TC Care Limited

TC Care - Premier House

Inspection report

Premier House
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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
TC Care Limited is a domiciliary care service providing personal care and support for people in their own homes. The majority of people receiving support had their care funded by the local authority. At the time of the inspection the service provided support for approximately 90 people. Not everyone who used 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.

People's experience of using this service and what we found
The provider had risk assessments and risk management plans in place. However, where a specific need, such as a healthcare condition, had been identified, a risk management plan had not been developed to provide care workers with adequate information to enable them to reduce the risks.

There was a process for the administration of medicines, but records were not always completed to demonstrate medicines had been administered as prescribed.

The provider had a range of audits in place, but the audit in relation to care plans did not provide appropriate information to identify where actions for improvement were required.

People told us they felt safe when receiving care and the provider had robust processes for recruitment and investigating any concerns raised about the care provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Detailed assessments of a person's needs were completed before they started to receive visits. The care plans described the care and support a person required and how they wanted it to be provided.

People felt the care workers were kind, caring and respected their dignity and privacy. The care plans identified each person's religious and cultural needs and how care workers can provide support to meet these needs.

The provider had a complaints process in place and people told us they knew what to do if they wished to raise any concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 4 February 2017).

Why we inspected
This was a planned inspection based on the previous rating. We have identified breaches in relation to managing risks, administration of medicines and quality assurance at this inspection.

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

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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**

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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
The inspection was carried out by one inspector and an Expert by Experience undertook telephone interviews with people using the service and relatives of people using the service. 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.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because of the type of service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 28 August 2019 and ended on 29 August 2019. We visited the office location on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with six people using the service and seven relatives of people receiving support from the service. We received feedback from 19 care workers and we spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and additional information provided following the inspection.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management
• Where a person had been identified as having a specific risk there was not always guidance for staff on how to reduce that risk. For example, we saw risk assessments were not in place for diabetes, kidney failure and Parkinson's Disease.
• Risk management plans were not in place to provide care workers with guidance as to what action could be taken to reduce these risks.

This meant people may not always receive safe care and treatment because the provider had not always identified or planned for risks to their safety and wellbeing. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• A risk assessment was completed in relation to moving and handling as well as an environment audit covering the person's home in which the care was being provided. This included fire safety, if the person receiving care smoked, and possible trip hazards for the care worker. Guidance was provided for care workers on how they can reduce the identified risks.

Using medicines safely
• The provider had a procedure in place for the administration of medicines. However, we saw where a person had been prescribed medicines to be administered "when required" (PRN) guidance had not been provided for care workers as to when these should be administered.
• We saw that medicine administration record (MAR) charts had not always been completed to demonstrate that medicines had been administered as prescribed. For example, we saw the MAR chart for one person indicated they had been prescribed an antibiotic which was to be administered twice a day for three days. The MAR chart had been completed and indicated that the antibiotic had been administered on seven occasions over a 12 day period. This did not reflect how the medicine should be administered and how it was administered.
• We reviewed the records completed by care workers describing the care provided during each visit and we saw the records for one person indicated care workers had applied an over the counter pain relief cream which had not been prescribed. This was not in line with the provider's procedure and there was no information recorded in the care plan to ensure the cream would not adversely interact with any prescribed medicines.

This meant people may not have received their medicines administered as prescribed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Staffing and recruitment
• The provider had a robust recruitment process in place. During the inspection we reviewed the recruitment records for four care workers. The registered manager confirmed two references, a full employment history and a criminal record check were carried out for all new staff. The records we saw supported this.
• We saw the number of care workers required to provide appropriate care during a visit was identified during the assessment process. Care workers were given enough time between each visit for travel.
• People we spoke with commented that there were occasions when visits did not happen at the agreed time. We discussed this with the registered manager who explained they had recently introduced a new monitoring system for the electronic call monitoring system. A member of staff was responsible for monitoring when care workers logged the start of the visit and if they were not at the planned time the care worker would be contacted to find out why.

Preventing and controlling infection
• The provider had an infection control policy in place. Care workers completed infection control training and were provided with personal protective equipment (PPE) including gloves and aprons. People we spoke with confirmed care workers used PPE when necessary when they provided care.
• An infection control risk assessment was completed which included handling soiled laundry and use of cleaning equipment with guidance for care workers to reduce the risks.

Learning lessons when things go wrong
• We saw that when an incident and accident occurred the provider had a process to record, investigate, review and identify what actions had been taken. The records included details of the incident and accident, what actions were taken immediately. In addition, it identified if the person's care plan and risk assessments were reviewed to reflect any changes in their support needs.

Systems and processes to safeguard people from the risk of abuse
• People we spoke with told us they felt safe when they received support from care workers in their own home. The provider had a process to investigate and respond to safeguarding concerns.
• Care workers completed safeguarding adults training and care workers we contacted demonstrated a good understanding of the principles of safeguarding.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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.

• We saw when the local authority sent a referral to the service it identified they there were concerns relating to a person's ability to consent to their care. The registered manager explained this was also reviewed as part of their assessment of the person's support needs.
• We saw staff completed mental capacity assessments to identify if the person had the capacity to consent to their care. The mental capacity assessments were not focused on a specific aspect of the person's care to identify if they could consent to that care. We discussed this with the registered manager and they amended the mental capacity assessment form and reviewed the assessment before the end of the inspection.
• Care workers completed training on the MCA and they demonstrated a good understanding of its principles.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• We saw an assessment of support needs was completed before care visits started. The registered manager explained the local authority sent an assessment of the person's needs which we used to identify if they care needs could be met. A further needs assessment would then be completed, and this information would be used to develop the care plan and risk assessments.

Staff support: induction, training, skills and experience
• People told us they felt care workers had the appropriate skills and knowledge to provide their care. The registered manager explained the care workers completed specific training courses identified as mandatory

each quarter. The meant all the care workers completed the training courses each year and records we saw demonstrated this.
• New care workers undertook The Care Certificate and the registered manager told us they were supporting their longer-term care workers to also complete the certificate to add to their knowledge and skills. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. New care workers also completed induction training and a period of shadowing and experience care worker.
• Care workers confirmed they had regular supervision meetings with their line manager and we saw records of these meetings.

Supporting people to eat and drink enough to maintain a balanced diet
• Care plans included information on how care workers could support the person with making and eating food and drinks. For example, we saw guidance in one care plan that stated the person would sometimes be hesitant to eat so identified what food care workers could use to encourage them to eat.
• Where care workers provided support with food, the care plan included information on the person's preferences for food and drink. One person commented "Sometimes they get me a meal if I need them to. My relative puts meals in the fridge and they put them in the microwave for me. They ask me do I want this meal or that meal." We saw care workers had completed training for nutrition and food hygiene.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• The provider helped people access healthcare and maintain healthier lives. The registered manager told us they worked closed with people's GP, district nurses, the mental health team and physiotherapists.
• The service was involved during the last year in a project with a local GP practice to promote flu vaccinations with both people using the service and care workers.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People told us they found the majority of care workers to be kind and caring. Comments included "They are all kind and willing although there are some I have nothing in common with, but they will do extra little things like pick things up for me as I have trouble bending" and "I get on with the lady carers. If I have any problems I can talk to them. I'm quite satisfied and pleased to see them, it's somebody to talk to and they are chatty. I'm here on my own and they are good company."
• Each person's religious and cultural needs were identified in the care plan. Where it was identified that the person preferred to speak a specific language the registered manager explained they tried to match a care worker who also spoke that language to do the visits whenever possible.
• Care workers completed equality and diversity training annually and showed an understanding of how people should be supported to meet their needs.

Supporting people to express their views and be involved in making decisions about their care
• People we spoke with confirmed they had been involved in developing they care plan identifying how they wanted their care provided.
• We saw reviews of the care plan were completed at six weeks and 12 weeks after the start of the care package to ensure they met the person's care needs. The care plans were then reviewed every six months or sooner if a change was identified.
• We noted that some people and relatives we spoke with told us they could not remember when their care plan was last reviewed. During the inspection we saw the care plans we reviewed had been reviewed regularly.

Respecting and promoting people's privacy, dignity and independence
• Care workers demonstrated a good understanding of the importance of maintaining a person's privacy and dignity. Comments included "I make sure care is given in a private setting, so the person has dignity" and "I ensure privacy and dignity by making sure the door is shut when providing personal care and by ensuring the client's modesty when giving care."
• We saw care plans identified any aspects of the care visit where the person could be supported to be as independent as possible and where they required support or encouragement.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• We saw care plans identified how people wanted their care to be provided. Care plans included information on the person's personal history with the people and things which were important to them.
• The registered manager told us they were in the process of developing a new format for care plans which would include more detailed information regarding the person and their support needs.
• The care plans also included information for care workers on how they should support the person if they experienced behaviour which could be challenging.

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.
• We saw the care plans identified if the person preferred to speak a specific language for example one care plan we saw stated the person spoke Punjabi, so their care workers should also speak this language which was confirmed by the registered manager.
• One care plan we reviewed indicated the person had a visual impairment, so the care plan was discussed, and the person gave verbal consent to care which was recorded.
• The registered manager confirmed written information could be provided in alternative formats to meet people's specific needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• The registered manager told us they identified where people needed additional support through assessments and conversations with people who used their service.
• For example, one person missed visiting a local café and their friends and it was arranged for them to be supported by a care worker to go out. We also saw where one person, with limited mobility, who had not been able to visit their partner who had moved into a care home was supported to visit them as transport and a care worker were regularly arranged
• The registered manager explained they had identified care workers with specific training such as hairdressing and chiropody. They told us about two people who had not been able to access these services and the registered manager had arranged for the care workers to visit them.

End of life care and support

• At the time of the inspection the service was not supporting people with their end of life care. The registered manager told us if they started to provide this level of care they would have detailed discussions with the person and their family as to how they wanted their care provided. Peoples religious preferences were identified in the care plan.
• They would also work closely with the palliative care team and other healthcare professionals to provide appropriate support.

Improving care quality in response to complaints or concerns
• We asked people and relatives of people using the service if they were aware of the complaints process. We received mixed feedback as some people told us they were aware of the complaints process and had concerns resolved while other people said they had not been told about the complaints process.
• During the inspection we saw the provider had a process for responding to complaints and the records of any complaints received included information relating to any investigation carried out and the outcome. We saw information on the complaints process was included in the booklet given to people when their care package starts.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Continuous learning and improving care
• The provider had a range of quality assurance processes in place but some of the audits were not robust enough to assist the provider to identify areas for improvement.
• We saw the checks on the records completed by care workers did not always identify issues in relation to the information recorded and where care was not being provided to reflect the person's care plan. For example, pain relief cream being applied which was not part of the person's care plan.
• The audits of the MAR charts did not always identify where the administration of medicines had not been recorded appropriately. The provider did not always identify the action which had been taken to improve problems which had been identified.
• The provider had not identified, managed and mitigated risks to people. During the inspection we identified risk management plans for some specific risk had not been developed to provide care workers with appropriate information. These had not been identified by the provider using their existing processes.

This meant quality assurance processes were not always robust enough to identify areas requiring improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• During the inspection we discussed these issues with the registered manager and the nominated individual. They developed a new audit forms in relation to records of care and medicines by the end of the inspection. They also reviewed their wider processes in relation to quality assurance and identified ways these could be improved to provide more
• The provider carried out regular audits of complaints, safeguarding and incident and accident reporting to ensure they followed the provider's process and provided appropriate information to identify areas for improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People we spoke with told us they had varying levels of contact with the office. Some people told us they felt they did not have a good level of communication with the office, but other people felt they did. Most people who had spoken with the registered manager felt they were approachable.
• One person commented, "I am very pleased with them. If there is any problem I go straight to registered manager, she is 100%. She is where the buck stops and is no problem at all, she is great. There is the

[nominated individual] who is great and good at her job as well, but she also has to do all the assessing. She is very professional, and I wish we could have her as my relative's regular carer, but all the girls are equal and good. They have done plenty for me and the communication is very good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The provider had a range of policies and procedures in place which were regularly reviewed and updated when required.
• The registered manager and nominated individual had a clear understanding of their legal responsibilities to send notifications to the CQC and ensured this was done in a timely manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The senior staff had clear roles and responsibilities within the organisation. The registered manager and the nominated individual had defined roles with one responsible for the care provided and the other responsible for recruitment and all other aspects of service. They also recently added staff to monitor the electronic call monitoring system and quality assurance.
• The registered manager and the nominated individual regularly undertook care visits to not only provide support for people using the service but to monitoring the quality of care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The majority of people we spoke with felt they were able to contact the office. One person told us "They used to have a newsletter but I'm not sure they have the time to do that now. It's normally quite easy to get hold of somebody in the office and normally people get back to me if I leave a message. The out of hours number is the same number as the day and it's always switched on wherever they are."
• The registered manager confirmed they sent a newsletter to people using the service each quarter. A survey was sent to people every year to get their views on the care provided and the quality of the service. The information from the survey was used to identify any issues where improvements could be made.

Working in partnership with others
• The registered manager told us they worked closely with the local authority who paid for the majority of care packages provided by the service. They had monthly individual meetings with the local authority and also joined monthly meetings with other providers of social care to discuss any issues.
• The registered manager explained they worked closely with the integrated community response service to ensure people, who they were going to provide care for, had the appropriate equipment and support when they were discharged from hospital.

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 12 HSCA RA Regulations 2014 Safe care and treatment The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks. The registered person did not ensure the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services. Regulation 17 (1)(2) (a) (b)