

TLC Care Homes Limited

# TLC Care Homes Limited (Summer House)

## Inspection report

Blamsters Farm, Summer House  
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## 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 

## Overall summary

The inspection took place over two days on the 29 and 30 April 2015. The inspection was announced.

The service provides support with personal care to people in their own homes. People using the service have a learning disability and may have a mental health diagnosis. There are two registered managers for this service. They cover different geographical locations. 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.

# Summary of findings

People were supported according to their needs and wishes and there were enough staff to do this.

Staff were aware of how to promote people's safety and people had risk assessments in place where risks were identified. Assessment showed how the risk should be reduced. Staff recognised people could be at risk or harm and, or abuse and received training to help them know how to protect people as far as possible. Staff knew how to escalate concerns if required.

People were assisted with their prescribed medicines by staff who were trained to give medicines. There were systems in place to regularly check that people had access to the medicines they needed and they were stored correctly.

There were thorough recruitment procedures to ensure only staff considered suitable to work in this setting were employed. We found staff were appropriately supported through induction, and regular supervision. Staff received the necessary training which was updated when required.

Staff understood how to work lawfully with people in terms of decision making and consent. Most people were able to make their own decisions and staff asked people for their consent before assisting them with their care needs.

Most people were independent but staff monitored people's health and supported people to access appropriate health care when necessary. Where a person was at risk of unintentional weight loss this was monitored.

People had a plan of support tailored around their individual needs and interests. People were consulted about their needs and staff facilitated people's independence and respected their choices. People had varied lives and participated in a wide range of activities.

People knew how to complain and there was a process in place to do so. People were regularly consulted and staff responded appropriately. People were routinely asked for their views and improvements were made as a result of people's feedback.

Staff were mindful of people's individual needs and had received training to help them understand how to appropriately support people. People felt respected and were encouraged to be as independent as they were able to be. Parents and family members had confidence in the staff providing the support to their family member.

The service was well led, with a strong ethos and clear leadership. Staff were supported in their roles and people they supported felt confident. There were systems in place to evaluate the level of service provision and people's satisfaction with it. This meant the service knew where it was doing well and where it needed to improve.

There were good links with the communities and professionals working within them to ensure people were appropriately supported. Support was extended to family members

# Summary of findings

## 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 was safe.

Staff were well informed of their responsibilities and knew how to escalate concerns about people's welfare and safety.

There were systems in place to ensure medicines were available for people as required and staff were trained to give medicines safely.

Risks to people's safety were documented and as far as reasonably possible reduced to keep people safe.

### Is the service effective?

Good



The service was effective.

Staff were well trained and supported to be effective in their role.

Staff understood legislation relating to capacity and choice and supported people in accordance with their wishes.

People's health care needs were monitored and people were supported as required with their nutritional needs and staying healthy.

### Is the service caring?

Good



The service was caring.

Staff knew people's needs and wishes and offered them support as required.

Staff worked in consultation with people to encourage their independence, determination and choice.

### Is the service responsive?

Good



People's needs were assessed, documented and reviewed so all staff supporting people could clearly see how best to support the person.

People were consulted and the level of support required agreed with the person.

There was an established complaints procedure and this was used effectively to ensure required improvements were made.

### Is the service well-led?

Good



The service was well led.

The management style was open, honest and consultative. Staff were supported and trained and in turn provided a good service to those who used it.

There were systems in place to measure the effectiveness of the service delivery so the service could be improved when shortfalls were identified.

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## 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.

The inspection took place on the 29 and 30 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day and we needed permission to visit people in their own homes.

The inspection was carried out by two inspectors, one whom visited people using the service and telephoned health care professionals and family members. The other inspector visited the office, met with the manager and looked at the records.

Before the inspection we looked at information we already hold about this service including the previous inspection reports and notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with four people using the service, six staff and the deputy manager. We looked at three people's care plans, three medication records, staff support records and staff handover records for the week prior to our visit. We observed the support provided to people. We spoke with five relatives following the inspection. We also visited the office and spoke at length to one of the managers and other key staff who were responsible for staff training and administration. We looked at records relating to staffing and the management of the business.

# Is the service safe?

## Our findings

People were supported by staff who were trained to deliver safe care. One person said, "I can tell them [staff] when I am unhappy or getting anxious and they help me be calm." Another said "No-one speaks to me unkindly or hurts me. If they did I would tell the manager."

One family member told us "When my relative lived at home they were constantly causing us to worry about their safety. This is a really safe place for my relative to live in and I do not have to worry about them now."

Staff spoken with said they had received training in how to protect people from abuse and had policies to follow. They were aware of how to raise concerns to both internal and external agencies. We had received a number of safeguarding concerns which showed the manager was proactive in raising concerns when these were identified.

Incidents and accidents were recorded and dealt with appropriately. We saw the learning that had taken place from adverse events and there were meetings to discuss incidents and information was passed over in staff handover and staff meetings.

We had received a number of concerns before the inspection about the safety and well-being of a number of people using the service and specific incidents could have meant people were placed at risk. We went through each one in turn and saw that the manager kept a detailed log of any allegation and these were thoroughly investigated and plans put in place to adequately protect people. Any known risk to people had been assessed and kept under review and this was established when people first used the service.

A risk assessment covering people's environment and any risks to staff in providing support to people was documented.

There were enough staff to meet people's needs. One person said "Everyone here has their own staff that helps them. I like that."

The manager showed us how they kept people's needs under review and if a change in their support was identified they would go back to the Local Authority to negotiate

more or less hours. However in an emergency these hours would be provided and claimed back. This meant support was flexible and took into account people's changing needs and fitted in with how people wanted to spend their time.

We spoke with care staff about staffing levels and they told us there were enough staff and that staff absence was usually covered by existing team members, deputy manager or agency. They said they now had some agency staff who regularly worked in the service. They said staff recruitment was being carried out so hoped improvements to permanent staff team would be made soon.

There were systems in place to ensure people received their medicines safely. One person told us "I always get my medication at the right time."

We looked at staff recruitment and saw that it was sufficiently robust and staff were only employed when all the necessary pre requisite checks were in place. This potentially helped to protect people from the employment of unsuitable staff. The manager was quick to act on any identified poor practice.

We observed staff giving medicines. They carried this out correctly according to the prescriber's instruction and recorded what they had administered. We did not identify any gaps on the medicines recording sheet. Medicines were stored correctly, at the right temperatures and creams when opened were dated so staff knew what the best before date was. There was guidance when staff should give medicines as required such as pain relief. Staff signed to say when they had given this and also wrote on the back of the record saying why it had been administered. When people no longer needed medicines these were returned to the chemist and there was a record of this. Two people taking controlled drug medication were checked and found to be accurate and stored correctly. Records were complete with two signatures each time administered. The medicines in stock matched what the records said should be in place.

We spoke with the manager who showed us the medicines policy which they said was available to all staff. Staff received appropriate training to help them give medicines. Following the training staff's competence was assessed to ensure staff had understood their training and were able to administer medicines safely.

# Is the service effective?

## Our findings

People were adequately supported by staff who were sufficiently trained and supported for their job role. One person said "I am well cared for and the staff know how to look after us." One member of care staff told us, "Our training taught us how to work with the people living here and to be friendly and non-judgemental. Yes, I think the staff working here now, are respectful toward people." A relative told us "Staff appear well trained and knowledgeable. They know how to get the best out of my relative." Another said "Staff are reliable, helpful and show good insight into people's needs and behaviour."

Whilst in the office we looked at staffing records which showed us that staff were adequately supported. There was a schedule of supervision for staff and this included one to one supervision, group team meetings and direct observations of staff practice. The provider organised meetings for the manager of all its various services to provide support and share good practice.

New staff were only appointed after a thorough interview process which included people they were going to support. Once appointed staff completed a week long induction at head office and then did a number of shifts at the service accompanied by a more experienced member of staff. Usually staff did two shifts but this was dependent on their previous experience, confidence and assessed competence. An induction orientation form was used to go through all the essential information staff would need to know. New staffs probationary period was six months in which time they would have two probationary reviews and this period could be extended if any concerns were identified. What we were unable to see is how staffs performance was monitored during the initial 'shadowing' as this was not recorded and might be helpful as part of the initial probationary review.

Staff received training around the specific needs of people using the service for example, Mental health and more general training required for this sector such as manual handling. This was delivered by staff in the organisation who had received additional training to enable them to teach other staff. Staff confirmed that restraint had not been used and that as part of their training they were

trained to use break away techniques. They explained that they are trained to deflect, break away and use verbal de-escalation and to remove other people for their safety and leave the person and come back later.

Care plan records held detailed risk assessments that instructed staff on the action they could take to calm the person and use these techniques. Some people had specific long term conditions or a specific diagnosis related to their disability. Staff were given training as required and this depended on who they were supporting.

Some staff told us they went on to do professional qualifications in care. Staff performance was assessed each year through an annual appraisal. Staff had a learning and development plan and identified any specific training or support they wished to have for their role. The manager said this was facilitated as far as possible and there were financial incentives for staff undertaking additional qualifications.

We asked staff about the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards, (DoLs), Staff were aware of the legislation and how it was relevant to the work they do. They told us knew how to ensure people did not have their freedom restricted. Care staff said they would highlight to management team and team leader any possible restrictions to a person's freedom so that they would carry out an assessment and submit application if necessary. Care staff also understood a person's right to make an unwise decision. The manager had a good understanding of the Mental Capacity Act and worked closely with the Local Authorities to ensure people were appropriately supported. They gave an example of how person who was going to be moving into a different tenancy had been supported with make decisions. One staff member told us "We assist people to make their own decisions by giving them a choice and time to answer." A number of people required assistance with finance and there were appropriate arrangements in place for this.

Staff helped some people with meal preparation and budgeting for food. Most people were independent in this area. However we saw that people were consulted regarding drinks, and meals. Staff received training in nutrition and we saw when necessary, people had their fluid and food intake monitored by staff. Records held showed that arrangements had been made for a health professional to visit the person such as a dietician when concerns were identified about one person's weight.

## Is the service effective?

People were supported by staff to remain healthy and have regular check-ups with their GP as required. One relative told us, "The staff keeps us informed if my relative is not so well or sees the doctor. "Staff supported people through the day to pursue a range of activities including sports; gym, and swimming which helped maintain people's

health. The manager told us they had good relationships with the Learning Disability Partnership and the mental health services and worked in partnership with them to ensure people's needs were met as comprehensively as possible. This was documented in their support plans.

# Is the service caring?

## Our findings

Staff supported people with their day to day activities but people were also encouraged to socialise with others if they wished. We carried out some observations and saw good, positive interaction between people using the service and staff. When people became anxious reassurance and distraction was used to good effect. Staff explained action they wished to undertake e.g. assist them to make their lunch. There was a relaxed atmosphere. People were supported by the same staff so they got to know them and appeared happy in their company. The people we spoke with raised lots of positive comments including; "Lovely place this. Great staff. We have a laugh." "This is a great place. I have lived at other places and this is the best. They [staff] ask me what I wish to do." "The staff here are the best. They are kind, make me laugh and help me if I have a problem. I am encouraged and supported to live here and care for myself." People were supported and encouraged to have and to maintain friendships and relationships. Staff said people made personal friendships and relationships at service, through the Gateway Club and community access such as the pub. Where appropriate, relationships were risk assessed to ensure person not being taken advantage of.

Relatives were also full of praise for the staff. One relative told us "The staff are friendly and have a kind and considerate approach to people." Another said "The staff are polite, kind and respectful and treat everyone as friends."

People were involved in decision about their care, welfare and support. One person said "Yes I can do as I like. I talk to

my staff and we decide and agree my activities." People had access in their flat to information that told them how to complain and access an advocate. This was written in pictorial, easy read format. People had daily and weekly discussions with a staff member that planned their routine and the activities they wished to take part in. One relative said "Yes I have been asked to give my opinion about the care and have taken part in reviews."

We observed staff speaking with people respectfully. One person said "I go out most days and then I like to be on my own in my flat for a while. If I ask the staff to leave me for a while they do." Staff were seen to knock on people's flat doors before entering.

Staff also told us they felt respected. One staff said "The management team keep us up to date on the changes they are planning and ask our opinions at staff meetings. Yes, I do feel included and consulted." This meant staff felt confident and well supported and enabled them to work confidently with the people they were supporting.

One relative told us "The staff are kind and respectful and know how to handle the behaviour of my relative who can be very anxious. They keep my relative calm and are encouraging them to be independent."

People were supported by caring staff who facilitated their independence. One staff member told us "Service users get good quality of life and we support them to be as independent as possible." People had their independence promoted and part of their weekly activities plan was seen to develop life skills such as doing own housework, cooking and finances.



# Is the service responsive?

## Our findings

People's needs were thoroughly assessed before a decision was made about whether the service was right for them. The manager told us at least two staff carried out the assessment and they got as much background information as possible to enable them to make a decision. People were encouraged to meet staff and make decisions about their future. One relative told us, "There was a very smooth transition from my relative's previous place to living here. Lots of visits and short stays." They said it was well organised by the management team. They said that their family member had visited the service twice and had stayed for a weekend to check that they liked the service and their needs could be met. This was confirmed in the person's admission plan we reviewed.

The manager said people's needs were kept under review and their support could be increased or decreased according to people's needs and people's personal support preferences. This meant people received a very individualised service. One person told us "I am working towards removing my 121 support."

Through our observations we saw staff responded to the needs of people in a timely manner. They spoke to people who were quiet and checked with them that they were okay. Staff agreed and arranged activities for people. They said that each person chose their activities and that they accompanied them to such things as going to the gym, swimming, for a local pub or restaurant for a meal, trip to the coast and walks and a bus ride to the shops as part of 121 support for people.

Care plans were individualised and contained personal information about the person. Staff had access to information about the person that was written in the first person, was complete and up to date. This included the likes, dislikes and preferences of the person as well as details about their decision making and any possible unwise decisions they may have made. An assessment of the person's capacity to decide was in place and when appropriate, best interest decisions were recorded. Care, support and risk assessments were in place. Detailed information about behavioural management was also held that included information about actual and potential triggers to certain behaviours and guidance on the prevention, distraction and intervention to use. Care plan information and assessments had been regularly reviewed with the person and/or their relative or advocate.

People, relatives and staff said that concerns and complaints were listened to and resolved as they occurred. A relative said the management team was approachable and that were helpful when they spoke with them explained that they treated each person as an individual and encouraged them to do the things they liked to do rather than what everyone was doing. This was seen during our observations. There was a robust complaints procedure which staff, people and their relatives were familiar with. The managers regularly reviewed the level of service provision and responded appropriately to any concerns raised.

# Is the service well-led?

## Our findings

The service was well led. The manager we met demonstrated a thorough knowledge of the service they were providing and the needs of the people using it. We spoke with staff, relatives and people using the service who were all full of praise about the service provision. We saw that people were encouraged to be as independent as they were able and encouraged to participate in 'new activities' including supported employment and volunteer work.

There was good communication between staff and their managers and between staff, managers, people using the service and their relatives. Tenant meetings had just been established to help people determine what happens in the service and how they wished their support to be provided. This was already an established principle within people's tenancies where people agreed how they wished to be supported and staff facilitated this. The organisation had a system which required staff to check in when arriving at a person's home and it also showed what time they left. This enabled staff to be monitored and the agency could demonstrate that they were providing the support they were commissioned to by the Local Authority.

The manager was able to show and tell us about any concerns which had been raised about the service and how these had been responded to after a thorough investigation. The manager was open and transparent. Staff told us the manager and deputy manager had good ideas for improvements and promoted an open, no blame culture.

We asked staff how it was working for this organisation. One staff said "This is a lovely service and I am proud to work here." We asked about transparency and staff said that the management team had made good improvements to the way staff supported people and the running of the service. They confirmed that they were approachable and that they felt listened to and supported. All felt the service was becoming better organised now.

We asked people about the service they received. They all told us they had flexible support and confidence in the staff who supported them.

In the office we found records were well organised and staff spoken with were clear about their responsibilities. There

were detailed records for staff showing robust recruitment processes. Training and staff support was clearly planned out and the manager addressed poor practice and rewarded good practice.

The manager had recently sent surveys to people, their families, staff and health care professionals to ask them for their views on the service provided and how it could be improved upon. The organisation was in the process of analysing the results. We saw the previous year's survey and this demonstrated rates of satisfaction in pictorial form. During our inspection everyone spoken with gave us positive feedback. However this was not reflected in the surveys we viewed where lots of negative comments were raised about the service particularly in relation to the environment and health and safety issues. TLC has a number of different services which come under one umbrella and the quality assurance system is for the organisation as a whole. It does not separate the results from the different services to show how each service was performing. A lot of the questions being asked from the survey had less relevance to the domiciliary care agency. We discussed this with the manager. They told us they held regular meetings with all managers in the group across residential and domiciliary care provision and this was something they could discuss here.

We asked the manager for completed audits. A schedule of audits had recently been devised and were the responsibility of the team leader and deputy manager and included audits for; medication, premises, infection control, care and support plans, staffing levels and staff training. The manager told us they were proactive in supporting their staff and spent time visiting people in their own homes and checking audits were carried out.

We asked staff about the vision and values of the service and staff were able to tell us. They said putting people living at the service first, to give people the best care, support and varied life they could and to assist people to be as independent as possible. Having spent time with one of the managers we were assured that they had very strong values and were building an effective team. Staff said that they did encourage people to become or maintain their community links by taking them to community events and club meetings regularly.