

TLC Community Services Limited

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Inspection report

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Date of inspection visit:

17 July 2018

19 July 2018

23 July 2018

24 July 2018

31 July 2018

Date of publication:

04 September 2018

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

TLC Community Services provides personal care to people in their own homes. At the time of our inspection 32 people were supported by the service.

At our last inspection in February 2016 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 ongoing 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.

People's medicines were administered in a safe manner.

Staff were given a health and safety handbook which included information risks and what action they were to take. People's risks were individually assessed and documented. Staff were given guidance on how to manage these risks and prevent any accidents.

Pre-employment checks were carried out by the registered manager to ensure staff were suitable to work with people in their own homes. Staff were supported through a programme of induction, training and supervision.

Staff reduced the risks of cross infection between people who used the service by the wearing of protective items such as gloves and aprons.

Before a person began using the service the registered manager carried out a detailed assessment of their needs and preferences and sought their consent to provide the service. When necessary the provider worked with other professionals to agree decisions made in the best interests of people receiving the service.

Professionals we spoke with were complimentary about the service working with them to meet people's needs. They told us about the good partnership working they had with the service.

Relatives and people who used the service told us staff showed them kindness and respected their homes, as well as preserving their dignity when meeting their personal care needs. They showed us how they were involved in planning the service. They had developed an order to tasks at the instigation of the registered manager so people could have their care delivered in their preferred routine.

The provider had a complaints process. People told us they had not needed to make a complaint.

Care plans had been drawn up by the provider to reflect people's individual needs. These were reviewed on an annual basis or if the person's needs changed.

At the time of our inspection no one was on end of life care. The service had received thank-you cards from relatives of people who had been supported towards the end of their life.

The service was well-led by a registered manager who staff described as caring. Systems were in place to assess and monitor the quality of the service. Members of the management team worked directly with staff to ensure people were receiving appropriate care.

The registered manager had contracts in place with organisations to support them with, for example, human resources advice.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

TLC Community Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 17 and 31 July 2018. The first day of our inspection was unannounced. On the first and last days of our inspection we visited the office. On all other days of our inspection we spoke to people who used the service and visited them in their own home.

The inspection team consisted of one adult social care inspector.

Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in supporting people who used the service, including commissioners and care managers. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

During the inspection we spoke with three people who used the service by telephone and visited four people in their own homes with permission. We also spoke with three relatives. We reviewed the records of three people in the office and the four people we visited. People gave their consent to review their records held in their home. We spoke with six staff including the registered manager, the care coordinator, senior care worker and care staff. We reviewed three staff files. We also spoke with three care professionals.

Is the service safe?

Our findings

People using the service were kept safe by staff who understood their needs. One person said, "I feel very safe with the company."

Staff were trained in safeguarding and worked to ensure people were protected. The registered manager explained to us the appropriate actions which were taken when a safeguarding situation arose. As a result of this lessons had been learned and people confirmed the lessons had been passed onto them to ensure they were safe.

No one we spoke with had experienced any missed calls. The registered manager had disciplinary procedures in place to address staff conduct where it adversely impacted on the people who used the service.

The service provided staff with a health and safety handbook to give them information on best practice about managing risks and keeping safe. Discussions had taken place with people before they began to use the service about any risks to them. Each person had a risk assessment in place which informed staff of equipment to use and how best to keep people safe.

The registered manager carried out all the appropriate checks on staff before they commenced working in the service. This meant people were protected from having unsuitable staff in their home. One person told us, "There is not enough staff and it puts a strain on other staff." During the inspection the registered manager told us they had recently experienced four staff leaving at once for different personal reasons. The registered manager had begun to recruit new staff and had also used the local college as a potential source for employing suitable candidates. In the meantime, arrangements from the existing staff group had been put in place to cover people's calls.

Staff were trained in the administration of people's medicines. Medicine administration records (MAR) were used by staff to document when they had administered people's medicines including topical medicines (creams applied to the skin). There were no gaps in the MAR charts. People and their relatives confirmed staff worked with them and ensured they appropriately received their medicines.

Personal protective equipment was available for staff to use in people's homes. People and their relatives confirmed staff used gloves and aprons to reduce the risks of cross infection.

Is the service effective?

Our findings

People's needs were assessed before staff began to work with them. The registered manager told us they liked to do the initial visits to assess people's needs. A care professional told us the service were "good for doing joint visits". Another care professional spoke of the service as being "proactive". One relative told us after receiving care from other care companies they were immediately impressed by the type of questions which were asked during an initial assessment. They told us they felt confident at that stage the service was effective and able to deliver person centred care. Another relative told us they could rely on the service and did not feel "stressed".

Staff were supported in their role through supervision and training. The provider used an external company to support their staff training. Staff new to the role were required to complete the Care Certificate. This is a nationally recognised qualification designed to teach staff about the values required when working in care services. People who used the service confirmed they had experience of new staff shadowing more experienced staff to learn about their needs. They told us new staff were always introduced to them first by more experienced staff.

Consent was obtained by the provider to deliver people's care. It was evident from our conversations with people that they were happy with the service and were consenting to staff being present in their homes to support them. Where necessary the service had worked with other professionals to reach agreements regarding people's mental capacity and had been involved in best interest decisions. For one person at risk of choking, the provider had been involved in a best interest's decision regarding quality of life arrangements around their eating and drinking.

Staff supported people to eat and drink, they prepared people's food choices and cleared away afterwards. Some people were supported by staff to carry out their weekly shopping and assisted with purchasing their food preferences for the week. One person told us they put their meal in the oven and staff take it out for them.

Staff worked together to ensure people's care needs were met. We observed staff discussing their rota to ensure people's care needs were covered by the team. People had the emergency contact details of the service in the front of the file held in their homes. A senior member of staff was contactable out of hours using a phone number. Professionals described the communication with the service as "good".

Records showed and staff confirmed they supported people to access healthcare professionals. One member of staff spoke with us about the need to call an ambulance when they found a person unwell. Another person told us about staff calling an ambulance and staying with them until the ambulance arrived.

Is the service caring?

Our findings

People who spoke with us described the staff as "very caring". One relative described a staff member as a "Superstar" and told us all staff were genuinely caring. Another relative spoke of staff, "getting down on their knees" so they could speak face to face with their family member. People and their relatives spoke warmly and effusively about the service they received. They described staff as "very friendly".

One professional described the staff as "very caring" and told us a staff member had supported a person in hospital, made sure they had clothing and were willing to stay overnight when the person returned home to ensure they were safe. They told us TLC stood out as a domiciliary care service and went "above and beyond". Another professional told us, "So far the feedback about the service has been smashing."

Staff treated people with kindness and respect. When one member of staff supported a person to do their shopping, the person wanted the staff member to share a pizza with them for lunch. People spoke to us about staff contacting them to pick up newspapers, bread and milk on the way to carry out their visit. Records showed staff were willing to spend time with people and provide emotional support. One record said, "Spent time chatting. Spent a bit longer with her as she wanted to discuss hospital." One person said the staff have a laugh and a joke with them and said, "I really like them." Another person spoke about their humour and how they liked to play a trick on the staff. Staff spoke in warm tones about the person concerned.

Staff showed kindness in different ways. One person was at risk of falling and the staff member had waiting for the engineer to ensure their chair was repaired. Staff had contacted the fire service and made arrangements for a faulty smoke detector to be repaired. When one person needed to go hospital in an emergency staff were unable to rouse their relative by telephone. The staff member walked to the relative's house to contact them.

People spoke with us about staff respecting their homes and carrying out tasks they wanted them to do. The service had listened to relatives as the natural advocates for people. The registered manager had encouraged relatives to be involved and write down the sequence of task they wanted staff to do. Relatives told us staff followed the tasks. This meant people were familiar with their routines.

People confirmed to us staff maintained their dignity and described to us how this was achieved. On one thank you card relatives wrote of the "love, friendship and dignity at all times".

People were supported to maximise their independence. One person was able to put their washing in the machine and staff supported them to hang it out. Another person liked to put their lunch in the oven and staff served up their hot meal.

We discussed confidentiality and appropriate boundaries with the registered manager. They gave us examples of appropriate boundaries expected of staff. Arrangements were in place for the storage of people's confidential records in a safe manner. Staff were required to use passwords to sign into electronic

systems.

Is the service responsive?

Our findings

One person told us they were "perfectly happy with the service". Other people told us they were satisfied and the staff could respond to their needs.

The provider had a complaints policy in place. People were informed of the policy in their service user guide. We spoke with people and asked them if they had ever needed to make a complaint about the service. One person said, "No, never" and another person said they had "no need to make a complaint". Relatives confirmed to us they had no cause to make a complaint.

Assessments and care plans described the needs and wishes of people to ensure they received personalised care. These were held in the office together with copies in people's homes. People were involved in their day to day care needs and described to staff their wishes at each visit. One person told us they felt confident with the staff carrying out their care. A relative spoke with us about a staff member always checking to see if a person was in pain before they delivered their care.

We spoke with people about the content of their care plans. People confirmed their plans were accurate. People's care plans provided support and guidance to staff on how to meet a variety of needs. Information was shared between staff. One person said, "If a new staff member comes introductions are always made and they show the new staff what [person's name] likes."

The registered manager told us care plans were reviewed on an annual basis or earlier if a person's needs had changed. One person described to us how they had recently changed their support requirements and the provider had been responsive to their needs.

In addition to hours provided to support people's personal care needs at home, staff also provided support to people to go on outings and participate in activities which were personal to them. Staff were available to people to provide personal care and companionship during these outings should the need arise.

No one using the service at the time of our inspection was on end of life care. The registered manager told us they worked with people and their families towards the end of people's lives. One thank-you card from a relative showed they valued the care provided at such an important time and they appreciated the care staff attending the funeral.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

Staff spoke with us about the registered manager. They told us they felt supported and cared about. One staff member told us, "You can't get a better manager. She is always ringing you to see if you are alright." The registered manager spoke with us about a current staffing dilemma. We found they were questioning practices and had integrity in their deliberations.

The registered manager told us they preferred to meet people and to speak to them face to face rather than send out anonymised questionnaires to monitor the service quality. They told us they felt meeting people and listening to their comments provided a more personalised service. People confirmed to us the senior management team visited them on an annual basis to review their care and support. The service had an ethos of caring supported by the registered manager and delivered through the staff.

Professionals we spoke with were complimentary about the partnership working with the service. One professional spoke with us and said they were impressed with the partnership working and the registered manager wanting to get the service right for people. Two relatives we spoke with were highly complimentary about the partnership working with them.

The service was open and transparent. The registered manager told us when they meet people for the first time they wanted them to know the name of a member of the management team so they feel able to pick up the phone and ask questions or raise issues. People we visited and spoke with during our inspection could name members of the management team. One person told us, "You get to know the management team as they are part of delivering the care."

The registered manager felt the benefits of TLC Community Services was that they were a small family-run service. As a consequence, they had contracts in place with external services to support their governance arrangements. For example, they employed an external company to provide advice on employment.

Systems were in place to ensure people were receiving the right care. Daily notes returned to the office were audited to check if there were any issues. The registered manager held team meetings to share information with the staff.