

TD Homecare Services Limited

# TD Homecare Services

## Inspection report

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## Ratings

### Overall rating for this service

Inspected but not rated

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

TD Homecare Services is a domiciliary care agency registered to provide personal care for people who require this due to old age, illness or disability. At the time of the inspection the agency was providing personal care for approximately 11 people living in the west of the Isle of Wight.

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

We received very positive feedback from people or their family members about the service. All people who used the service spoke highly of the care staff and the management team. People and their family members were all positive about the support they received from the management team who they felt they could contact at any time.

People told us they felt safe and secure when receiving care and family members felt their relatives were safe with care staff.

Individual risk assessments and risks relating to people's home were detailed and helped reduce risks to people while maintaining their independence. Staff described how they followed risk management plans when providing a care service.

Safe recruitment practices were followed, and appropriate checks were undertaken. This helped make sure only suitable staff were employed to care for people in their own homes.

There were sufficient numbers of regular care staff to maintain the schedule of visits.

The provider and registered manager sought feedback from people on the service they were receiving, through the use of regular contact with them and reviews of the care they had received. Regular audits were undertaken and where improvements were identified, action plans were developed to ensure improvements were made and sustained.

The service met the characteristics of Good in both areas assessed. More information is in the full report.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).  
This service was registered with us on 14/11/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date the service was registered with CQC. Currently CQC is undertaking inspections to ensure services are safe and well-led. No areas of concern were identified in the other key questions. We therefore did not inspect them. This means we are unable to provide an overall rating for the service however, we have rated the key questions Safe and Well-led as Good.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

Good 

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

Good 

The service was well-led.

Details are in our well-Led findings below.

# TD Homecare Services

## 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 completed by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service three days' notice of the inspection visit as we needed to be sure the inspection could be undertaken safely, and that relevant staff would be available in the agency office. We also requested that the service provide us with a range of information such as policies and procedures which we reviewed as part of the inspection.

Inspection activity started on 22 September 2020 and ended on 29 September 2020. We visited the office location on 22 September 2020 to see the registered manager, director; and to review care records and records related to staff recruitment.

#### What we did

Before the inspection, we reviewed information we had received about the service, including registration reports, and notifications. Notifications are information about specific important events the service is legally required to send to us.

We used all of this information to plan our inspection.

During the inspection, we gathered information from:

Six people who used the service

Two relatives of people who used the service

A director of the company and the registered manager

Six members of care staff

Care records including risk assessments and administration of medication records

Recruitment, induction and training records

Policies, procedures, audits and quality assurance reports

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Preventing and controlling infection:

- Safe systems were in place to protect people and staff from infection risks.
- Staff were trained in infection control. Additional training, risk assessments and procedures had been introduced in response to the coronavirus pandemic. These reflected current best practice guidance.
- Personal protective equipment (PPE) such as disposable masks, gloves and aprons, were available for staff to use. People and family members all confirmed staff used PPE and washed their hands appropriately. One person said, "When they arrived everybody's got their mask on and aprons and they use gloves as well. The staff do what they can do to keep me safe by wearing the mask and they do my online shopping for me."
- Staff said they had access to plenty of PPE. One care staff member said, "I've got lots of PPE." Care staff described how they used PPE including essential handwashing which reflected best practice guidance.
- There was an up to date infection control policy and risk assessment in place, which was understood by staff.

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

- Appropriate systems were in place to protect people from the risk of abuse.
- Everybody told us they felt safe whilst receiving a care service. One person said, "There are about four different ones (named care staff) and they all know me. I feel safe with them all." They added, "When we first had Covid (on the Island) they (care staff) put notices on our windows to make sure that anyone visiting washed their hands before coming in." Another person said "They (care staff) keep me safe, they have to as I'm vulnerable because of my age." A relative said "My parents stayed with me for a short while and I saw the staff arriving and leaving and could hear what was going on. So yes, I know they are safe with them."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "I would tell [the registered manager] or [director]. They would do something I'm sure of that, but I know I could also go to you, CQC."
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local authority safeguarding team. The director and registered manager were clear about their safeguarding responsibilities.

Assessing risk, safety monitoring and management:

- Risks to people were assessed and recorded clearly in their care plans with information as to action staff should take to mitigate identified risks. Discussion with care staff showed that they took all necessary action to manage risks and ensure people were safe.
- People's risk assessments included areas such as mobility; use of equipment; health and medicine; personal care and individual risks that may occur due to their needs.
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate them.

They told us two staff were always allocated when specific equipment to assist people to move safely, was required. This meant equipment such as hoists could be used safely. Staff also described how they supported people who were at risk of choking." This information reflected individual risk assessments viewed.

- People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the person, including lighting, the condition of the property and security. Systems were also in place to ensure staff working alone were safe.
- Business continuity plans were in place to ensure that people were prioritised in terms of risk during crisis situations. This would help ensure the most vulnerable people, such as those who lived alone would be safe.

#### Staffing and recruitment:

- There were sufficient numbers of staff available to keep people safe. The registered manager was clear that they would only accept new care referrals for people if they had enough staff available to ensure they would be able to meet people's needs.
- People said they had the same 'group' of staff, who came on time, and always stayed for the correct amount of time if not longer. They told us new staff were always introduced to them during 'shadowing' visits before they commenced attending the person on their own.
- The service had a small staff team which meant people received support from regular staff who knew them well. The director told us that short term staff absences were covered by themselves or existing staff members. A bank staff member told us they would be contacted to help cover on an ad hoc basis when required such as for other staff on annual leave.
- Staff received an induction into their role, which included on line and practical training. New staff also worked alongside more experienced staff until they felt confident and were competent to work directly with people. Newer staff members told us they had completed induction visits to everyone they subsequently attended.
- People were confident in the staff's abilities. One person said staff "Knew how to look after them and what to do."
- Recruitment procedures were robust to help ensure only suitable staff were employed. Two newer staff members confirmed all necessary pre-employment checks had been completed which reflected the records we viewed.

#### Using medicines safely:

- Safe systems were in place should people require support with their medicines.
- Where people were supported by care staff with their medicines, we were told this was managed safely. A family member said, "Even the paracetamol has to be prescribed and written on the sheet (Medication Administration record) and signed for when it's been given."
- Risk assessments identified the level of support people required with their medicines and who was responsible for ensuring medicines stocks were maintained.
- When staff were required to administer medicines, records were completed. These were returned to the office at the end of each month and were audited by the registered manager. The director also undertook a range of care visits and said they checked medication records whilst completing care visits. Care staff correctly described the action they would take if they identified a change in a person's prescribed medicines or the failure of a previous staff member to administer medicines for a person.
- Staff had been trained to administer medicines and had been informally assessed as competent to do so safely. A formalised process to ensure staff competency including a yearly reassessment was discussed and the registered manager told us they would introduce this.

Learning lessons when things go wrong:

- Where an incident or accident had occurred, the provider had robust procedures in place to record, investigate the possible causes, learn lessons and take any identified remedial action to prevent a recurrence.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People felt the service was well-managed and several people told us they had already recommended the agency to a friend or relative. One person said, "They are great, really brilliant." Another person said, "They are a really caring company, they really care about you."
- Staff also felt the service was well managed. All were positive about the support they received from the management team and felt they could go to them with any issues or concerns. One staff member said, "I had a supervision a couple of weeks ago, [registered manager] is always saying 'call me', or 'are you ok?'."
- The company director had a clear vision for the service. They said, "We don't want to be the biggest, but we want to be the best and to provide a person-centred service." They added that this meant providing quality individual care for people, whilst promoting independence and choice.
- The director often worked alongside staff which they identified meant they could oversee how staff provided care and treated people. The registered manager undertook formal supervision and support sessions with staff.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. The registered manager described how this would be used when required. We saw that this had been used where necessary.

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

- The registered manager was clear about their roles and responsibilities. They confirmed they had sufficient time to undertake all their duties and felt supported when required by the director.
- The director was fully involved in the day to day running of the service. They undertook assessments of new service users and were primarily responsible for writing care plans and undertook a range of care visits as required. They were proactive in improving the service and their own skills and knowledge. For example, they had identified a need to undertake further training and had recently commenced a level five care and management course. This is a course usually completed by registered managers and covers all aspects of organising and running a care service. During the inspection they demonstrated an understanding of the service and a commitment to ensuring people received high-quality care.
- There were formal and informal quality assurance systems in place. The service used a call monitoring system which provided details in real time of staff attendance at care calls, tasks they completed and time they left people's homes. Should a care staff member not arrive when expected or complete all identified activities then an alert was received by the registered manager meaning they could take any necessary action promptly.

- The registered manager completed regular audits and told us they reviewed records of care provided and medicines administration records. Where improvements were identified, action plans were developed to ensure improvements were made and sustained. The director actively monitored staff whilst undertaking care calls with them. The service also had a nominated individual who undertook monthly formal reviews and monitoring of the service including reviewing records and talking with staff and service users. A nominated individual is a senior staff member who, with the registered manager, is legally responsible for the service.
- A range of relevant policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, infection control and recruitment. Additional policies and procedures were introduced when required such as due to Covid to ensure the safety of people and staff. Staff were given copies of essential policies as part of their induction, meaning they would have access to these should the need arise.
- The registered manager monitored complaints, accidents, incidents and near misses and other occurrences. The registered manager told us they would, "check for patterns or themes," although as there had been few incidents none had been identified.
- The director and registered manager were keen to improve the service for the benefit of people and staff. They had received a grant from the local authority to support with infection control due to the Covid pandemic. This had been spent on new uniforms for staff that could easily be washed at higher temperatures. Additionally, staff were being provided with equipment to enable them to monitor the health of people (thermometers, oxygen monitoring equipment etc) meaning staff would be able to identify early if people were developing symptoms and required medical attention.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- There were opportunities for people to provide feedback. People had regular individual reviews during which they could provide feedback about the care and the service received. Family members and people all felt able to contact the management team and were confident they would get a positive response to any issues or questions.
- Due to the coronavirus pandemic physical staff team meetings were no longer being held. An outdoor staff meeting had been held enabling safe distances to be maintained. A staff member said, "We used to have meetings but obviously not at present, but we can always ask to speak with anyone in the office if we need to."

Working in partnership with others:

- The service worked well with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- The service was focused in the western part of the Isle of Wight where staff and the management team all also lived. They had links with other resources and organisations in the community to support people's preferences and meet their needs.