

TML Care Solutions Limited

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Inspection report

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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 ●

Summary of findings

Overall summary

This service provides care and support to people with mental health needs living in a 'supported living' setting as tenants, so that they can live in their own home as independently as possible.

People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

There were 10 people receiving support when we inspected. Dependent upon their mental health needs not everyone using TML Care Solutions always received support with the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; such as help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service met all relevant fundamental standards related to staff recruitment, training and the care people received. People's care was regularly reviewed with them so they received the timely care they needed.

People were involved in decisions about their support. They 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.

Staff were friendly, kind and compassionate. They had insight into people's mental healthcare needs, their capabilities and they respected people's preferences for the way they liked to receive their personal care support.

People were supported to maintain a balanced diet where they were supported with eating and drinking.

People were supported to access community healthcare services, including services that provided specialist mental healthcare support. People were supported to take their medicines by support workers that had received training in medicines management.

The provider and registered manager led staff by example and enabled the staff team to deliver individualised care that consistently achieved good outcomes for all people using the service.

There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong so that the quality of care across the service was continually monitored and improved.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

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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 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 comprehensive inspection took place on 13 April 2018 and was announced.. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care support service to people living as tenants in their own accommodation. We needed to be sure that the registered manager would be available to speak with us. The inspection was undertaken by one inspector.

Before our inspection, we reviewed the information we held about the service and information we had received about the service from people who had contacted us. We contacted the local authority that had funding responsibility for some of the people that used the service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We took this information into account when we inspected.

We spoke with four people, and observed the interaction between people and the staff in the communal areas shared by the tenants living in the house. We also spoke with the registered manager, the assistant manager, and two support workers in the office used by staff.

We looked at four people's care records and four records in relation to staff training and recruitment. We also looked at other records related to training for support staff, and arrangements for managing complaints and the quality assurance of the service.

Is the service safe?

Our findings

People said they had no worries about their safety. They said the support they received ensured they remained safe. One person said, "I can count on them [support staff] 'being there' for me when I'm not feeling so good. Just knowing they [support staff] are around when I need them makes me feel I'm safe."

There were sufficient numbers of experienced and trained care staff on duty when we inspected. Recruitment procedures ensured only suitable staff worked at the service. People continued to receive care and support from staff in a way that maintained their safety.

Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties. Newly recruited support workers 'shadowed' an experienced support worker before worked alone with people receiving a service.

People's care plans provided staff with guidance and information they needed to know about people's mental health needs and the support they needed to stay safe. Risk was well managed and did not adversely impact on people. A range of risks were assessed to minimise the likelihood of people receiving unsafe care such as when a person needed the support of a staff member to safely access community facilities.

Medicines were stored safely and were locked away when unattended. There were risk assessments in place to guide staff that were related to the safe management of medicines for people that required prompting and supervision when using medication.

Lessons were learned and improvements made whenever things went wrong; for example, accidents or incidents were investigated and whenever these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

Staff received regular refresher training on safeguarding and understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people.

Is the service effective?

Our findings

People were supported by trained staff that had the skills they needed to support people with mental health needs. Staff had a good understanding of each person's diverse needs and the individual care and support they needed to enhance each person's quality of life.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA and we saw that they were. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff sought people's consent on a day-to-day basis before providing any support; they offered explanations about what they needed to do to ensure the person's care and welfare.

Where needed staff provided guidance and support with menu planning so that people preparing their own meals benefitted from a nutritional diet.

Timely action had been taken by staff whenever there were concerns about person's deteriorating mental health that affected their quality of life or put them or others at risk. Staff then worked closely with the individual to support and care for them during these times to enable them to regain their independence and manage their coping skills. Staff ensured visiting health care professionals had accurate information about people's conditions so that they were enabled to deliver the treatment people needed.

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. People's support was discreetly managed by staff so that people were treated in a dignified way.

People were supported to do things at their own pace and the people we spoke with took a pride in sustaining their independence and being able to live in the community. Staff responded promptly, however, when people needed assistance or reassurance. They were familiar with people's individual behaviours and what to look out for with regard to whether the person was becoming unwell and needed their attention. Behaviours arising from people's mental health condition were sensitively managed by staff that were knowledgeable of 'triggers' that contributed to an individual's behaviours. These 'triggers' were avoided but staff knew how to work with the person in a kind, thoughtfully measured way, whenever such behaviours occurred.

People were encouraged to do as much as they could for themselves within the constraints imposed upon them by their mental health needs. They lived as part of the local community and independently made use of local facilities with, where necessary, discrete support from accompanying staff.

People's individuality was respected by staff that directed their attention to the person they engaged with. They used people's preferred name when conversing with them and their manner was respectful. Staff were familiar with and acted upon people's routines and preferences for the way they liked to have their support provided. Staff were able to discuss how they facilitated people's choices in all aspects of their day-to-day support, including their right to take risks.

People had access to external advocacy services when required. The staff were able to source information for people should they wish to use an advocate. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

Is the service responsive?

Our findings

People's abilities to do things for themselves had been thoroughly assessed prior to moving to their supported living accommodation as tenants. People's mental health diagnosis, their family history, interests and behaviours were taken into consideration when their support plan was agreed with them in their best interest.

People were encouraged to make informed choices about their support and how they preferred to spend their time during the day. There was comprehensive information in people's support plans about what they were capable of doing for themselves and the on-going support they needed to be able to put this into practice.

People consistently received the level support they needed in accordance with their individual needs assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed or fluctuated over time. Staff were skilled at picking up on people's non-verbal cues so that they knew if someone needed additional support.

People were protected from social isolation because staff made an effort to engage with them individually. Staff also ensured that people were enabled to enjoy going out and participate in what was going on in the wider community.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Staff were aware of the communication needs of the people they supported from the information in the person's care plan. People were provided with the verbal and written information they needed about what to do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

Is the service well-led?

Our findings

A registered manager was in post when we inspected. 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.

People said they were pleased with the service provided and the way that it was managed. One person said, "I can go to [registered manager] whenever I need to and I know [registered manager] will listen and get things done." A staff member said, "We [support staff] know we can go to [registered manager] or [assistant manager] if we need advice or if we are worried about someone. It's a good team."

People's care records, as well as staff records and records kept to reflect the running of the service, were kept up-to-date. Care records accurately reflected the level of support people received. Staff records reflected the training and supervision staff had received. Policies and procedures to guide care staff were had been routinely updated when required. Records were securely stored to ensure confidentiality of information.

People's experience of the service continued to be seen as being important to help drive the service forward and sustain good quality care and support. People received a service that was monitored for quality throughout the year by the registered manager.

The registered manager completed regular audits, which reviewed the quality of care and support people received. Feedback from people that used the service was regularly sought through meetings and people's suggestions for improvements to the service were listened to and acted upon as necessary. Care practices were regularly discussed by the staff team as a whole to identify areas that could be improved.

The staff team maintained good working relationships with external community healthcare professionals and service commissioners. They continued to support them to have appropriate access to the information they required about people's health and wellbeing and to use feedback from them to sustain a good quality service.

Staff said there was always an 'open door' if they needed guidance from any of the senior staff. They said the senior staff were very supportive and approachable. Staff said that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the registered manager.

There continued to be an open and transparent culture within the home, with the home's CQC rating from the last inspection, on display.