

TLB 24/7 Healthcare Ltd

TLB24/7 Healthcare Ltd - DCA

Inspection report

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27 February 2019

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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

About the service:

TLB 24/7 is a domiciliary care agency providing personal care to people in their own homes. At the time of this inspection it was providing services to around 50 people although not all of these were receiving a regulated activity.

People's experience of using this service:

We found that people received a good service. The provider ensured care was delivered in a safe way, and had introduced a range of systems since the last inspection to ensure care was monitored effectively.

People told us they felt the staff were caring. They told us at times staff seemed rushed and their visit times were not always at the times they would wish, although everyone we spoke with told us they had seen improvements in this recently. They all praised the staff, with one saying: "Even if they are late, their kindness makes up for it."

Staff received training which was relevant to their roles. The provider had invested in training some staff to be trainers so that training could be tailored to people's individual needs.

People were supported in maintaining good health, and staff liaised with external healthcare providers where appropriate to ensure that care was provided in a way that met people's needs.

Staff told us they felt supported by managers at the service, and we found the management team had a good oversight of the day to day operations of the service.

More information is in the full report

Rating at last inspection:

Good. The report was published on 24 May 2017.

Why we inspected:

We had received concerning information about the service from staff and relatives of people using the service. This related to allegations of medication errors, of staff not having adequate background checks and of injuries going unreported. We confirmed during the inspection that an incident had not been reported to CQC, but found that staff had appropriate background checks and also that the provider had addressed medication shortfalls.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive,

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an adult social care inspector

Service and service type:

Domiciliary care agency.

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 visit because we needed to be sure that the registered manager would be available

Inspection activity started on 25 February 2019 and ended on 5 March 2019. We visited the office location on 27 February 2019 to see the registered manager and to review care records and policies and procedures.

What we did:

- We reviewed notifications we received from the service
- We reviewed information we received prior to the inspection from people using the service, their relatives and care staff.
- We sent surveys to people using the service, their relatives and care staff
- We looked at the provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.
- We looked at five people's care records
- We looked at records of accidents, incidents and complaints
- We looked at audits and quality assurance reports
- We spoke with three people using the service.
- We spoke with three members of staff.
- We spoke with the registered manager and the operations manager.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider's systems, processes and staff training helped reduce the risk of harm.
- People responding to surveys told us they felt safe when receiving care from the service.
- The provider's training records showed all staff had received training in relation to protecting people from the risk of abuse, and staff we spoke with confirmed this.
- Records kept by the provider showed they had responded appropriately to allegations of abuse, accidents and incidents, although we identified one incident which the provider should have notified to CQC, which they had failed to do.

Assessing risk, safety monitoring and management

- Each person's file showed that a risk assessment had been completed before they began to receive care. This considered risks each person may present or may be vulnerable to. They were regularly updated to although we found in parts they lacked detail. We discussed this with the management team during the inspection and they told us they would address it.
- Management records showed people's risk assessments were monitored as part of the audit system.

Staffing and recruitment

- The provider had a safe system of recruitment, including checking people's work history, obtaining appropriate references and checking their identification.
- Prior to the inspection, a member of staff contacted CQC to allege that staff were working without a Disclosure and Barring Service check. However, at the inspection we found all staff had a Disclosure and Barring Service (DBS) check before they commenced work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- The provider managed medicines in a safe way.
- Each person's file showed they had a clear and accurate record of any medication that staff were required to support them in receiving.
- Managers within the service carried out regular audits of medication records to ensure people were

receiving their medication safely.

- Staff received medication competency checks before they administered medication to anyone.
- Prior to the inspection, a person's relative contacted us to tell us there had been a serious medication error within the service. In response to this the provider took appropriate actions to reduce the risk of reoccurrence.

Preventing and controlling infection

- Staff training records showed staff had received training in relation to the control and prevention of infection.
- The spot check system, whereby managers carry out unannounced checks on staff as they undertake care visits, showed checks included whether the staff were correctly using personal protective equipment (PPE)
- Staff told us PPE was available to them and said they had received training about when it should be used.
- Team meeting minutes showed that staff were reminded regularly of the importance of PPE

Learning lessons when things go wrong

- The registered manager described how lessons were learned from untoward incidents, accidents and complaints.
- We saw evidence of action plans being implemented to reduce the risk of recurrence of untoward incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed prior to them receiving care
- Managers within the service monitored the quality of assessments, to ensure they met the requirements of the law
- Since the last inspection, the provider had invested in a visit monitoring system, which was overseen by care supervisors, allowing them to check care visits were taking place on time and lasting the required duration.

Staff support: induction, training, skills and experience

- Records showed staff received a good standard of induction before they commenced work, and staff we spoke with confirmed this.
- The provider's records showed that staff received a good standard of training, and the registered manager told us they were always looking at new areas of training to develop staff skills.
- One staff member told us the training they had received had been "fantastic" and said it equipped them to carry out their role.

Supporting people to eat and drink enough to maintain a balanced diet

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed.
- The provider had monitoring systems in place to ensure accurate records were maintained of the food and drink people were provided with.
- People's care records showed where staff were required to provide them with food and drink, their personal preferences were offered.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they knew when to contact outside assistance. People's care records showed evidence of this.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had good systems in place for obtaining and acting in accordance with people's consent.
- Staff told us about the importance of obtaining consent when providing care tasks, and had received training in this area.
- In most of the files we checked, people had signed to show they consented to their care.
- In a small number of records, the record showed that people had been unable to sign to confirm their consent and an relative had signed on their behalf.
- We raised this with the management team who told us they would address this to demonstrate that people had given informed consent to their care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's cultural needs were assessed when their care packages were devised.
- People we spoke with told us they felt staff treated them well and upheld their rights.
- Everyone who responded to our survey told us they felt staff treated them respectfully.

Supporting people to express their views and be involved in making decisions about their care

- When managers carried out spot checks on people's care calls, they asked the person for their input and views about how their care was being delivered.
- People's views and decisions about care were incorporated when their care packages were devised.
- During the inspection we heard telephone conversations taking place between office staff and people using the service. It was clear that staff were respecting people's decisions about their care.
- One staff member told us they tried to get feedback from people using the service whenever they provided care; they said this way they got to know the person better. Another said they like to spend time talking with people using the service, and said this enabled them to get to know them and provide better care.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us they felt treating people with dignity and respecting their privacy was very important.
- When managers carried out spot checks of care visits, they looked at whether staff were treating people respectfully and with dignity.
- We saw records of an incident where a staff member had failed to uphold people's privacy; the provider had implemented their disciplinary procedures to address this and manage the risk of future such incidents.

Is the service responsive?

Our findings

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration.
- Staff gave us examples of times when they have promoted choice and acted in accordance with people's personal preferences.
- Care records demonstrated that staff checked with people about how care was being provided to ensure people had control over the care they received.
- When managers carried out spot checks of care visits they obtained the input of people using the service to promote them having control over their care.
- Staff told us they didn't always get enough travel time between care calls, meaning at times they felt they were providing care in a rushed way.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear and well managed, so that complaints improved the quality of care people received.
- People who responded to our surveys told us they would feel confident to complain.
- We checked the complaints the provider had received in the preceding 12 months. We found each complaint had been thoroughly investigated by the registered manager or operations manager.

End of life care and support

- The provider had appropriate arrangements in place to provide a good standard of end of life support.
- The operations manager described a time recently when they had provided end of life care; they told us they worked closely with the person's family and external healthcare providers so that the person's end of life care was tailored to their needs and personal wishes.

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

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

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

- The registered manager ensured that care was tailored to people's individual needs, and had systems in place to monitor the quality of this.
- Care was audited by means of spot checks of care visits and audits of documentation. We saw evidence of action being taken when audits identified areas for improvement.

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

- Staff we spoke with had a good understanding of their roles and responsibilities.
- The registered manager and operations manager had a good oversight of the way the service operated and the quality of the service being provided.
- The visit monitoring system, which had been implemented since the last inspection, enabled managers to see performance reports detailing visit durations and timeliness.

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

- There was a system of surveys, gathering the views of staff and people using the service, which were then reviewed by senior management. However, people responding to our surveys told us they didn't think the provider had asked for their feedback about the service.
- People responding to our surveys told us they did not always feel the provider responded effectively to them, but people we spoke with did not have this experience.
- Staff we spoke with told us they felt supported by the provider and felt they could make suggestions about improvements.

Continuous learning and improving care

- The registered manager told us they had implemented a handover system from each "on call" shift, which allowed the management team to have an overview of the service and make improvements as required. We saw documented evidence of this.
- The registered manager and operations manager told us about new learning opportunities they had identified which would enable them to make improvements to the service.
- There were regular team meetings where improvements and learning points were discussed.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals such as G.P's, district nurses and continence specialists. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.