

Tender Loving Care (TLC) Ltd

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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

We carried out an inspection of Tender Loving Care (TLC) Limited on 22 and 23 August 2017. We gave the service 48 hours' notice to ensure that the registered manager would be available when we visited.

Tender Loving Care (TLC) Limited is a domiciliary care agency which provides personal care and support to people with a variety of needs including older people, people living with dementia, younger adults and people with a physical disability. The agency's office is located in Haslingden in East Lancashire. At the time of our inspection the service was providing support to 13 people. This was our first inspection of this service.

At the time of the inspection there was a registered manager at the service who had been registered with the Commission since February 2016. 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 people we spoke with told us they received safe care. Staff had a good understanding of how to safeguard vulnerable adults from abuse and were aware of the appropriate action to take if they suspected abuse was taking place or if people were at risk of abuse.

We found that staff had been recruited safely and had received an appropriate induction. Staff received regular supervision and their practice was observed regularly to ensure that they were providing safe care. Staff told us they felt well supported by the registered manager.

We found that people's medicines were managed safely and people told us they received their medicines when they should. Staff competence to administer medicines safely had been assessed regularly.

People were supported appropriately with their healthcare needs and were referred to healthcare professionals when appropriate. We received positive feedback about the service from a community healthcare professional.

People told us they were happy with the care and support they received from the service. They told us that their care needs had been discussed with them and they were involved in decisions about their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, their relatives had been consulted.

Most people told us that staff arrived on time and stayed for the full duration of the visit. They told us they were supported by regular carers who were familiar with their needs and preferences.

People told us the staff who supported them were caring. They told us staff respected their right to privacy and dignity and did not rush them. People told us staff encouraged them to be independent.

People told us they were regularly asked to give feedback about the service during the registered manager's observations of staff practice. We noted that most people had reported a high level of satisfaction with the service.

Most people we spoke with told us they were happy with the way the service was being managed. They found the staff and registered manager approachable and knew who to contact if they had any concerns.

We saw evidence that regular audits were completed by the registered manager. These checks were effective in ensuring that appropriate levels of care and safety were being maintained.

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.

The manager followed safe recruitment practices when employing new staff.

Staff had completed training in safeguarding vulnerable adults from abuse and knew how to respond if they suspected abuse was taking place.

Risks to people's health and wellbeing were assessed and reviewed regularly. We saw evidence that people's risks were managed appropriately.

People's medicines were managed safely and people told us they received their medicines when they should.

Is the service effective?

Good 

The service was effective.

New staff received an appropriate induction and were able to observe experienced staff before they became responsible for providing people's care.

People's care plans were detailed and individualised. Care plans included people's preferences as well as their needs.

Staff understood the importance of supporting people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives had been consulted.

Staff supported people appropriately with their nutrition, hydration and healthcare needs. People were referred to healthcare professionals when appropriate.

Is the service caring?

Good 

The service was caring.

People were given information about the service when they first

started receiving care, which included a service user handbook.

People told us their care needs were discussed with them and they were involved in decisions about their care.

People told us staff respected their privacy and dignity and encouraged them to be independent.

People were supported regularly by a small group of staff who they knew. Staff knew the people they supported and were familiar with their needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before the service started supporting them to ensure that the service could meet their needs. People's needs and risks were reviewed regularly.

People received personalised care which reflected their needs and their preferences.

People were asked to give feedback about the care and support they received and most people reported a high level of satisfaction with the service.

People felt able to raise concerns with the staff or the registered manager.

Is the service well-led?

Good ●

The service was well-led.

Most people being supported by the service were happy with the way the service was being managed.

Staff felt the service was managed well and felt well supported by the registered manager.

The registered manager completed regular audits of the service. The audits completed had been effective in ensuring that appropriate standards of care and safety were being maintained.

Tender Loving Care (TLC) Ltd

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 was 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 22 and 23 August 2017 and we gave the provider 48 hours' notice as we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we held about the service including concerns, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law.

We contacted three community healthcare professionals who were involved with the service for feedback about the care provided, including a GP, a social worker and district nursing team. We received a response from two professionals. We also contacted the Quality and Contracting Unit at Lancashire County Council and Healthwatch Lancashire for feedback. They did not express any concerns about the service.

As part of the inspection we spoke on the telephone with six people who received support from the service and four relatives. We also visited one person at home. We spoke with three care staff and the registered manager. In addition, we reviewed the care records of three people receiving support. We looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of checks that had been completed to monitor the quality of the service being delivered.

Is the service safe?

Our findings

The people we spoke with told us they always received safe care. One person said, "I'm very happy with them. They come on time and stay for the right amount of time". The relatives we spoke with also felt that the care provided was safe. One relative commented, "The care is safe. Medicines, moving and personal care are all done safely".

We looked at how the service safeguarded vulnerable adults from abuse. There was a safeguarding policy in place which identified the different types of abuse and included information about how to refer concerns to the local safeguarding authority.

We looked at staff training and found that all except one member of staff had completed up to date training in safeguarding vulnerable adults from abuse. The staff we spoke with understood how to recognise abuse and told us they would raise any concerns with the registered manager or the local authority. We found that safeguarding concerns had been managed appropriately by the registered manager.

We looked at how risks were managed in relation to people supported by the service. Risk assessments had been completed for each person, including those relating to the home environment, mobility, medicines, moving and handling and nutrition. Risk assessments included information for staff about the nature of the risk and how it should be managed and were reviewed regularly. People's care files included information about how they should be supported in an emergency. This helped to ensure that risks to people's health, safety and wellbeing could be managed appropriately.

We noted that the service kept a record of accidents and incidents that had taken place. Accident forms had been completed appropriately by staff and included the action taken at the time of the accident. The registered manager told us that she reviewed each accident form. However, we noted that the accident forms had not been signed by her to evidence this. She advised that she would do this in future. This would help to ensure that appropriate action had been taken and that documentation had been completed appropriately.

We looked at the recruitment records for two members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Proof of identification and written references had been obtained. These checks helped to ensure that the service provider made safe recruitment decisions.

We looked at staffing arrangements at the service. Most people and their relatives told us that staff visited on time and stayed for the full duration of the visit. One person commented, "We're really happy with the staff. They always stay for the right amount of time or even longer".

However, one relative told us that staff had not always attended on time and a community professional who

provided feedback about the service, advised that one person's support had not always been provided as scheduled. We discussed this with the registered manager. She told us that as the service was small and had a small number of staff [10 at the time of the inspection], there were occasions when due to staff sickness, holidays or staff leaving the service, the times of people's visits had to be changed. She told us that any necessary changes in visit times were discussed with people or their relatives at the earliest opportunity. She also advised that where increases in the duration of people's visits could not be provided until additional staff were recruited, this was discussed with people or their relatives.

We reviewed the staff rotas from 31 July 2017 to 6 August 2017. We found evidence of staff visiting the same people regularly during that period and saw that two staff were scheduled to provide care when people required support from two staff to meet their needs.

Staff told us that communication at the service was good. They told us they documented the support they provided at each visit as well as any concerns they had identified. Staff told us that they always contacted the registered manager if they had any concerns about a person's health or wellbeing and where appropriate discussed any concerns with family members. They also passed any concerns on to other staff members who would be visiting the person. One staff member commented, "If I have any concerns, I write in the person's notes, ring the manager and text the other staff who visit.". This helped to ensure that all staff were kept up to date with people's needs and that risks to people's health and wellbeing were managed appropriately.

We looked at how people's medicines were managed by the service. A medicines policy was available which included information relating to storage, administration, record keeping, staff training and errors. Records showed that all staff had completed up to date training in the safe administration of medicines and refresher training was scheduled for all staff in August 2017 and September 2017.

Records showed that staff were observed regularly to assess their competence to administer medicines safely and the completion of medicines administration documentation was reviewed as part of the observations. The staff we spoke with demonstrated that they understood how to administer medicines safely and confirmed that their competence to administer medicines safely had been checked regularly.

People told us they were happy with how staff supported them with their medicines and they received their medicines when they should. We reviewed the Medicines Administration Records (MARs) for two people, including one person we visited at home and found that they had been completed appropriately by staff. We noted that there were not always clear dosage instructions for 'as required' (PRN) medicines such as the maximum dose in 24 hours or the minimum time between each dose. We discussed this with the registered manager who addressed this during our inspection.

MARs were audited monthly when they were returned to the office. We found evidence that action had been taken where improvements were needed. For example, when staff had not signed the MAR to demonstrate that they had administered medicines, the registered manager had addressed this with them.

We noted that the contact details for local services and trades people were available in the event that the service experienced severe weather conditions or the loss of amenities such as gas, electricity or water.

The service had a lone working policy in place which provided guidance for staff about the risks involved and the practices they should adopt to keep them safe when they were working alone.

Is the service effective?

Our findings

People told us they were happy with the care they received and they felt staff were able to meet their needs. Comments included, "Every one of them [staff] is very, very nice. They're exceptionally good at what they do", "The staff are very nice and they know what they're doing" and "I'm over the moon with them [staff]". The relatives we spoke with told us, "We're very happy with the skills and experience of the staff", "On the whole the care is very good. They're the best company we've had" and "The care is really good".

Records showed that new staff observed experienced staff as part of their induction when they joined the service and this was confirmed by the staff we spoke with. We noted that each staff member's practice had been observed regularly during 'spot checks', when they were assessed in relation to a number of issues including their care practice, appearance, medicines administration and documentation. The staff we spoke with confirmed that their practice had been observed regularly.

Records showed that all staff received a copy of the 'Job start and induction policy and procedure' when they joined the service. The policy included information for staff about their roles and responsibilities, confidentiality, record keeping, fire safety, safeguarding and complaints.

The registered manager advised that all staff received a copy of the employee handbook when they joined the service. We noted that the handbook included information about expected standards of conduct, confidentiality, lone working, the principles and values of the service, safeguarding and whistle blowing (reporting poor practice by colleagues). The contact details for the local authority safeguarding team were not included in the handbook. We discussed this with the registered manager who amended the handbook during the inspection. Access to this information helped to ensure that staff were able to provide people with safe, effective care and knew the action to take if they had any concerns.

We reviewed staff training records and found that most training was up to date. We noted that two staff had not completed up to date training in fire safety and four staff had not completed up to date food hygiene training. We discussed this with the manager who arranged for the remaining staff to complete the training shortly after our inspection visits. Evidence of this was provided. The staff we spoke with told us they had completed training when they joined the service and their training was updated regularly. They felt well trained and told us they could request further training if they needed it. This helped to ensure that people received care from competent, skilled staff.

Staff told us they received regular supervision with the registered manager. They told us they felt able to raise any concerns or make suggestions during supervision sessions.

We reviewed three people's care plans and found that they were detailed and individual to the person. Care plans included information about people's needs, as well as their likes and dislikes. Detailed information about how care should be provided by staff during each visit was included.

The staff we spoke with told us they completed daily records every time they visited people in their homes,

where they documented the care provided on each occasion and any concerns they had identified. We reviewed people's daily records and found that they included information about people's personal care, food, fluids, mood, pain, sleep, medicines, pressure care and any concerns identified.

We looked at how the service addressed people's mental capacity. 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 make 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

Records showed that most staff had completed MCA training. The staff we spoke with understood the importance of seeking people's consent about every day decisions, even when they lacked the capacity to make decisions about more complex aspects of their care. Staff were also aware that people had the right to refuse care regardless of their capacity and where people lacked capacity, their relatives should be involved in decisions about their care. Records showed that where it was felt that people lacked the capacity to make decisions about their care, their relatives had been consulted.

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary needs and preferences. Risk assessments and action plans were in place where there were concerns about a person's nutrition or hydration. The staff we spoke with were aware of people's nutrition and hydration needs, including people with diabetes and people who required thickener in their fluids due to being at risk of choking.

We looked at how people were supported with their health. The people we spoke with felt staff made sure their health needs were met. Relatives were also happy that people's healthcare needs were met. One relative told us, "If [my relative] is off colour they'll give me a call. They raise any health concerns with me quickly". Care plans and risk assessments included information about people's health needs and guidance for staff about how to meet them. The staff we spoke with were aware of people's healthcare needs. They told us they contacted the registered manager if they had any concerns about a person's health or wellbeing and the registered manager contacted people's relatives when appropriate. Contact details for health care professionals involved in people's care, including GPs and district nurses, were included in people's care records.

One community professional who provided feedback about the service told us, "[Patient] told us he was extremely happy with the care agency. I feel they are providing appropriate care and the patient is being monitored well by the service".

Is the service caring?

Our findings

People told us the staff who supported them were caring. Comments included, "I like the staff, they're all caring" and "They're absolutely fantastic. They're all lovely girls, really helpful and friendly. I can't fault them". Relatives told us, "[My relative] loves all the carers who come in. The staff go above and beyond" and "[My relative] seems very comfortable with the carers".

Everyone we spoke with told us that support was provided by regular care staff. One person commented, "I have a number of visits each day and usually no more than three different carers each week. It's very good". This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs and how people liked to receive their support.

People told us they were always introduced to new staff before they received support from them. One person commented, "New staff shadow experienced staff who support me for two to three weeks before they come on their own".

The staff we spoke with told us they knew the people well that they supported, both in terms of their needs and their preferences. One staff member told us, "We know people well and check with people and their relatives how they want things to be done". The staff we spoke with felt they had enough time during visits to meet people's individual needs in a caring way.

People told us that staff respected their right to dignity and privacy. One person told us, "They're good when they're helping me with washing and dressing. They always close the curtains". Other comments included, "They [staff] never rush me. They know not to" and "I'm encouraged by the carers to do things myself".

Staff understood the importance of encouraging people to be independent. They could describe how they supported people in ways which promoted people's independence, for example by encouraging people to participate in personal care routines when they could, such as washing and shaving.

The people we spoke with told us their care needs had been discussed with them. Where it was felt that people lacked the capacity to make decisions about their care, relatives told us they had been consulted. Relatives told us that communication from staff and the management team was good and they were updated by staff if there were any concerns or changes in people's needs or risks.

We saw evidence that people received detailed information about the service. The registered manager showed us the service user handbook that was provided to each person when the service agreed to support them. The handbook included information about the principles and values of the service and the standards of care that people could expect from staff. Information was included about how to make a complaint, however, the information was not clear and did not include the contact details for the local government ombudsman. We discussed this with the registered manager who amended the handbook during the inspection. The registered manager advised that the handbook was not currently available in other formats, such as braille or large print. However, she assured us that she would address this issue following our

inspection.

We noted that the staff induction included training in equality and diversity. This helped to ensure that staff had an awareness of equality and diversity issues and understood the importance of treating people appropriately and not discriminating against them.

The service had a policy in place relating to advocacy and we noted that information about how to access local advocacy services was included in the service user handbook that people received when they began being supported by the service. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members. The registered manager told us that she was not aware of anyone receiving support from an advocacy service at the time of the inspection.

Is the service responsive?

Our findings

People told us the care that they received reflected their needs and their preferences. They said, "The staff know me. They do everything as I want it done" and "The staff are good, they know how I want things done". One relative told us, "I'm quite happy with [my relative's] care. Staff let me know if things are going to run out".

Records showed that an assessment of people's needs was completed before the service began supporting them. Assessment documents included information about people's personal history, care needs, risks and preferences. Information from the commissioning local authority was also available to assist with the care planning process and helped to ensure that the service could meet people's needs.

The care plans and risk assessments we reviewed were detailed and individualised. Care plans documented the support that should be provided by staff during visits and what the person being supported was able to do. Care plans included information about how support should be provided to reflect people's needs and preferences. We noted that people's religion was documented in their care records. However, people's gender, race and sexual orientation was not. The registered manager advised that this would be documented in future to ensure that the service was fully aware of people's needs and how to meet them.

We saw evidence that people's care plans were reviewed regularly and changes in people's needs were documented. The staff we spoke with were clear about the importance of taking action when people's needs changed. They told us that any concerns identified were discussed with the registered manager and they sought medical advice when appropriate. Staff told us they updated relatives when appropriate about any changes in people's needs and this was confirmed by the relatives we spoke with.

The people we spoke with told us they were involved in planning and reviewing their care. Where it was felt that people lacked the capacity to take part in planning their care, their relatives told us they had been consulted.

The service had a complaints policy. However, the information about how to make a complaint was not clear and the contact details for the local government ombudsman had not been included. We discussed this with the registered manager who amended the policy during the inspection. The registered manager told us that she had not received any complaints since the service had started providing care.

People told us they knew how to make a complaint and felt able to raise any concerns with staff or with the registered manager. One person told us, "I know [registered manager]. I would raise any concerns with her". Another person said, "The manager is easy to speak to. She takes concerns on board". One relative told us, "We haven't raised any concerns but we've made suggestions and they've always been listened to by the manager. We're happy with everything really". However, one relative told us they had raised concerns with the manager in the past but felt that the manager had not made improvements.

Records showed that the registered manager regularly sought feedback from people and their relatives

about the care being provided. Feedback was sought during observations of staff practice. The people we spoke with confirmed that they had been asked to provide feedback regularly. Comments included, "The manager regularly visits and asks me if everything is ok" and "The manager often asks us if everything is ok and encourages us to raise any concerns". Relatives also told us they were asked for their opinion about the care being provided. One relative commented, "The manager always asks for feedback when she does the staff checks". We reviewed some staff observation documentation and noted that people had provided positive feedback regarding the care they received.

The registered manager told us that she had not yet issued satisfaction questionnaires to people and their relatives as the service was still relatively new and staff had not been supporting some people for very long. She told us that she planned to do this in the near future and would then issue surveys yearly. She told us that the feedback received would be used to improve the service.

Is the service well-led?

Our findings

The people we spoke with who received support from the service were happy with how it was managed. One person told us, "I'm happy with the management. The manager is good at her job. She's organised. She's got a lot of time and care for the job and tries to pass this on to the staff". Most of the relatives we spoke with were also happy with how the service was managed. One relative told us, "The service is managed well. We've no concerns". Another relative commented, "The manager is approachable and helpful. We can always get hold of someone when we need to". However, one person was not happy with the management of the service. They told us they had raised concerns with the registered manager in the past but felt that improvements had not been made.

The staff we spoke with told us they felt well supported by the registered manager and could speak with her at any time. Comments included, "The management of the service is good. The manager is brilliant. I feel well supported and I'm treated fairly" and "The manager is very good. I can go to her with anything".

During the inspection we observed the registered manager communicating with staff in person and on the telephone, and noted that she was respectful and supportive. The registered manager told us that she provided care when they were short staffed and this was confirmed by the staff we spoke with.

The registered manager told us that a staff meeting had been held in August 2017 and was the first staff meeting that had taken place. She told us that regular staff meetings were planned as the service was growing and the number of staff employed was increasing. We reviewed the notes of the meeting and saw that a variety of issues had been addressed including expected standards of care, staff training, recruitment, infection control, confidentiality and medicines documentation. We noted that staff were given the opportunity to raise concerns and make suggestions during the meeting. The staff we spoke with confirmed that a staff meeting had taken place and they had been able to raise any concerns and make suggestions.

The registered manager advised that regular newsletters were issued to staff to keep them up to date with good practice and any changes in people's needs. We reviewed the June/July 2017 newsletter and noted that it included information about new staff, staff appearance, training, confidentiality, the importance of attending visits on time and reporting any concerns about the people being supported by the service.

A whistle blowing (reporting poor practice) was in place and information about whistleblowing was included in the employee handbook. The policy did not include the contact details for the local authority or CQC. We discussed this with the registered manager who amended the policy during the inspection. The staff we spoke with were aware of the policy and felt confident that appropriate action would be taken if they raised concerns about the actions of another member of staff.

The registered manager told us that she had not yet issued satisfaction questionnaires to staff to gain their feedback about the service. She told us she planned to do this in the near future and would use the feedback received to help develop and improve the service.

Records showed that the registered manager observed staff practice regularly to ensure that staff were delivering safe and effective care. Care documentation was reviewed as part of these observations. We noted that the action taken to address any shortfalls had not always been documented, for example when a staff member had not worn their ID badge, it had not been documented that this issue had been addressed with them. The registered manager told us that she would document all action taken in future.

Records showed that medicines administration records and daily records of care were audited monthly by the registered manager when they were returned to the office. We noted that compliance with the audits was high and action was taken when any shortfalls were found, such as when staff had not signed medicines administration records. We found that the checks being completed were effective in ensuring that appropriate levels of care and safety were being maintained.

Our records showed that the registered manager had submitted statutory notifications to CQC, in line with the current regulations. A statutory notification is information about important events which the provider is required to send to us by law.

The registered manager told us that a number of improvements were planned for the service. These included further staff recruitment, the appointment of a deputy manager, an imminent move to larger premises and the issuing of satisfaction surveys to people being supported, their relatives and staff. She told us that she was also looking into the possibility of providing a 24 hour care service.