

# TLC Homecare Limited

# TLC Sheffield

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

TLC-Sheffield is a domiciliary care agency providing support for people in their own homes. Not everyone using the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was supporting around 50 people at the time of the inspection.

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

Most people we spoke with were positive about their experience of receiving care, and told us care staff were friendly and respectful. However, we found some concerns relating to the governance of the service, and whether some aspects of the service were operated safely.

The registered manager carried out regular audits of the service, however, the audits failed to identify some shortfalls, such as inaccurate record keeping. Staff and people using the service told us they felt management and office support was not reliable. The provider had identified this and plans were underway to make significant changes in order to improve this. Where incidents had occurred, the provider had not always made the legally required notifications to CQC.

Improvements were required in the way medicines were managed; medication records were not accurate, and staff told us they regularly experienced problems with medication records. Where people received medication on an "as required" basis, often referred to as PRN, the guidance for staff was not sufficient. We have made a recommendation that the provider reviews its medication systems.

The provider took steps to involve people in their care, although not everyone we spoke with could recall this had happened. The registered manager said this may be due to the use of telephone meetings to replace face to face meetings during the COVID-19 pandemic. Care took place in accordance with people's consent, and where people lacked the capacity to consent to their care, appropriate alternative arrangements had been implemented.

People told us they felt safe when receiving care, and said they would feel confident to raise concerns. Some people told us they had asked not to have specific staff members to deliver their care, and the provider had facilitated this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us in November 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection in line with CQC's inspection programme.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have found evidence that the provider needs to make improvement. Please see the well led section of this full report.

Please see the action we have told the provider to take at the end of this report.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# TLC Sheffield

## 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.

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. .

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. A registered manager 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

We gave the service short notice of the inspection. This was because we needed to be sure the manager would be in the office to support the inspection.

Inspection activity started on 18 June 2021 and ended on 8 July 2021. We visited the office location on 1 July 2021 and made telephone calls to people using the service, their relatives and staff before and after this visit.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We conducted an assessment of the provider's response to the COVID-19 pandemic in June 2020, which included a formal telephone interview with the manager. We did not request a 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 the registered manager, six people using the service, six people's relatives or friends and seven staff.

We reviewed a range of records. This included five people's care records. We looked at four staff files. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection

We continued to seek clarification from the provider 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- We could not be assured medicines were managed safely.
- Records of medication administered were not accurate; where people were prescribed one or two tablets, there was no record to show the number administered. Staff were sometimes using codes on people's Medication Administration Record (MAR) that had not been defined.
- Staff said when they received the MARs, it was not unusual if medicines were missing from it. One staff member said the person they were supporting only received all their medication because they knew the person well, and so spotted the missing items. They said: "If that had been a staff member who wasn't familiar with [the person] they probably would have missed some of their medication."

We have made a recommendation that the provider reviews their medication procedures to ensure people's medicines are managed safely.

### Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe when receiving care, and told us they had no concerns in this regard.
- Staff knew the procedures for reporting any concerns they had and records showed they had received training relating to safeguarding.
- We identified three safeguarding incidents had occurred in the previous year, however, the provider had failed to submit the legally required notifications to CQC.

### Assessing risk, safety monitoring and management

- Risks, such as choking, moving and handling and infection control, were identified during the initial assessment of a person's needs, and appropriate risk assessments were put in place. These were detailed and personalised. They were regularly reviewed and updated.
- The registered manager kept records of risk and safety incidents so they could maintain an oversight of where people were vulnerable to risk.

### Preventing and controlling infection

- The provider's records showed staff had received training regarding infection control, although not every staff member we spoke with could recall this.
- Personal protective equipment (PPE) was available for staff to use and staff confirmed it was plentiful. When managers carried out spot checks of care visits, the use of PPE was monitored to ensure care was provided safely.

- People using the service told us staff always used PPE when providing care. One said: "They come rustling in wearing all visors and everything they have to wear." A person's friend said; "That is something that is impressive – there has never been an issue with PPE. In fact [the person] has complained that they wear masks and they cannot see their faces. They are always cleaning and washing their hands."
- Staff told us they had access to regular testing for COVID-19 during the ongoing pandemic.

#### Staffing and recruitment

- Staff were safely recruited.
- Appropriate background checks had been carried out before people started work.
- Where staff had previously worked with vulnerable adults their reason for leaving had been identified.
- people using the service told us missed calls occasionally happened due to short staffing, but not often. Staff told us there were not enough staff in the office so there were times when they did not get the support they needed; the provider told us significant changes were planned to improve office staffing numbers.

#### Learning lessons when things go wrong

- Staff told us they would report any incidents or accidents directly to the registered manager.
- Records showed changes were implemented following incidents or accidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had effective systems in place for obtaining people's consent, or acting in their best interests.
- The registered manager understood their responsibilities in relation to consent and capacity, and all legal requirements were adhered to.

Staff support: induction, training, skills and experience

- Staff told us they had received relevant training, although they had varying views about the online training that the provider had implemented during the COVID-19 pandemic. Some staff told us they found it to be an effective way of learning, but others said they did not like this approach.
- Most staff we spoke with had experience in care before joining TLC-Sheffield. One staff member had not worked in care before, but told us their training made them feel fully equipped to carry out their role.
- The provider's training records showed a wide range of training was offered across relevant areas.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were undertaken before they began to receive care. These assessments were used to develop care plans.
- The registered manager told us they monitored care to ensure it was in line with current guidance.

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

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed.

- People's care records showed where staff were required to provide them with food and drink, it reflected their personal preferences.
- People were mostly positive about the food staff provided to them. One said; "They always ask me what I want cooked. They are very good".

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they knew when to contact outside assistance. People's care records showed evidence of this.
- The registered manager had a good understanding of the external professionals involved in people's care

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were not always sure whether they had been involved in making decisions about their care, although records showed a good level of involvement.
- People's views and decisions about care were incorporated in their initial assessments, and their feedback was regularly sought.

Ensuring people are well treated and supported; equality and diversity

- People using the service, and their relatives, told us staff treated them well. One person said; They are a friendly bunch of people, they do what I ask they don't just do it". Another said: "They are very respectful, if not I would tell them."
- Care assessments we checked showed information about people's cultural needs.
- Staff told us treating people well and respecting their equality and diversity was important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they understood the importance of treating people with dignity and respecting them. One staff member said: "I wouldn't be here if I thought the others [staff] weren't showing respect. When you're in someone's home it's so important."
- When managers carried out monitoring of care visits, by way of spot checks, staff told us they looked at whether they were treating people respectfully and with dignity.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated requires good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a policy in place to ensure compliance with the AIS.
- The registered manager told us that currently no one using the service required information in alternate format, but described how they were familiar with the requirement and had provided this information when required in the past.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at held information about people's preferences, to a consistently detailed standard.
- Staff told us they checked people's preferences each time they provided care. One staff member said: "You can't take it for granted, people change their minds, they might want something doing differently – we always check."
- The registered manager told us people were encouraged to have choice and control over their care. One person's relative said: "My [relative] has been involved with her care plan. It has not been reviewed but it is definitely working".

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear, although we noted the complaints policy did not accurately describe the options available to complainants who wished to take their complaint to an external agency; written complaints responses also lacked this information.
- People using the service told us they would feel confident to complain if they needed to. Some told us they had complained about specific care staff, who they said were subsequently removed from providing their care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance arrangements within the service were not always robust enough to ensure safe, good quality care.
- We checked care notes, and found they contained errors and omissions. For example, one person's notes indicated staff were administering a medication that was not prescribed for the person. The registered manager stated the person had not received this medication. Another person's care plan indicated they wished to be given a shower daily, but their care notes showed this was not taking place. These notes had been audited but the audit had failed to identify these shortfalls.
- We checked records of incidents, and found the registered manager had failed to identify those incidents which they were required by law to notify CQC about, and had therefore not submitted appropriate notifications.
- Medication records showed errors and omissions were being made in relation to the recording of medicines, meaning that medicines records were not accurate. Every record we checked had been audited by the registered manager or a senior staff member, however, the audits had not identified or addressed these concerns.
- Staff told us they understood their roles, but were not aware of any initiatives to support continuous improvement or raise standards.

Governance arrangements within the service were not adequate to ensure safe, good quality care was being delivered. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People we spoke with told us their care mostly met their needs and said they were enabled to achieve the outcomes they wanted.
- Staff told us that on the whole they did not find management supportive; while some staff were positive about the culture most responded negatively, with more than one staff member stating it was the worst place they had worked.

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

- Staff told us they did not feel supported by management. They described times when they could not access support from the office, and said they felt this was because there weren't enough staff there. The provider told us they had plans in place to address this in order to improve the experience of staff and people using the service.
- The registered manager told us they regularly contacted people using the service to obtain their feedback and involve them in their care although people gave us a mixed picture of their experience of this. One person's relative said: "If the office has to organise anything I have to intervene...the office cannot cope". However, another relative said: "I don't have much to do with the office but when I have they have been kind and respectful to me."

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	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance arrangements within the service were not adequate to ensure safe, good quality care was being delivered. Regulation 17