

TLCCarers Limited

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Inspection report

Unit 14, 62 - 72 Dalmain Road
Forest Hill
London
SE23 1AT

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07 May 2021
20 May 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

TLC Carers Ltd is a domiciliary care agency. It provides a personal care support service to people in their own homes. At the time of the inspection nine people were using the service.

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

People and their relatives said care workers provided safe care. Two people said, "I wanted professional people with high standards and I've been impressed with the carers" and "I feel very safe." However, what people told us and what we found did not always match. Risk assessments and management plans did not always contain enough detail to identify and mitigate risks.

People did not always receive their medicines as planned and staff did not always complete medicine administration records accurately. Medicines audits took place but did not find the concerns we identified with the management of medicines.

Regular monitoring checks of the service took place. However, they failed to identify issues in risk assessments and medicines management found.

The provider sought feedback from people using the service and their relatives via telephone calls and home visits. People gave positive feedback about the care and management of the service.

Staff completed safeguarding training which helped them to identify abuse and understand their responsibilities to protect people at risk from harm. Staff followed the provider's safeguarding procedures and knew how to report an allegation of abuse to the registered manager or local authority for investigation.

Staff had checks completed before their employment was confirmed. The rota showed enough staff were deployed to meet people's needs. People said regular care workers visited them and arrived on time.

There were suitable infection control and prevention methods in place. This was in line with government guidelines around the COVID-19 pandemic. This helped staff to reduce the risks of infection for people they supported.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 22 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The overall rating for the service is requires improvement. This is based on the findings of this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches of regulation in relation to safe care and treatment, medicines management and recruitment. We also found the quality of care records and the monitoring of the service were not always of a good standard.

Please see the action we have told the provider to take at the end of this report.

Follow up

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

TLC Carers Ltd

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

Two inspectors and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

TLC Carers Ltd 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be at the service to support the inspection.

Inspection activity started on 7 May 2021 and ended on 20 May 2021. We visited the office location on 7 May 2021.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed four people's care and medicine records, and we looked at five staff files that included recruitment, and training records. We looked at a sample of policies and procedures and records related to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We spoke with seven people to get their feedback on the care and support they received. We received written feedback from seven care workers about their experiences working at the service. We reviewed copies of quality assurance records sent to us by the provider.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk to people's health and well-being were not always correctly assessed and managed well. Assessments identified some risks related to people's physical disabilities, dementia care needs, mental capacity, violence and aggression, continence needs and pressure area care. But sufficient detail about potential risks were not always recorded. For example, a person was at risk of unsafe care because the level of risk associated with their moving and handling needs were not recorded.
- In another example, we found a person's risk assessment indicated there were no identified mobility needs but their care plan stated staff must support them with 'transfer from bed', 'support with toilet transfers' and 'supervise on stairs to the ground floor'.
- In a third example, staff recorded a person had a sight impairment. However, there were no further details to describe whether their sight impairment affected their daily lives, identified any risks or if there were any additional support they needed.

The poor quality risk assessments put people at an increased risk of receiving unsafe care. This placed people at risk of harm and was a breach of Regulation 12 (safe care and treatment) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely to meet people's individual needs. Views about medicines support varied, comments included, "The carers are not very good with my pills. [My relative] has found pills on the floor. The carers take pills from another day if they find themselves short." A relative told us of a positive experience, "Yes the carers do manage [my family member's medicines], it all seems well handled." However, we found poor medicines management, including the quality of records kept in the administration of medicines. We raised this concern with the registered manager who agreed to look into these concerns and update us on the outcome.
- Staff completed medicines training during their induction and as a refresher course. Staff told us, "I have received on the job training via my manager when shadowing a new client" and "Yes, I have also been shown during induction." Whilst staff had completed medicines training, no staff had their medicines competency assessed to confirm they were safe.
- During a spot check assessment, a member of staff was assessed as requiring additional support with medicines administration. The assessor suggested refresher training in medicine administration records (MARs), medicines awareness training and support to complete MARs effectively. This member of staff did

not complete a medicine competency assessment. When we discussed this with the registered manager, they told us these concerns were being managed through additional training and during supervision meetings.

- People had a medicines assessment completed to identify their level of support. However, we found an example where the level of support required was confusing. Staff recorded the level of support as prompt, support, administer and self-administer medicines. The contradictory information in care records increased the risks of people not receiving their medicines as prescribed.
- Staff did not always accurately complete medicine administration records (MAR) following administration. We found not all MARs were dated, signed and some entries were made using a coloured pencil. This was not in line with the provider's medicines policy.

Poor medicines management placed people at risk of harm and was a breach of Regulation 12 (safe care and treatment) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment of staff was not always robust because some application details were missing. For example, three out of five staff files we looked at did not have a complete work history because there were historic gaps on their application form. We discussed this with the registered manager who said they were reviewing staff files and would update them.

The provider did not ensure persons employed had the right skills and experience to provide care. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Pre-employment checks were completed and returned before staff were employed to work with people. Staff had employment checks that included job references, proof of the right to work in the UK and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.
- The registered manager ensured enough staff were available to meet people's needs. People said, "Yes, it's always the same carers, sometimes the owner fills in" and "They are very flexible and go the extra mile for me". Staffing levels were determined based on people's individual care needs and the level of support they required.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe receiving care and support from staff. Comments included, "I feel very safe" and "Yes [my relative] is safe, no problems. I like their approach with [my relative]."
- The provider's safeguarding processes were followed, and staff understood their responsibility to report potential abuse to the local authority for investigation.
- Staff understood different types of abuse and how they would report this to the manager, local authority or the Care Quality Commission (CQC) when required. Staff demonstrated they understood abuse, they told us, "I have experience in safeguarding to protect [people] from any significant harm" and "Protecting people from danger or potential danger."

Preventing and controlling infection

- People were protected from the risk of infections. People told us, "The carers do wear their PPE" and "They [care workers] always put their equipment on at the door before they come in." The provider's infection control policy gave staff guidance and best practice on how to reduce the risks of infection.
- The provider had supplies of personal protective equipment (PPE) and told us they had enough supplies

for staff. Staff told us, "I have been given the correct and proper PPE and adequate supply and am tested once a week" and "Infection control training was given, and regular updates are supplied via email."

- The provider followed government guidance to help prevent the control the spread of infection. Staff completed weekly testing for COVID-19 in line with government guidance for care at home services.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's quality assurance and monitoring systems were not always robust. The registered manager audited medicine administration records. However, we found some MARs had unexplained gaps, and did not always contain people's important information, such as allergies, pharmacy details, diagnosed medical conditions and GP details.
- Records showed staff had completed additional medicines training but this did not improve the quality of those records.
- People's care plans and risk management plans did not always contain enough detail to keep people safe. The provider's monitoring systems had not identified these failures therefore the registered manager had not taken effective action to resolve them.
- The recruitment process was not robust because newly employed staff work histories, were not always recorded to ensure they were suitable for the role.

These issues were a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt the service was run well and the management team was helpful and supportive. Comments included, "Yes, the manager is very supportive and is always providing any support I need" and "I feel supported by the manager and I can discuss anything with her."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives said the service was well run and staff were described as kind and caring. Comments included, "When I come in some days to see [my relative], the carers have painted her nails, and they've always brushed her hair nice" another relative said, "[My family member] has a laugh and a joke with them, he's very chatty. [My family member] is a very intelligent man and is very happy the way the carers help him."
- The registered manager encouraged positive team working, they told us, "I look to look out for my staff. I am a caring person. I have an open-door policy" and "I catch up with staff weekly informally on the phone, just to see how they are."

- Staff understood their roles in the service which was to provide people with safe and compassionate care and support. A member of staff said, "The culture of this company is fair and very transparent, they foster a healthy working relationship between the staff."
- The registered manager was aware of their legal responsibility to inform the CQC of safeguarding allegations and serious incidents.

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

- The provider did not do all they could to meet people's equality characteristics. Two care records provided some limited information about people's cultural and religious needs. But there were no details for staff on how to meet these needs. We shared this information with the registered manager who confirmed they are in the process of updating their records to include information about people's specific needs in relation to the characteristics.
- People and their relatives were asked for their feedback about the quality of the service. Feedback showed people were happy with the care received.
- The registered manager and the management team engaged with staff in a variety of ways. Staff had supervision every three months and attended a monthly team meeting either online or face to face. Meetings enabled staff to meet and discuss changes in the service, including COVID-19 guidance. There was a staff newsletter available that shared information about the service including any new staff guidance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the principles of the duty of candour and to share information when concerns were raised or when things went wrong.
- The registered manager told us that they encouraged staff to speak with them if they had any concerns. Staff told us, "I get the support I need. I am free to talk to [the manager]" and "TLC is very supportive and I feel confident that I can talk to my managers anytime."

Continuous learning and improving care

- The registered manager attended a local home care provider network group for home care managers to share information and knowledge with each other including examples good practice. The registered manager said, "We are learning from others and implementing good ideas which helps provide improved care to people."

Working in partnership with others

- The service worked in partnership with health and social care professionals and with the local authority that commissioned the service. This enabled people to receive ongoing care to meet their individual needs. The registered manager had developed links with voluntary organisations Age such as UK. People were signposted to organisations for specialist advice and support if this was required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was failing to ensure risks to service users health, safety and well-being were being effectively assessed, identified, mitigated and monitored.</p> <p>The provider failed to ensure service users medicines were managed in a safe way.</p> <p>12(1)(2)(a)(b)(g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure quality monitoring systems were robust to identify shortfalls and drive improvements to service delivery so service users received safe and effective care.</p> <p>The provider failed to ensure service users records and staff files were accurate and complete.</p> <p>17(1) (2)(a)(b)(c) (d)</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider's recruitment processes did not always ensure employed people had the competence, skills and experience to provide</p>

care and support to service users.

19 (1)(b)