

TLC Home Care Solutions Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 26 January 2017 and was announced. We told the registered manager that we would be coming two days before our visit, as we wanted to make sure senior staff would be available. This was the first inspection conducted of the service since they registered in 2015.

TLC Homecare Solutions Ltd provides domiciliary care and support for approximately 20 people, some of whom receive support with personal care.

There was a registered manager in post at the time of our inspection. 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 this inspection we found that people's medicines were managed safely, although improvement was required to ensure the support people received with their medicines was clearly and accurately recorded. There were sufficient staff deployed by the service to safely meet people's needs and the provider undertook employment checks prior to new staff starting work to ensure they were of good character and suitable for the roles they were applying for.

Risks to people had been assessed and action taken by staff to manage identified risks, although improvement was required to ensure risk assessments comprehensively covered all potential areas of risk to people. The provider had already identified the scope of risk assessments as an area for improvement and was in the process of rolling out updated documentation at the time of our inspection.

People were protected from the risk of abuse because staff were aware of the signs to look for and the action to take if they suspected abuse had occurred. Staff received training and supervision in support of their roles and people told us they considered staff to be competent and well trained. Staff were aware of the importance of seeking consent from the people they supported and told us people had capacity to make decisions about the care and support they received for themselves.

People were supported to access healthcare services by staff if required and staff supported people to maintain a balanced diet where such support was included as part of their care plan. People and relatives told us that staff were kind and considerate, and that their privacy and dignity were respected. Staff demonstrated a good knowledge of the people they supported and involved them in day to day decisions about their care.

People were aware of how to make a complaint but told us they had not needed to do so. They had care plans in place which had been discussed with them and were reviewed on a regular basis. Staff provided people with care which reflected their individual needs and processes. Staff and people spoke positively about the management of the service and the registered manager. The provider had systems in place to

seek feedback from people, and to monitor the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People received their medicines as prescribed. However improvement was required to the recording of the support people received with their medicines.

Risks to people had been assessed and staff took action to manage identified risks safely. However improvement was required to ensure risk assessments consistently covered all potential areas of risk to people.

People were protected from the risk of abuse because staff were aware of the signs to look for and action to take if they suspected abuse had occurred.

The provider followed safe recruitment practices. There were sufficient staff deployed by the service to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff were supported in their roles through regular training and supervision.

Staff were aware of the importance of seeking consent from the people they supported and told us people had capacity to make decisions about their care for themselves.

People were supported to maintain a balanced diet where this support was part of their care plan. Staff supported people to access healthcare services where required.

Is the service caring?

Good 

The service was caring.

Staff treated people with dignity and respected their privacy.

People were treated with kindness and consideration by staff and told us they had developed strong relationships with them.

People were involved in day to day decisions about their care and treatment.

Is the service responsive?

Good ●

The service was responsive.

People had been involved in developing their care plans which reflected their individual needs and preferences.

People received person centred support from staff who knew them well and promoted their independence.

The provider had a complaints policy and procedure in place and people were aware of how to raise concerns, although they told us they had not needed to do so.

Is the service well-led?

Good ●

The service was well-led.

People and staff spoke positively about the management of the service and told us the registered manager was available to talk to them whenever they needed.

The registered manager led by example and demonstrated a positive caring approach to the provision of the service.

The provider sought feedback from people on the quality of the support they received and had systems in place for monitoring the quality and safety of the service.

TLC Home Care Solutions Ltd

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.

This inspection took place on 26 January 2017 and was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure that the registered manager would be available when we inspected. The inspection team consisted of a single inspector.

Prior to our inspection we reviewed the information we held about the service which included any statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We contacted the local authority responsible for commissioning the service to obtain their views. The provider had also completed a Provider Information Return (PIR) which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with four people, three relatives, four staff and the registered manager. We also looked at records including four people's care plans, three staff files, and other records relating to the running of the service including staff training and supervision records, staff meeting minutes, staff rotas, people's medicine administration records (MARs) and the provider's policies and procedures.

Is the service safe?

Our findings

People and relatives told us staff provided them with the support they or their loved ones required with their medicines and that they received them at the right times. One person said, "I manage most of medicines independently, but the staff know to check." A relative commented, "The staff always ask if I've given [their loved one] her medicine." Another relative said, "Staff support with medicines; there have been no issues, otherwise [their loved one] would have told me." However, whilst all of the people we spoke with told us that the support they received with medicines was appropriate, we found improvement was required with the way in which medicines support had been recorded.

The support people required with their medicines had been considered by the registered manager as part of their assessment of people's needs. We saw people's care plans contained details of the medicines people had been prescribed and the level of support they needed to take them safely. For example, one person's care plan identified that they were able to manage their medicines independently but needed to direct staff to support them to apply a patch each day which they had been prescribed to manage pain.

The registered manager explained that most people received their medicines from pharmacists in monitored dosage systems (MDS) to reduce the risk of medicines administration. They told us that staff recorded any medicines support in the daily notes they maintained, or on Medicine Administration Records (MARs), if medicines were not included as part of an MDS.

However, we were not always able to identify whether people had correctly received their medicines as prescribed based on the records we reviewed. For example, one person's MAR from the previous month did not always include a record of the doses of medicines the person had taken, and in one case made reference only to an antibiotic without identifying the specific type. We also found gaps on people's MARs which had not always been explained and omissions from one person's daily notes to confirm they'd taken their prescribed medicines at the correct times. Whilst these issues required improvement, all of the people we spoke with, including those where we identified recording issues, told us that they had received appropriate medicines support from staff and had no concerns in this area.

Risks to people had been assessed and we saw guidance in place for staff on how to monitor and manage risks safely. However, improvement was required to ensure all areas of risk to people had been consistently considered as part of the provider's risk assessment process. Records showed risk assessments had been conducted by the registered manager when people started using the service, and these were reviewed on a regular basis, in line with the provider's policy.

We saw risks to people had been identified in areas including the risk of falls, as well as risks associated with health conditions, continence, infection control and some aspects of the environment. The registered manager had drawn up guidance for staff on how mitigate identified risks. For example, we saw moving and handling guidance in place for one person whose mobility was a risk factor or guidance in place on the continence support one person required. In another example, records showed that staff had identified an issue with one person's outside light. We spoke with the person's relative who confirmed the registered

manager had subsequently contacted them about the issue so they could arrange to have it addressed.

However, improvement was required because it was not always clear from the provider's documentation that all areas of potential risk to people and staff had been considered by the provider's current risk assessment process. For example, the registered manager used a risk assessment template which did not include any prompts on areas to be considered during the assessment and we saw examples of risk assessments which did not make any mention of environmental factors such as fire hazards or whether the person's home had smoke alarms in place.

The registered manager told us that checks were made on these areas and that any issues would be documented in the assessments if they had found any concerns during the assessment. We also saw that the provider had identified the need to improve their risk assessment records and was about to roll out a more comprehensive risk assessment format across the service. However, because they were shortly due to be rolled out, we were unable to check on the effectiveness of the new process at the time of our inspection, and will follow up on this at our next inspection.

There were sufficient staff deployed to meet people's needs. People told us they received their calls at the times they expected them, or that staff let them know if they were running unavoidably late. One person told us, "You could set your watch by [the staff member providing them with support]; it's a very consistent service." Another person told us, "They [staff] are always on time and they always stay for the full duration of the call. We're very happy." Staff also told us they felt they had sufficient time to complete their visits without rushing. One staff member said, "My rota does include some time for travel, but if I'm running late because of traffic, I'd let the manager know so they could contact people and let them know I'm delayed. All of our rounds are quite small so it's not an issue and I always make sure I stay with people for as long as I'm needed."

The provider undertook appropriate recruitment checks on staff before they started work to confirm their suitability. Staff records included details of each staff member's qualifications and full employment history, including the reasons for any gaps. The files also included copied of photographic identification, health declarations, references and evidence of criminal records checks having been conducted. These checks helped ensure that staff were of good character.

People were protected from the risk of abuse. Staff were aware of the different types of abuse and the signs to look for which suggested abuse had occurred. Records showed that staff had received safeguarding training which was refreshed on an annual basis. The provider had a safeguarding policy and procedure in place which included guidance for staff on how to raise concerns. Staff told us that they would report any concerns they had to the registered manager. They were also aware of the provider's whistle blowing policy and told us they would escalate any concerns they had to external parties if they considered it necessary to do so. The registered manager was also aware of the process for reporting safeguarding concerns to the local authority safeguarding team, although they had not needed to do so at the time of our inspection.

Is the service effective?

Our findings

People and relatives told us that they felt staff had the right skills and knowledge to support them effectively. One person said, "The staff that visit are competent and know how to do their job." Another person told us, "They [staff] are well trained. The manager has been round with new staff before to show them how things should be done, and we've never had any problems." A relative also commented, "The staff understand what they need to do and do it well."

The registered manager explained, and staff confirmed, that they received an induction when starting work for the service. This included time familiarising themselves with the service's policies and procedures, a range of training in areas considered mandatory by the provider and time spent shadowing the registered manager or more experienced colleagues. The registered manager also confirmed that staff with no previous experience were also enrolled on the Care Certificate which is a nationally recognised qualification in Health and Social Care, although current new staff were still to complete this at the time of our inspection.

Staff received training in a range of areas including safeguarding, first aid, food hygiene, moving and handling, health and safety and medicines management. Records showed that most staff were up to date with their training and where refresher training was due, we saw this had been scheduled for staff to attend. Staff we spoke with told us they felt the training they received gave them the skills to do their jobs. One staff member said, "The training has been helpful and I spent time shadowing the manager before I started so she could show me how she likes things to be done. I feel I know what I'm doing." Another staff member commented, "I think the training I've had covers everything I need; I'd speak to the manager if I thought there were gaps in my knowledge."

Records showed that staff also received support through regular supervision and an annual appraisal of their performance. One staff member told us, "I'm regularly supervised by the registered manager; we talk about any issues I'm having or concerns with the people I support, as well as other areas such as training." Another staff member said, "The manager is very supportive, in addition to the supervision sessions, she is always available to offer informal support if needed."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager demonstrated an understanding of the MCA and the process for making specific decisions in people's best interests where they had been assessed as lacking capacity to do so themselves. However, both the registered manager and staff told us that the people they supported had capacity to make their own decisions.

Staff were aware of the importance of seeking consent from the people when offering support. One staff member said, "We can encourage people if they're reluctant to do something like have a wash on a cold day, but we can't force them to do anything if they don't want to." People we spoke with also confirmed that staff sought their consent to the care they received. One person told us, "They [staff] always check that I'm OK and do what I ask."

People were supported to maintain a balanced diet. Where assistance was required, we saw people's care plans included details for staff on the support they required at mealtimes, or with the preparation of drinks. For example, one person's care plan included guidance on staff to prepare drinks in advance that the person could reheat themselves during the day. Staff we spoke with were aware of the level of support people needed to ensure their nutritional needs were met. People and relatives told us they received the support they needed from staff. One person said, "I find it difficult to cook so staff do that for me. I order in what I want and they'll prepare it; I'm happy with this." A relative told us, "The staff provide support at mealtime and know to cut up [their loved one's] food when serving it."

Where required, the registered manager and staff told us they supported people to access healthcare services when required. People we spoke with told us they were usually able to make their own arrangements to access healthcare services such as a GP or community nurse, but expressed confidence that staff would support them in this area if needed. During our inspection we heard the registered manager following up with one person's GP practice to ensure a community nurse visit had been scheduled for them. We also saw records indicating that people's GPs or a paramedic had been contacted when people were unwell, in support of their healthcare needs.

Is the service caring?

Our findings

People and relatives told us the care received was of a high standard and that staff were considerate and caring. One person said, "The staff are kind and friendly; we get on well." Another person told us, "The staff treat me well and have a good manner." A relative commented, "The staff are very good. They're very caring and [their loved one] is close with them; they've formed strong relationships." These comments were reflective of all the feedback we received.

Staff were aware of the importance of respecting people's privacy and treating them with dignity. They described the ways in which they worked to ensure people's privacy was maintained, for example by ensuring doors and curtains were closed, or by covering people up as much as possible when supporting them with personal care. Where staff were able to directly access people's homes without needing them to answer the door, they told us they always rang the doorbell first and called out when entering to ensure people were happy to receive them.

People and relatives told us their privacy was respected. One person said, "I've had no problems with regards to privacy; the carers are very good." A relative told us, "The staff are very respectful; they always make sure they wash [their loved one] in private. [Their loved one] is very comfortable with the staff and doesn't want anyone else."

Staff demonstrated a good knowledge of the people they supported. They were aware of their likes and dislikes, any preferences they had in the way they received support, as well as details about their life histories, family members and the things that were important to them. All of the people we spoke with commented positively about their relationships with the staff that supported them. One person told us, "We have a good laugh and a joke; I enjoy the banter." It was clear throughout our discussions with people that they trusted staff to look after them well and that they were happy and comfortable with the support they received.

Staff were aware of the importance of promoting people's independence and told us they encouraged people to take an active part in their own care where they were able to, for example by putting toothpaste on people's toothbrushes so that they could brush their own teeth, or supporting them to wash the parts of themselves they were able to manage comfortably. People we spoke with confirmed that the support they received enabled them to be independent. For example, one person explained that staff supported them to prepare vegetables for their meals so that they could cook independently.

People were involved in day to day decisions about the way in which they received support. One person said, "I have a care plan and the staff follow it, but they always ask if there's anything else that I need help with." Another person told us, "The staff always ask me what help I want and let me decide on things such as what I want to wear or eat, or whether I'd prefer a wash or a shower." Staff we spoke with told us they always sought people's views on the support they received and were aware to give people time to make decisions for themselves. One staff member told us, "I always discuss the support I'm offering people and will give them choices to ensure they're happy."

Staff undertook training in diversity and equality and told us they would always seek to support people in line with their individual needs with regards to their race, religion, disability sexual orientation and gender. We saw that people's care plans included details of their religious faith where they had chosen to disclose this information. However, at the time of our inspection the registered manager told us that none of the people they supported required any specific support in these areas.

People received information about the service in the form of information sheets as part of their care planning documentation when they started using the service. These sheets included information on the services people could receive, details regarding the provider's philosophy of care, a safeguarding statement, out of hours information and guidance on how to raise a complaint.

Is the service responsive?

Our findings

People and relatives told us they or their loved ones received personalised support which met their individual needs and preferences. One person said, "They [staff] know the way I like to have things done. I like to recycle and always check and take my recycling out for me to save me from doing it, even though I didn't request this when I discussed my care plan with the manager." A relative told us, "[Their loved one] doesn't have a good memory and doesn't always remember people's names so the manager provides a rota each week with the staff that are visiting so we know who is coming; it's really helpful."

The registered manager explained that they undertook an initial assessment of people's needs when they started using the service, which they used as the basis for developing a care plan in agreement with people and their relatives, where appropriate. Records also showed that people were involved in reviews of their care plans on a regular basis, to ensure they were up to date and reflective of people's individual needs.

People's care plans included guidance for staff on the tasks people required support with at each visit, as well as information about their preferences in their daily routines. For example, one person's care plan included details of the times liked to get up and go to bed, information about where they preferred to eat and how they liked to have their drinks prepared, as well as information about their hobbies and interests.

People told us they received care and support from staff who were familiar to them and knew their preferences. One person explained that when a new member of staff had been assigned to support them, the registered manager had attended the first visit to make an introduction and to show the staff member how they liked to be supported. Another person told us, "I have regular staff that visit; they know me well."

The provider had a complaints policy and procedure in place which gave guidance to people on what they could expect if they made a complaint to the service. The procedure included information regarding the timescales in which they could expect a response as well as details on how they could escalate their concerns both internally and to external parties, if they remained unhappy with the outcome.

People told us they were aware of how to make a complaint. One person said, "I'd speak to the manager if I had any issues. I also got information on making complaints when I started using the service so I know who to contact if needed." All of the people we spoke with expressed confidence that the registered manager would address any concerns they had promptly, but that they had not needed to make any formal complaints. The registered manager confirmed that they were aware of the need to log any complaints they received, including details of any investigation they undertook. However, they explained they had not received any complaints about the service at the time of our inspection.

Is the service well-led?

Our findings

People and relatives told us they considered the service to be well managed. They spoke highly of the registered manager who they said was in regular contact with them to ensure they were happy with the service they received. One person told us, "We're in contact whenever we need to be and she checks in on how things are going."

There was a registered manager in post at the time of our inspection who had been in post since the service had registered in April 2015. The registered manager demonstrated a good understanding of the requirements of being a registered manager and their responsibilities with regards to the Health and Social Care Act 2008. They had a clear philosophy on the approach the service should take on meeting people's needs in a person centred way. People told us the registered manager led by example and often provided care when introducing new staff to them to show them how they liked things to be done. One person told us, "The registered manager told me she doesn't treat the support she gives me as work because she enjoys helping people. In my experience, all the staff she's employed have the same attitude; it's a very good service."

The registered manager explained that they were committed to developing the service without any compromises to the quality of the care people received. This had meant taking time to find the right staff and only accepting new packages of care if they were in the right locations to fit in with the service's existing workload. We saw the provider had some systems in place for monitoring the quality and safety of the service and that the registered manager was in the process of implementing other formal monitoring tools in addition to the day to day informal checks they made on support people received.

The provider had an electronic call monitoring system in place which alerted the registered manager if staff failed to confirm their arrival at people's homes at the times they were scheduled. We observed the registered manager monitoring this information during our inspection and one relative described an occasion where the member of staff had arrived to support their loved one but had forgotten to login in and confirm they were there. They told us that registered manager had called them during the visit to confirm that the staff member had in fact arrived and that this had assured them that staff attendance was being checked to prevent any visits being missed.

Staff told us, and records confirmed that they received regular spot checks from the registered manager. The spot checks considered areas including whether staff were following the person's care plan, whether they offered people choices, promoted their dignity and interacted with them in a positive and friendly manner, and whether they used any equipment appropriately. Staff told us they found the spot checks to be helpful ensuring they were providing a good quality service to people.

The registered manager explained they had recently received a visit from a commissioning local authority during which they had identified the need to put Medicine Administration Records (MARs) in place for people which they had acted upon promptly. The registered manager had also subsequently identified the need to monitor people's MARs and we saw new audit documentation they were putting in place to address

this, although we were unable to check on the outcome of these improvements at the time of our inspection. We will follow up on this at our next inspection of the service.

Staff told us that the registered manager gave them appropriate support and encouragement and that they felt they worked well as a team. One staff member said, "The registered manager is very supportive and her door is always open if I need to talk to her. She is very person centred in her approach to caring for people and really gets to know them and the support they want." Records showed the registered manager held regular staff meetings to ensure staff were kept up to date with any service developments and were aware of any changes in people's conditions, as well as reminding staff of key responsibilities such as recording and reporting concerns.

The provider had systems in place for seeking feedback from people using the service. All of the people and relatives we spoke knew the registered manager and told us she was available for them to contact whenever they needed. In addition to encouraging people to feedback informally on areas they felt required improvement in the service they received, the registered manager also sent out an annual survey for people to complete. We reviewed the results of the last survey and noted that people's feedback indicated that they experienced positive outcomes using the service. This was reflected in our discussions with people using the service, all of whom spoke positively about the care and support they received. We also noted that the registered manager had made appropriate changes to address any minor issues people had raised in their feedback. For example, one person had requested a change of time to one of their calls in the feedback they had submitted and this had been arranged.