

TML Care Solutions Limited

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## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 16 February 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The service provided personal care to adults with mental health needs in a supported living setting. At the time of inspection there were 9 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe when staff supported them and that there were enough staff to meet their needs.

Risk assessments were in place which set out how to support people in a safe manner. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

People were supported to take their medicines by care workers who had received training in medicines management.

When people started to use the service a care plan was developed that included information about their support needs, likes, dislikes and preferences. This meant that staff had the relevant information to meet people's needs.

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

Care workers were supported through training and supervision to be able to meet the care needs of people they supported. They undertook an induction programme when they started work at the service.

Staff told us that they sought people's consent prior to providing their care.

Staff developed caring relationships with people and understood people's needs and preferences.

People were involved in decisions about their support. They told us that staff treated them with respect.

People were involved in the assessment and review of their needs.

People and staff felt the service was well managed. The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The provider carried out monitoring in relation to the quality of the service that people received.

## 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.

People were protected from risk of abuse and avoidable harm. The provider had effective recruitment procedures and enough staff were deployed.

People were supported to take their medicine safely.

### Is the service effective?

Good ●

The service was effective.

Staff sought people's consent prior to providing their support. People were supported by staff who had received appropriate training.

Where staff supported people with eating and drinking people were supported to maintain a balanced diet. People were supported to access healthcare services.

### Is the service caring?

Good ●

The service was caring.

Staff were caring. People were involved in decisions about their care and support. Staff supported people to maintain their independence.

People told us that staff respected their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received care which had been discussed and planned with them and was responsive to their needs.

There was a complaints procedure in place. People felt confident to raise their concerns.

### Is the service well-led?

Good ●

The service was well led.

People knew who the manager was and felt that they were approachable.

There were quality assurance procedures in place.

People had been asked for their opinion on the service that they had received.

# TML Care Solutions 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 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 on 16 February 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for someone who used this type of service.

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

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, the assistant manager and three care workers.

We contacted nine people who used the service by telephone. We spoke with six people who used the service. This was to gather their views of the service being provided. Three people told us that they did not want to speak with us.

# Is the service safe?

## Our findings

People we spoke with told us that they always felt safe when receiving support from the care staff. One person told us, "I feel very safe here." Another person told us, "It is my home and it is very safe here." One person told us, "I am happy here and I feel so safe all the time."

Staff members we spoke with had a good understanding of types of abuse and what action they would take if they had concerns. All of the staff that we spoke with told us that they would report any suspected abuse immediately to the manager. Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Staff told us they had received training around safeguarding adults. Records we saw confirmed this training had been completed. All of the staff we spoke with told us that they understood whistleblowing and that they could raise concerns with external professional bodies such as the local authority. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission. We saw that the registered manager had reported concerns appropriately to the local authority safeguarding team and the concerns had been investigated either internally, at the request of the safeguarding team, or by the local authority.

People's support plans included risk assessments and control measures to reduce the risk. These were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to this risk. These included assessments about accessing the community, smoking and risks associated with the use of kitchen equipment. Risk assessments were reviewed annually unless a change had occurred in a person's circumstances. This was important to make sure that the information included in the assessment was based on the current needs of the person. Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

People were supported to clean their own rooms and communal areas. One person told us, "I help with the cleaning each day." Another person told us, "It is clean and tidy. We all do what we can." The premises were clean and tidy. We saw that cleaning schedules were in place. We saw that regular testing of fire equipment and evacuation procedures had taken place. One person told us, "We have fire drills all the time." Another person told us, "We have a fire drill every Tuesday. If the fire alarm goes off at any other time it is not a drill." We saw that when someone had a need for additional support with evacuation this had been documented and a specific plan was in place for that person.

People told us that there were enough staff to meet their needs. One person told us, "I press my buzzer and the staff come straight away." Another person told us, "There are enough staff; they always have time to talk to me." Staff told us that they felt there were enough staff to meet people's needs. The rota showed that staff were deployed so that each person had their allocated one to one hours.

People were cared for by suitable staff because the provider followed robust recruitment procedures and

took appropriate action when staff had not followed correct procedures. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. This meant that people could be confident that safe recruitment practices had been followed. We saw that where staff had not followed procedures or practices that disciplinary action had been taken.

People told us that they took their medicines with staff support. One person told us, "I get my tablets at the same time each day. The staff give me them." Another person told us, "They give me my tablets on time every day." The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete. Staff told us that they had been trained to administer medicines. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines. Each person who used the service had an assessment carried out to determine the support they need with medicine and a medication administration record to record what medicine the person took. Where someone had a PRN medicine (as required) we saw that a protocol had been written so that staff knew when this could be taken. We looked at the records relating to medicine and found these had been completed correctly.



# Is the service effective?

## Our findings

People using the service told us that the staff were well trained and knowledgeable enough to meet their needs. One person told us, "They all know what they are doing, they are really well trained." Another person told us, "The staff are very nice and all are well trained."

The staff told us that they had a comprehensive induction. They described how they had been introduced to the people they supported and said they had been given time to complete training, read people's support plans and policies and procedures. The staff also said that they had shadowed more experienced staff before working alone with people using the service. Records we saw confirmed that staff had completed an induction. We saw that the registered manager had used the Care Certificate for newer staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by well trained staff. We looked at the training records for all staff. These showed that staff had completed a range of training including courses that were specific for the needs of the people who they supported. The registered manager told us that they monitored training through a board in the office and all staff could see this. This meant that staff were able to see what training they had completed and what they needed to do. The staff we spoke with told us that they felt that they had completed enough training to enable them to carry out their roles and that it was good quality. One staff member told us, "I do lots of training; it has been really good lately." Another staff member told us, "I enjoy doing the training. It is all very good quality."

Staff were supported through training, supervisions and team meetings. Staff we spoke with told us they had supervision meetings with their manager. One staff member told us, "I have supervision every six weeks." Another staff member told us, "I have had supervision with my manager. I got feedback. It was useful." All staff we spoke with told us that they felt supported and could raise issues with their manager. One staff member told us, "They are approachable and listen to you." We looked at records and saw that supervisions had taken place in line with the provider's policy. We saw that team meetings had taken place every three months. The minutes of the team meetings demonstrated that issues raised by staff had been addressed and resolved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager advised that no one who used the service had been deprived of their liberty and no applications had been made for this. The registered manager explained the process they would follow if they thought someone was being deprived of their liberty and this

was in line with the requirements of the MCA.

We checked whether the service was working within the principles of the MCA. We saw that each person had a support plan that included information about asking the person what they wanted and how they make their own decisions. We saw that people had signed their own support plan and consented to their support.

People told us that the staff offered them choices and that they were involved in making their own decisions. One person told us, "We get loads of choice." Another person told us, "We can always have what we like." Staff told us how they would seek consent prior to assisting people with their support, and that people had the right to refuse support. Comments included, "I will always ask for consent. People don't have to do something if they don't want to," "It is their choice," "It is fine to say no," and "I always make sure I get consent. I ask before I start to read someone's support plan." Staff told us that they had completed training around the MCA. Records we saw confirmed this. Staff were confident discussing the principles of the MCA and what it meant in practice for the people that they supported.

People told us that they enjoyed the food and were involved in making the meals. One person told us, "I get really good food. We can always have what we like." Another person told us, "We have really good food that we choose for ourselves. If I don't want what is on offer there is always something that I like." One person told us, "I often help prepare the meals." We saw a menu was available with choices for each meal. We saw that meal choices had been discussed at tenants meetings. One person told us, "We decide on the food menus altogether." Throughout the day people were able to go to the kitchen and help themselves to drinks and snacks. We saw that where someone had a dietary need, for example diabetes, they had a support plan that included information about what foods were suitable and what the person ate had been recorded. Staff told us that they prompted people to eat balanced meals. The registered manager told us that people were supported to follow diets of their choosing. For example, one person followed a vegetarian diet and they were supported with this.

People's healthcare was monitored and where a need was identified they were supported to visit the relevant healthcare professional. Records showed that people were supported to attend routine appointments to maintain their wellbeing such as the dentist. We saw that staff supported people to monitor their weight if the people wanted to be supported with this. Records showed that information from health appointments was recorded with the person's agreement. We saw that support plans contained contact details of people's relatives, GP's or other involved health professionals so that staff able to contact them in the event of an emergency.

## Is the service caring?

### Our findings

People who used the service spoke highly of the staff who provided support to them. One person told us, "The staff are very caring, more like friends. Nothing is a trouble to them." Another person told us, "I am very happy with the care I receive. The staff are there when I need them." One person told us, "The staff are really kind all the time."

People told us that they felt involved in making decisions about their care. One person told us, "We have meetings and discuss things all the time." Another person told us, "I think I am listened to. I can talk to the staff about anything." The staff told us that people had person centred care plans and were involved in making decisions about how they wanted to be supported. The registered manager told us that people were involved in reviewing their own support plans. We saw that people had been involved in discussions around their support. We saw that information about advocacy services was available on the notice board in the kitchen. This meant that people could seek additional external support if they felt they needed this.

People told us that the staff knew them well. One person told us, "The staff really know me." Another person told us, "The staff can read me like a book. They seem to know if I am feeling down." One person told us, "The staff know me better than I know myself." Staff told us that they worked with the same people as much as possible for consistency and to help them get to know the person. One staff member told us, "We spend a lot of time with people on a one to one basis. I feel I know each person really well. I always ask people what they want as it can change." Staff told us about what people liked and disliked and that this information was in people's support plans. One staff member told us, "The support plans have a lot of information in. They tell you what people like and dislike." We saw that each person's support plan contained information about what the person liked, and how they wanted to be supported.

People told us that they felt happy with the support that they received and that they felt listened to by staff at the service. One person told us, "I do think they listen to me." Staff told us that they listened to what people wanted. One staff member told us, "My job is to support people, make sure they are as independent as possible and make choices. People say what they want."

People told us that they were involved in doing things for themselves. One person told us, "I really can look after myself but the staff are there if I need them." Another person told us, "I go and do the shopping." Staff told us that they encouraged people to be independent and to choose what they wanted. One staff member told us, "People can do things for themselves. We encourage them to do what they can." We saw from tenants meetings that people who used the service had agreed to all be involved in cleaning the communal areas, preparing the food and washing the pots. People had agreed to a rota and took turns in completing these tasks. This meant that staff were encouraging people to maintain the skills that they had instead of doing things for people that they could do for themselves.

People told us that staff provided care in a dignified way and respected their privacy. One person told us, "I have complete privacy." Another person told us, "My privacy is always respected." Staff told us that they respected people's privacy and dignity. This was through people having their own keys for their rooms,

knocking, asking people before assisting them and making sure people were comfortable with the support. One staff member told us, "I make sure that I ask people and that they are happy before I provide support."

People had chosen how to decorate their home and their own rooms. The deputy manager told us how one person had been involved in choosing their own furnishings even though they did not like to go shopping. The registered manager told us that people had been involved in deciding what they wanted in the garden and in the communal rooms and that this had been discussed as part of the tenants meeting. The registered manager told us that staff had completed a sponsored run to raise money to develop the garden.

## Is the service responsive?

### Our findings

People told us that the service was responsive to their needs and that staff had a good understanding of how to support them. One person told us, "My memory is terrible and I can't remember things. The staff remind me all the time. I would be lost without them." Another person told us, "I am supported so well."

People told us that they felt that they had contributed to planning their support. One person told us, "I have a support plan but I don't read it very often." Another person told us, "I have a support plan and we discuss things all the time." The registered manager told us that after they received an initial referral to the service that they would meet with the person and carry out an assessment. This was to determine if the service was able to meet their needs. They said that support plans and risk assessments were developed based on information provided by the person, their relatives and information that had been provided by the funding authority. This involved discussions and input from the person and their family. The registered manager told us that people would visit the service and one of the other people who lived there would show them around. They told us that people could choose what times they wanted to have their one to one support. This meant that people contributed to planning their care.

People told us that they were involved in reviewing their support and that reviews took place regularly. Staff told us that they discussed the support plans with people. One staff member told us, "I sit down and discuss the support plan with people." The registered manager told us that people were involved with reviewing their support and that people were asked if they wanted anything changed or added. We saw that people's support plans contained personalised information about what was important to them, their history, what they liked and disliked and what they were interested in. We saw that support plans contained information about how each person wanted to be supported. Staff had a good understanding of the support needs of the people they worked with and could tell us about these. This meant that staff knew the people who they supported and how they wanted to be supported. We saw that reviews had been carried out at least yearly but more frequently if someone's needs had changed. Each support plan section had a goal that the plan would enable the person to achieve. This meant that people were being supported to work towards achieving their own goals, wishes and aspirations. People told us that they could have visitors at any time. The registered manager confirmed that people could visit when they wanted to.

People told us that they were supported to follow their interests. One person told us, "I go the shops for coffee." Another person told us, "I go to the cinema, or to the park for a walk." Staff told us that people were supported to do what they wanted to. One staff member told us, "[Person's name] went to Paris and loved it." Another staff member told us, "People can do what they want in their one to one time. People get the time they need." The registered manager told us that people were supported to follow the interests that they enjoyed. For example, one person had been supported to buy and start to grow vegetables. The registered manager told us that people had asked for a day trip to Skegness and this had been arranged. They also told us that people held takeaway and film nights and that people had asked for these to be held as part of the tenants meetings. We saw records that showed that people had been supported to attend activities as part of their support. This meant that people were being supported to access the local area and to follow their interests.

People told us they knew how to make a complaint. One person told us, "I know how to complain but have never needed to." Another person told us, "I have no complaints." The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. We saw that this was available for all people who lived in the service in the communal kitchen area. The registered manager told us that all people were provided with a copy of the complaints procedure and we saw that it was included within the service user guide. The registered manager told us that they had not received any complaints. We saw that the registered manager had complained on behalf of people when they felt service that had been received was not satisfactory. For example, one person had been discharged from hospital and this had not been carried out correctly. Records showed that the registered manager had pursued this with the hospital to try and improve the service for that person and for others.

# Is the service well-led?

## Our findings

People told us that they were highly satisfied with the service provided and the way that it was managed. One person told us, "This is the best place I have ever lived. It is a home from home." Another person told us, "I have lived here for ages. I love it. It is my real home." A person told us, "Nothing needs improvement. It's perfect in every way." One person told us, "The manager knows what to do."

People told us that they were asked for their opinion on the service and that their views were listened to. One person told us, "We have regular meetings and discuss things all the time." We saw that a questionnaire had been sent to people who used the service and their relatives in June 2015. The feedback from this was positive. The registered manager told us that they discussed the results from this questionnaire with the staff at staff meetings. They told us that they discussed the results with people through the tenants meetings. The registered manager told us that people who used the service and their relatives also talked to the staff or to the registered manager when they wanted to. We saw that throughout the inspection people came to chat to the registered manager and to staff. This meant that the registered manager and the staff were accessible and that people could talk to them when they wanted to.

People told us that they felt involved in developing the service. One person told us, "They act on what I say." We saw that people had been involved in deciding how they wanted the communal rooms decorated. The registered manager told us that some people had requested that one area had no television and was used as a quiet area. We saw that one room had been developed where people could spend their time and there was no television. One person told us, "I like this room as it is quiet." We saw through tenants meetings that people were involved in deciding how their home ran. For example, people had agreed that they would each contribute a set amount of money each week and this would be used for food shopping. This showed that people had decided they wanted to have shared food for main meals as a house and this had been put in place. The registered manager told us that people could choose not to contribute and buy their own food separately if they were happier with this and that the food was monitored to make sure that it was shared fairly between all who had contributed.

Staff told us that they felt supported by the management team. One staff member told us, "I feel I can share anything with her [the manager], she is very approachable." Another staff member told us, "If we have any problems we will sort them out at the team meetings." A staff member told us, "The manager is very approachable and listens."

The registered manager undertook audits of quality. This included audits on the medication records, the cleaning and the care plans. We saw that the registered manager monitored records to make sure that they had been completed correctly and signed. They told us that if they found areas that had not been completed correctly they would follow this up with the individual staff member. The registered manager told us that they were available within the service five days a week and by telephone at other times. They told us that they monitored what happened in the home on a day to day basis and checked the care plans and completed paperwork. This meant that systems were in place to monitor the quality of the service that had been provided.

The registered manager understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences to CQC. They reported events at the service that they were required to report.