relating to their work and the running of the service.

Services that provide health and social care are required to inform the CQC of important events that happen in the service. The provider had informed us of significant events in a timely way and this meant we could check that appropriate action had been taken.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Arrangements in place to monitor, improve and evaluate the service provided were ineffective. Audits completed were not robust and did not identify areas that required improvement or ensure that remedial action was taken.
Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not consistently supported or monitored by way of spot checks and supervisions.  Staff training materials used were out of date and contained inaccurate information.