

TC Care Limited

TC Care - Premier House

Inspection report

Premier House
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Tel: 02085700086

Date of inspection visit:
19 December 2016
20 December 2016

Date of publication:
06 February 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

TC Care - Premier House is a domiciliary care agency that provides personal care to around 70 people in their own homes.

At the last inspection in 2014, the service was rated Good but a breach had been identified during the inspection in relation to the management of medicines.

At this inspection the service remained good and improvements had been made in the management of medicines.

People told us they felt safe when they received support and the provider had policies and procedures in place to deal with any concerns that were raised about the care provided.

The provider had processes in place for the recording and investigation of incidents and accidents.

The provider had an effective recruitment process in place. Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

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

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

Detailed assessments of the person's needs were carried out before the person started to receive care in their own home. Each person had a care plan in place which described their support needs. Care workers completed a record of the care and support provided during each visit.

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

The provider had systems in place to monitor the quality of the care provided and these provided appropriate information to identify issues with the quality of the service.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service is Good.

The administration and management of medicines had improved since the previous inspection.

The provider had systems in place for the recording and investigation of incidents and accidents.

People using the service said they felt safe when they received support in their own home.

The provider had a recruitment process in place and the number of care workers required to provide appropriate care for a person was based on the assessment of the person's needs.

Is the service effective?

Good ●

The service remains Good.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers understood the importance of supporting people to make choices.

There was a good working relationship with health professionals who also provided support for the person using the service.

Care plans indicated if the person required support from the care worker to prepare and/or eat their food.

Is the service caring?

Good ●

The service remains Good.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the

person in maintaining their independence.

The care plans identified the cultural and religious needs of the person using the service.

Is the service responsive?

Good ●

The service remains Good.

An initial assessment was carried out before the person started to receive care in their home to ensure the service could provide appropriate care. Care plans were developed from these assessments and were up to date.

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

Care workers completed a daily record of the care provided.

Is the service well-led?

Good ●

The service remains Good.

The provider had a range of audits in place to monitor the quality of the care provided.

People using the service and care workers felt the service was well-led and effective. Care workers felt supported by their managers.

TC Care - Premier House

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 checked 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 the 19 and 20 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

One inspector undertook the inspection and an expert-by-experience carried out telephone interviews of people who used the service and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who has used this type of care service. The expert-by-experience at this inspection had personal experience of caring for people who had dementia.

Before the inspection we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with the registered manager, the nominated individual and four care workers. We reviewed the care records for four people using the service, the employment folders for three care workers and records relating to the management of the service. We also undertook phone calls with 12 people who used the service and two relatives of people who used the service.

Is the service safe?

Our findings

During the comprehensive inspection on the 28 and 29 July 2015 we saw the provider had a management of medicines procedure in place but Medicine Administration record (MAR) charts did not provide care workers with enough information.

At the inspection on 19 and 20 December 2016 we saw some improvements had been made. During the inspection we reviewed MAR charts for three people and saw that these forms had separate sections to record the administration of medicines provided in a blister pack, antibiotics and pain relief provided in their original packaging. The reverse of each MAR chart had a section for care workers to record any comments or explain the reasons why medicines may not have been administered. We noted that the MAR chart for one person indicated that on some days of the week the medicines scheduled at lunchtime had not been administered. This medicine was for pain relief and the registered manager identified that the person felt they did not always require it even though it had been prescribed to be administered at lunchtime. The registered manager confirmed they had arranged for the General Practitioner to review the person's prescribed medicines. Care workers we spoke with confirmed they had completed training on the administration of medicines.

People we spoke with said that they felt safe when they received support from the care workers and they had no concerns about their safety. We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. We looked at the records of safeguarding concerns and we saw information relating to the concern, notes of the investigation, any actions taken and the outcome recorded.

We looked at how accidents and incidents were managed in the service. There was a policy in place and a flow chart describing the process of recording and investigating incidents and accidents. During the inspection we looked at one incident and accident record which was detailed and identified what actions were taken.

We saw that risk assessments were in place and were completed as part of the initial assessment of the person's needs. The risk assessment reviewed personal care, infection control, moving and handling, medicines and the domestic environment. The risk assessments were reviewed every six months or sooner if the person's needs changed. We looked at the risk assessments for four people. These were up to date and provided care workers with guidance on actions they could take to reduce possible risks when providing care.

The number of care workers required to attend each visit was identified from the information provided in the local authority's referral document and during the assessment carried out before the care package started. The registered manager explained that they also allocated care workers based on their skills, experience and if they already had visits in the area to reduce travel time.

The service followed suitable recruitment practices. The registered manager confirmed people applying to

become care workers were required to provide the contact details of two references and their employment history for up to ten years. A Disclosure and Barring Service (DBS) criminal record check was carried out before they started working in the service. During the inspection we looked at the employment records for three care workers and saw all the required paperwork was in place. This meant that checks were carried out on new care workers to ensure they had the appropriate skills to provide the care required by the people using the service.

The provider had appropriate processes in place in relation to infection control. The care workers were provided with appropriate equipment including aprons and gloves to use when providing support.

Is the service effective?

Our findings

We saw people were being cared for by care workers who had received the necessary training and support to deliver care safely and to an appropriate standard. The registered manager confirmed that new care workers completed an induction over two weeks which included all the training identified as mandatory by the provider, the Care Certificate and shadowing and experienced care worker. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. Care workers completed four supervision sessions per year and an annual appraisal. The provider had also identified a range of training courses as mandatory. Care workers we spoke with confirmed they had regular supervision meetings, had completed an appraisal and training. This was supported by the records we looked at which showed care workers had completed the training identified as mandatory by the provider and completed regular supervision meetings. We asked people if they thought the care workers were trained to carry out their role and one person commented "Oh yes- one of my carers has been doing the job for over 20 years. I feel honoured to have this experienced care worker."

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 explained that during the initial assessment, they spoke with the person using the service to assess their capacity to make decisions about their care. They would then discuss with the care workers which decisions the person may need support with in relation to their care. Staff we spoke with had received training on this subject and understood the impact of this legislation on their day to day work.

We saw there was a good working relationship between the service and health professionals who also supported the individual. The care plans we looked at provided the contact details for the person's General Practitioner (GP). The registered manager explained they worked closely with the local Occupational Therapists and District Nurses to ensure the care packages in place were suitable to meet people's needs and reflected the level of support required as well as checking to see if people had the appropriate equipment in place in their homes to support their mobility.

We saw care plans indicated if the person required support from the care worker to prepare and/or eat their food. Some of the care plans indicated the person's food preferences and if the person's family provided pre-prepared meals for the care worker to serve/assist the person to eat.

The registered manager explained in addition to timesheets they had recently introduced an Electronic

Monitoring System (EMS) using the telephone for recording the arrival and departure times for visits. If care workers were unable to use the telephone in the person's home to access the system the provider arranged for a mobile phone to be provided and kept at the person's home. The provider monitored the EMS to identify if any calls were delayed or missed.

People were asked if the care workers usually arrived on time and stayed for the full visit. We received mixed comments including, "Nearly always on time, if delayed it's due to public transport, not their fault, when they do arrive they do stay the whole time", "It varies. Depends who comes, they are not that late, I do not need to wait that long. I am not sure how long the care workers should stay with me", "They are always on time, always going the extra mile" and "Yes, they are on time, if late on the odd occasion they will call me but usually delay is due to an emergency."

We asked care workers if they felt they had enough times between visits to ensure they arrived at the agreed time. Care workers told us, "There is travel time included on the rotas but sometimes traffic can be a problem. If we are running late we always call the office to tell them and they contact the person to let them know we are delayed" and "There is no excuse for a missed call as people are depending on us."

Is the service caring?

Our findings

We asked people if they were happy with the care and support they received from the service. They told us, "Yes I am very happy indeed. I would not change them for anything", "Wonderful, nice ladies. They will go above the call of duty, they treat me as a friend, they are all very good" and "Oh yes indeed, they do the tasks they are required to do. Also go above their duty, they go shopping, they get me things in their own time when they do their own shopping sometimes."

People using the service told us they felt the care workers supported them in maintaining their independence. Care workers were asked how they supported people they visited to maintain their independence. Their comments included, "One person I support feels that if they don't do something they will seize up", "People need to be encouraged to do things" and "You need to understand what people can do as some people are frightened to do things as they could be in pain."

People told us they felt care workers were kind, caring and treated them with dignity and respect when they received support. Their comments included, "They are so friendly, it's so relaxing and tension free when they come", "At all times they are caring and kind, they always treat me with the most respect and dignity", "They are most respectful to me, they say things to me not rudely but in a manner which is so kind- in a really nice way, not demanding. Excellent" and "Very happy indeed with the support, lovely to know I have someone there without being bossy. They treat me like family, it's the little things they do which makes a great difference."

Relatives told us, "Absolutely, at all times they treat my family member with respect and dignity. They are extremely caring and kind at all times" and "Very comforting to know we have this company to look after my family member. They go above and beyond their duty, once my family member needed medication. They went in their own time, came back to give my family member the medicine which was a few miles away. They would not accept any monies for the expense they incurred in travelling. I was so overwhelmed with the service provided by the care workers."

We asked people if they had the same care worker or if they regularly changed and they told us they usually had the same care workers visit them.

Care plans identified the person's cultural and religious needs as well as the name they preferred the care workers to call them by. We saw care workers were provided with information about the personal history for some of the people they were supporting where the information was available.

Is the service responsive?

Our findings

The registered manager explained an interim care plan was developed from the assessment of needs before the first support visit happened. A more detailed care plan was then developed including all the information obtained during the care visits to ensure it included all the person's support needs. The care plans and risk assessments were reviewed after six weeks and then every six months or sooner if any changes in care needs were identified. During the inspection we looked at the care plans for four people. The care plans provided care workers with detailed information on how the person wanted their support provided. In addition the care plans identified if any specific equipment was required when providing support for example a hoist. The care plans we looked at had been regularly reviewed.

Care workers completed a daily record of the support and care they provided for each person they visited. The records included a description of the care provided, if the person had received personal care and what they did during the day. We looked at the daily records of care for four people and saw they were clearly written and described the care provided.

People's needs were assessed prior to them using the service. We saw detailed assessments were carried out before a person started to receive care in their home to identify if the appropriate care and support could be provided. These assessments reviewed their individual support needs including mobility, social and health issues and were used to develop the care plan.

People using the service confirmed they knew how to make a complaint in relation to the care provided. We saw there was a complaints policy and procedure in place. Guidance on how to make a complaint was included in the information provided when people started to receive support. During the inspection we looked at the records for four complaints received during 2016 and found they contained copies of correspondence and the outcome of the complaint.

People using the service were able to provide feedback on the care they received. The registered manager confirmed they sent a questionnaire to people annually. A questionnaire was sent out during September 2016 and the feedback received was positive. People could also provide feedback on the care during regular telephone calls and visits made by the provider. The registered manager explained whenever they spoke with a person using the service they also asked for feedback on the quality of the care they had received which was used to improve the service.

Is the service well-led?

Our findings

The provider had a range of audits in place to monitor the quality of the care provided. The registered manager told us regular spot checks were carried out to monitor the quality of the care whenever they visited the person in their home. A care worker commented, "There are always random checks carried out and you don't know when they are coming out. There a lot of checks on how well we are doing."

Care folders were audited when the care plans were reviewed to ensure the information was up to date. The employment folders for the care workers were also reviewed when a supervision meeting was held to check the information held was correct.

The MAR charts for each person who had medicines administered were reviewed each month to ensure they had been completed clearly and accurately. Regular audits in relation to complaints and incidents and accidents were also completed to identify any trends in recording.

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.

The registered manager and the nominated individual regularly attended visits and provided care for people using the service. They explained they would attend up to 10 visits per week to monitor the care provided and had regular contact with people as well as care workers.

We asked people using the service and relatives if they felt the service was well-led and most of the people we spoke with felt it was. Some of their comments included, "Very well run, very pleased with them", "I would miss this company if it was not there", "I leave a message on the answer machine and I always get a return call, that is good" and "Yes they are good, satisfied with everything."

Care workers told us they felt supported and that the service was well-led. Their comments included, "They are always there for us and give quick responses to queries and they are only a phone call away", "We share all our problems and discuss things. We come in to see them if there are any problems" and "They are so good to us, they are very supportive not just work wise but personally as well."

Regular team meetings were held and detailed notes of the discussion were circulated. We saw the notes of recent meetings which included discussions relating to safeguarding, administration of medicines and supporting people with dementia. A care worker commented, "The monthly team meetings are very good, we even get treated with pizza."

The registered manager told us they were members of the United Kingdom Homecare Association and received regular guidance on good practice as well as attending training provided by the local authority.