TLC Private Home Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 14, 15 and 16 June 2017 and was announced. This meant we gave the provider 48 hours' notice of our intended inspection to ensure that the registered manager or a representative would be available in the office to meet us.

TLC Private Home Care Services Ltd is a domiciliary care service which is registered to provide personal care to people in their own homes including people living in Extra Care housing. Extra Care housing is a type of supported housing for older people that helps them to live independently for as long as possible and to access services that are responsive to their needs. The service also offered services such as shopping, help with paying bills and collecting pensions, escorting people to appointments, housework, laundry and ironing.

TLC Private Home Care Services Ltd provides support for younger and older adults with a range of needs such as learning disabilities, mental health issues and dementia. At the time of our inspection the service was supporting 79 people. The service supported a number of additional people with a service that did not include personal care.

At the last inspection in January 2016 we identified two breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to systems not being in place to fully assess and monitor the quality of the service and staff had not received appropriate necessary support, training, professional development, supervision to enable them to carry out their role effectively.

The service had a registered manager who had been registered with the Care Quality Commission (CQC) since July 2014. 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.

We found breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The provider had not always recruited staff following robust procedures to ensure they were of suitable character for the roles in which they were employed. We found gaps in one staff members employment history had not been captured or discussed.

Medication administration records (MARs) were not easy to navigate and understand. During the inspection we discussed the MARs with the registered manager who was not aware the current records were not sufficient to ensure people's medicines were clearly recorded. We made a recommendation that the registered provider reviews current guidance in relation to the management of medicines in domiciliary care services.

People's preferences, likes, dislikes and social histories were recorded in their care plans, although the level of detail recorded varied. People told us they had been involved in developing and reviewing their care plans. We saw people had signed to show they agreed with the proposed plan of care. However, information in relation to a person's capacity to provide their consent was not always clear.

The service undertook risk assessments for all aspects of the care and support people received in their homes. Care workers had been trained in infection control and used personal protective equipment when they supported people with personal care.

Staff understood how to provide care to people in line with the Mental Capacity Act 2005 (MCA). Any restrictions on people had been taken in line with the MCA and took a least restrictive approach to ensure people's safety.

Staff received regular training and support from the provider to ensure they had the required skills and knowledge to meet people's needs. New staff benefitted from a comprehensive induction and all staff received on-going training and refresher sessions. Staff received regular supervisions to help them discuss their roles and performance and to support their development.

People told us they felt safe when using the service; their relatives also said they felt people were safe. Staff we spoke with understood about safeguarding vulnerable people, they had received safeguarding training and said they would report any concerns appropriately.

The service had enough staff to attend the care visits scheduled. People receiving support and their relatives said care workers arrived on time and stayed for the duration of their allotted visits.

The service had an effective system in place for logging and following up accidents and incidents.

Management systems were in place and people's opinions about the service provided were sought. These enabled the manager to look at where improvements were needed to the service. The manager was aware of improvements needed in the monitoring and auditing of people's medicines administrating records.

People told us they were supported to access other health care professionals and we saw that the service contacted GPs or occupational therapists, with the person's consent, if they felt it was necessary.

People said they were treated with dignity and respect and that care workers were very caring. The service had been awarded the Dignity in Care Award in May 2016.

The service had procedures in place to help people access advocates if they needed them. This showed the service had a proactive approach to ensuring that people's rights were always represented.

The service had a complaints policy which encouraged people to raise concerns. Few complaints had been received and those that were, were investigated and dealt with quickly. Feedback about the management of the service was positive and the registered manager planned to make further improvements to their existing customer feedback mechanisms.

The registered manager maintained good working relationships with key organisations in the community, such as the local authority, a local college, health care professionals and a housing trust.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Robust procedures had not been followed to ensure only staff of suitable character were employed.

People were supported to take their medicines which were administered by staff who had been trained. However administration records were not always easy to follow.

People and their relatives said that care workers were reliable. They told us that staff always arrived on time and stayed for the full duration of the time allocated.

Is the service effective?

Good

The service was effective.

Staff received a range of training relevant to their role. Staff told us they were able to request additional support if they did not feel confident to put training into practice.

Staff were made aware of people's needs, likes and dislikes and developed effective professional relationships with them.

Consent from people or their relatives was obtained before support and care was provided.

Is the service caring?

Good

The service was caring.

People found staff to be caring and had good relationships with staff who visited them.

People were treated with respect and their dignity and privacy was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were person-centred and contained information on people's likes and dislikes. However, not all care plans captured people's medical histories.

People knew how to complain. We saw that two written complaints had been received in the last 12 months. Each complaint had been investigated thoroughly and dealt with quickly and the outcome had been reported to the complainant with apologies given when necessary.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality monitoring system in place did not address the shortfalls found at this inspection.

The service worked in partnership with other organisations and healthcare professionals to provide an effective service to people.

People, their relatives, care workers and the healthcare professionals we spoke with all gave positive feedback about the registered provider and how he managed the service.

TLC Private Home Care Services 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 14, 15 and 16 June 2017 and was announced. The provider was given 48 hours' notice of our intended visit to ensure the registered manager or their representative would be available in the office to meet us.

The inspection team consisted of one adult social care inspector and an expert-by-experience who contacted people using the service and their relatives by telephone. 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-by-experience was a person who had experience of caring for a family member who used domiciliary care services.

Before our inspection, we reviewed information we held about the service. We looked at notifications sent to us at the Care Quality Commission (CQC). Statutory notifications are notifications providers are required to send to us about safeguarding incidents, serious injuries and other significant events that occur whilst they are providing a service. We contacted Trafford Council Commissioning team for information; they told us they had no concerns with the service.

We also contacted Trafford Healthwatch who told us they carried out a number of Dignity in Care reviews on behalf of the local authority in November 2016. These reviews were positive. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

We reviewed information sent to us by the provider in the Provider Information Return (PIR). The PIR 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.

During the inspection, we visited four people at home with their prior consent and the expert-by-experience made telephone calls to ten people using the service and 13 relatives who had agreed to speak with us on the 14 and 15 June 2017.

We spoke with the registered manager, two senior coordinators and nine care workers. We reviewed six people's care records including four records kept in people's home (with their permission) and four staff recruitment records and training files. We looked at the service's statement of purpose, business and contingency plans, rotas, policies and procedures and staff training matrix. We also reviewed feedback received from people using the service who completed surveys sent by CQC.

Requires Improvement

Is the service safe?

Our findings

People using the service told us that they felt safe. Comments from people included: "There are variations in the staff but they are all doing the same. They don't put you at risk and make sure I'm safe when I'm in the shower", "The staff keep me safe here, I have my pendant on at all times and if I need them they come quickly" and "The staff always ensure my doors and windows are locked before they leave, this keeps me safe."

At the last inspection in January 2016 we found a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to a number of staff not having been provided with safeguarding awareness training. At this inspection we found the provider had made the necessary improvements. Staff had completed training in the safeguarding of adults and understood how to recognise and respond to potential indicators of abuse, such as changes in a person's behaviour or unexplained bruising. Information about local safeguarding procedures was accessible to staff in the homes they worked in.

Discussions with care workers confirmed they were aware of the process in reporting any suspicions of abuse to their managers. One care worker said, "I believe as a team we are extremely vigilant and will report if we suspect anything untoward", a second said, "I have reported safeguarding concerns in the past and I have confidence in the management team at this service." This meant care workers knew how to identify the signs of abuse and would report any suspicions appropriately.

At the last inspection we saw that there were appropriate policies and procedures in place to ensure safe recruitment. However, at this inspection we found safe recruitment checks were not always being followed correctly.

We looked at a sample of four staff records for staff recently recruited. We found one of the applicants recruitment records had been completed correctly and adhered to the regulations. In the other three staff files we found there was an inconsistent approach in the safe recruitment of new staff. In one staff file we found the following: a job application form had not been fully completed to ensure gaps in employment were explained, no evidence of a medical statement and one character reference on file was not connected to the staff member's previous employment. The registered manager confirmed this applicant had been unemployed for a number of years and would have struggled to provide a reference. However, due to the lack of employment history recorded in the person's application and Curriculum Vitae (CV) we were not assured the provider explored these gaps and there was no documented the rationale for accepting the character reference. Furthermore, we found the applicant completed their own interview notes and there was no evidence recorded that the provider reviewed their answers once completed. In the other two staff recruitment files we found no evidence of medical statements. Medical statements enables new starters to declare any health condition or disability which may affect their ability to do the job they have been offered, so the provider can ensure the staff member is appropriately supported. The registered manager said this area had recently been given to a member of the staff team to complete and he would review this as a matter of urgency. On the second day of our inspection the registered manager commented that he

contacted all of his staff team to ask them to complete an updated medical statement questionnaire. The manager provided evidence of 18 completed staff health questionnaires on the second day. The manager confirmed he would be reviewing the files of all newly recruited staff to ensure the safe recruitment process was followed.

This meant that there was no record of how the service had established candidates' suitability to work in the care sector or how they had explored the gaps in previous employment.

The provider had failed to ensure information required to demonstrate staff employed were of suitable character was in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found all four newly recruited staff had a Disclosure and Barring Service (DBS) check and proofs of identity including photograph identification. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups.

When we visited four people in their homes, we reviewed their medication administration records (MARs) with their permission. The MARs we viewed did not record the stock of medicines at people's homes. Therefore, people's boxed medication had not been booked in and there was no on-going count to ensure the medication was accounted for. The MARs the provider used had two pages one was a code from a-z that staff recorded the person's medication for example, a- paracetamol and b-warfarin. Staff then completed a second page which included the a-z codes, date and time when given (administered). However, the MAR did not include the dose, route of administration and balance of remaining medicines. Two of the people's front page of the MARs had a number of medicines that had been crossed out due to the person no longer requiring them; this meant the MAR had not updated frequently when there had been a change in person's medicines. Although the MARs were complicated and time consuming for the staff to complete, we did not note any administration discrepancies.

We discussed this with staff who the majority agreed that it did take time to complete. Comments included, "The charts can be frustrating, matching up the codes with the medicines", "It has taken me some time to get used to these charts" and "I have used the charts for years, but if they can be made easier I would be in favour of this."

During the inspection we discussed the MARs with the registered manager who was not aware the current MARs were not sufficient to ensure people's medicines were clearly recorded. The manager commented that he would review this area to ensure medicines were recorded in a clear way and ensure a daily balance was recorded.

We also found that as required (PRN) protocols were not in place within the files reviewed. PRN protocols should provide clear guidance so staff know when people might need these medicines and how much they should take. Topical administration records for creams or ointments applied to the skin, were not in place with relevant details such as where to apply the cream. Therefore, we could not establish if people had been administered these topical medicines in line with their prescriptions. We found creams or ointments recordings were documented in people's daily communication notes.

We recommend the registered provider reviews current national guidance in relation to the management of medicines in community social care to ensure best practice guidance is followed in relation to the recording of medicines.

People told us staff had discussed their care needs with them. This included identifying risks to their safety and welfare, for example support with their mobility, and administering medicines. As part of the initial assessment before providing a service, a risk assessment including home safety assessment was carried out, usually by the one of the senior coordinators. These assessments led to either planned reductions in risk or the creation of contingency plans to manage the risk, if this was the person's choice. Each risk identified had details included on how the risk should be mitigated. This meant people were still able to make choices about how they lived their lives, and how their care was delivered. Staff we spoke with felt the high levels of contact between the registered manager, office staff and people receiving the service and their families helped to ensure these issues were discussed and resolved quickly. Staff had confidence that if issues arose they could contact the office or on call for advice and support.

TLC Private Home Care Services Ltd employed four senior care coordinators who managed four teams of care workers working within defined geographical areas. The four teams consisted of 49 care workers employed on either a full time or part time basis. The provider recognised high performing care workers by promoting staff to senior roles when they became available. The service also employed an out of hours care coordinator who was available during the evenings and weekends to provide advice and support to people using the service and staff when the office was closed.

We asked to see any records of agency or bank staff used. The registered manager said the service did not use agency or bank staff; this meant that people were more assured of consistency in the staff supporting them.

We asked the registered manager how visits were managed. He told us that a computerised system was used to book people's visits and to allocate care workers to them within their geographical area. We viewed the rotas for the last two months and could identify staff received sufficient time allocated between visits for them to travel to the next person's home. The care workers we spoke with told us there was sufficient time allocated between visits for them to travel to the next person's home. Three care workers commented, "We work within a close proximately of our calls, we never have to rush", "I always have enough time to get to the next person's home" and "If we are struggling to get all tasks completed the office will always adapt our rotas to make it easier for us."

The registered provider confirmed they have had a small number of missed visits recorded and was confident the service had a clear overview of this. We saw missed visits were taken seriously and the causes investigated. For each reported missed call a form was completed which set out full details of the incident, whether any harm had been caused, and whether any action needed to be taken, in the form of spot checks or disciplinary action. The provider also notified the local authority safeguarding if a missed visit was discovered. We noted from the provider's end of year report for 2016 the service had four missed visits, these were then analysed against the hours provided and confirmed a missed visit rate of 0.006%.

Good

Is the service effective?

Our findings

People and their relatives told us they felt confident in care workers' knowledge and skills. They said, "Very well trained, very well organised", "They [care workers] know exactly what they are doing and precisely what to do; it's very rare they have to ask", "New ones [care assistants] are with more experienced staff until they are ready and its two months before they're allowed to do the medication on their own" and "New ones [care assistants] are introduced first and come with another person while they are trainees."

People's relatives also commented: "My uncle is peg fed and has a catheter. They [care assistants] are competent with his feed and catheter care and work in tandem with the district nurse", "They [care assistants] are very precise in the use of the equipment, if I say it is easier to do it this way, they say we have to do it as the boss has told us" and "New starters shadow the older ones until they are ok to go on their own."

The service sometimes supported people with meals. People told us their care workers helped them to prepare their meals. In their daily records, we were able to see in detail what they had eaten. People also told us that care workers always gave them a choice of what to eat and drink. This meant that, when required, staff helped to make sure that people were encouraged to maintain a balanced diet.

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 who live with conditions such as dementia or those with learning disabilities may have a variable ability to make decisions; for example, one person may be able to decide what to eat or wear, but may not be able to decide how their financial affairs are managed.

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. In the case of Domiciliary Care, applications must be made to the Court of Protection. Though the service had not needed to make any applications to the Court of Protection, the registered manager told us that nobody using the service was subject to such restrictions. However, we noted the care plans contained limited information about any impairments people had, their capacity to make certain decisions, or the support they might require to make decisions. The registered manager recognised this shortfall and said they were looking to include this area going forward when they develop the care plan framework.

The registered manager had a good understanding in relation to the MCA and discussed instances where other professionals had been involved in best-interests meetings in relation to more significant decisions affecting a person's care. Staff had received MCA training and were aware of the implications of this in their practice. Whenever possible they sought people's consent before providing care and support.

At the last inspection in January 2016 we found breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a number of shortfalls in training, supervision and appraisal for staff. At this inspection we found vast improvements had been made by the provider.

Each care worker had received an induction which included key training topics, such as medicines administration, first aid, food hygiene, dementia awareness, equality and diversity awareness, moving and handling, infection control and safeguarding adults. Training courses were arranged by the provider, which could be tailored for staff supporting people with certain conditions or needs. Training had been organised for care workers around supporting people living with dementia and mental health needs.

Staff told us they completed regular training and refresher training that was relevant to their roles One member of staff told us, "The training has improved over the last year, I am delighted about this."

Staff were encouraged and supported to enrol on a Qualifications Competency Framework (QCF) Levels II or III in Health and Social Care. QCF replaced National Vocational Qualifications. We found a high number of staff were undertaking levels II and III, with many of the team already completing this. Senior coordinators were also undertaking level 5 in the QCF.

New staff were enrolled on the Care Certificate. The Care Certificate is a set of standards to be worked towards during the induction training of new care workers; it helps care workers develop the values, behaviours, capabilities and skills needed to provide high quality and compassionate care. The Care Certificate is not mandatory, although services that choose not to use it must demonstrate that their induction of workers new to health and social care delivers similar outcomes.

At the last inspection we found staff did not receive regular supervision. The lack of regular supervisions and appraisals meant that staff their professional development needs were not being reviewed. At this inspection we found improvements had been made.

Staff told us they felt well supported by the registered manager and senior staff members. They had regular one to one supervision sessions with a senior staff member every four to six months. We found the provider ensured staff received supervision along with a direct supervision which was used a competency assessment. We noted the provider had not yet planned an annual appraisal, the registered manager confirmed this was an area they were looking to develop, but felt the current level of supervision was sufficient. One staff member said, "I am supported by the management team, I have regular supervisions." Another staff member said, "This is a well-run service, we are supported."

The service had good relationships with a local college and had used them to provide ongoing training support to care workers pursuing national vocational certification in health and social care. At the last inspection we spoke to the college representative who spoke highly of the registered manager's passion and drive to help staff progress and achieve their goals within the care sector; this meant that staff were encouraged and supported to attain skills and knowledge necessary for their role.

Good

Is the service caring?

Our findings

People using the service and their relatives were complimentary about the quality of care and support from the care workers. They told us, "It's the extra things they do which they don't have to. For example, Bring in my shopping out of the car if it's heavy. Put the battery to charge for my wheel chair and put it back in. I find them always willing and helpful", "The care is fantastic, this is the best care agency I have had" and "The care staff are faultless, I find them very compassionate."

Comments from people's relative included: "Mum is deaf but they don't shout [care workers], they get down to her level and talk face to face", "I'm extremely pleased with the standard of care. It's the little things that build up a good impression. I have noticed they always kneel down when talking to mum. It's something that I'm really pleased about" and "TLC are far superior to other carers we have had. When mum went in hospital and we had a break I was so relieved that we could get them back again. I wouldn't want to change them."

The registered manager told us that people's reviews of the service were shared with NHS Choices' reviews and ratings on their website. We saw these comments from people and relatives: "T.L.C is very very caring all staff are very nice to I feel relaxed with them all. I have been with them for 4 years thank you for your help", "Thank you so much for acting so quickly last week in getting emergency help for my Mum. Thanks again for your care and understanding" and "What a wonderful caring service the TLC team have given mum. Nothing was ever too much for them and our family will always remember the care and compassion so willingly given to mum over the last year. Regrettably mum had to leave her home and move to a nursing home but she will always remember you all with great love and affection."

Staff demonstrated excellent knowledge of the people they were caring for and were able to tell us in great detail about them, how they liked to spend their time and how they communicated. They could also tell us about people's preferred routines and how they could reduce any behaviour that could challenge others from occurring through following them.

The service had procedures in place to refer people to advocates, if they needed them. This showed the service had a proactive approach to ensure people's rights were always represented. At the time of our inspection, everyone using the service had relatives who could represent them if needed.

People told us that care workers promoted their dignity and treated them with respect. One person said, "I don't get embarrassed really, but when I get in the shower they stand outside the door with the towel until I tell them I'm ready for them to come in."

TLC Private Home Care Services Ltd was awarded the Dignity in Care Award in February 2015 by Trafford Council, this was again renewed in May 2016. The Dignity in Care award recognises and promotes organisations that strive to provide the very best in care and support to local residents.

During a home visit we observed a senior care coordinator providing clear and sensitive communication to

one person who queried whether their medication was going to be changed. The coordinator looked into this request straight away by following up with the district nurses. The person looked assured and happy once their request was taken forward. This showed that people were supported in responsive and caring manner.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in January 2016 we found breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that risk assessments for some people lacked the necessary detail to support their individual needs. At this inspection we found the provider had made some improvements, although there was scope for further improvement.

Each person had a 'summary of care' towards the front of their care file. This contained a section which described the person's personality, likes, dislikes and preferences along with details of anything staff should not do when supporting the person. This was followed by a detailed plan of the support provided at each visit the person received. The summary of care was the only care plan each person had at their own home, although care files also contained risk assessments and initial assessment documents, which care workers were expected to read prior to providing support. The purpose of the summary of care was to summarise a person's support needs into one plan in order to provide care workers with the most important information they needed to know about the person in order to support them effectively and in a person centred way.

At the last inspection we recommended that the provider finds out more about person centred care planning, based on current best practice to ensure care plans for people with specific conditions such as dementia or behaviours were incorporated in people's care plans. However, we found this recommendation had not been taken forward and there was still a lack of guidance for staff on how people's dementia affected them. Dementia care plans would help care workers better understand the person they were caring for and enable them to provide more personalised care that suited people's needs. The registered manager commented that he wasn't sure if this needed to be included in people's care plans, but confirmed the care planning process will now be reviewed as a result.

We noted people's medical histories had not always been captured within their care plans. For example, people living with conditions such as COPD (chronic obstructive pulmonary disease), history of strokes and arthritis did not have a separate section with their care plan detailing the specific support they may require. People's care plans captured people's medical histories with just a few sentences. However, we found staff had a good knowledge and awareness of the people that they provided care for. We discussed one person's health needs with a staff member during a home visit. They were fully aware of the person's current health conditions and had a clear overview of the professionals involved.

Staff explained that they usually provided care for the same people, which allowed them to build a rapport and understanding of their needs. This allowed them to ensure that the care they provided met people's individual needs and preferences. It was clear from talking to people and staff that they knew each other well, and that staff had a good understanding of people and their needs. However the information within care plans did not reflect this.

People told us that, prior to the commencement of their care package, the service had carried out assessments to make sure they could meet the person's needs. During these assessments, the registered manager and senior staff would visit the person and their family to discuss their

needs, and identify whether or not staff would be able to deliver the care that they required. People's family members confirmed that these visits took place and that they found that they were a useful way to get to know the service and find out what they could offer.

The service had a complaints policy which encouraged people to raise any concerns no matter how small, so that the service could be improved. We saw that two written complaints had been received in the last 12 months. Each complaint had been investigated thoroughly and dealt with quickly and the outcome had been reported to the complainant with apologies given when necessary.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who had been in post since August 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

All the people and relatives we spoke with said that TLC Private Care Home Services Ltd was well managed. They described the registered manager and staff as approachable, open and helpful. Comments we received included, "This is a very well run agency", "The manager is great, he lets us get on with our jobs", "From the coordinators to the managers we have an excellent team" and "This is by far the best job I have had, they [provider] care about our development."

At the last inspection in January 2016 we found breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not have effective systems in place to monitor and assess the quality of care records. At this inspection we found improvements had been made in relation to the quality assurance of training and risk assessments, however audits connected to medicines administration records (MARs), safe recruitment and care planning did not identify the shortfalls we found during this inspection.

We found that quality audit and control systems were not effective as they had failed to highlight areas of the service which required attention. For example, the audit process for completed MAR sheets did not capture that some medicines were being crossed out when discontinued. This meant the MAR chart was not always clear as to what current medication the person required. Other audits we looked at had failed to highlight faults and recognise areas for development. For example, the registered manager did not quality check recruitment files to ensure the staff member responsible for appointing staff had followed the correct process.

We discussed the inconsistencies of the auditing with the registered manager, who acknowledged the quality assurance process needed to be reviewed to ensure safe checks of staff recruitment and the quality of care plans were analysed and signed off my the manager.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found not all notifiable safeguarding incidents had been reported to the CQC. All care providers are legally required to notify the CQC of certain changes, events and incidents affecting their service or the people who use it; these are called statutory notifications. At this inspection we found the provider was now notifying CQC.

The registered manager, care coordinators and care workers told us that regular staff meetings were not

held. Staff said that they communicated with each other either by telephone or in person in the office; this meant that despite not having team meetings there was good communication taking place. We were told by all staff, including the registered manager, that due to the nature of their work it was very difficult to get everyone available to attend a team meeting on a regular basis. The registered manager said staff now received regular supervision and this ensured staff were updated about any changes connected to the service.

People were able to give feedback on the support they received to the service. They told us they did this by either speaking with their care worker or a care coordinator or by calling into the office. TLC Private Home Care Services Ltd used an independent company to gather and collate people's views on the service. This feedback was published on the service's website as well as the NHS Choices website. This showed the service was transparent and open. The service planned to improve their current feedback practices by providing more opportunities for people to voice their opinions on the service to help them provide a better service.

The registered manager spoke passionately about the values-based marketing techniques they used to attract and recruit individuals with the right skills and values to the company; this supported effective team working in delivering care and support to the people using the service. They told us that they were investigating the use of further values-based recruitment systems such as personality tests; this would continue to reinforce their recruitment process.

The provider's PIR included a small number of questionnaires from people and professional who accessed the service, comments received were positive. Comments received from professionals included: "I have always found the staff who come into the scheme to be approachable well-mannered and caring" and "TLC are one of our approved commissioned providers and provide Home Care within Trafford. TLC have engaged with all Trafford's requirements and are active within our organisation with partnership working for improvements and shared outcomes for the service. Trafford have no concerns with service delivery and have positive feedback from service users and families who are in receipt of the service."

TLC Private Home Care Services Limited had signed up as a company to the Social Care Commitment. The Social Care commitment is the promise made by services and individual care workers in adult social care sector to provide people with high quality care in order to increase public confidence in the care sector. Employers and employees signing up agree to seven key statements and select tasks to help put those statements into practice. The employer commitment includes recruiting the right staff, providing the right learning and development opportunities for staff, and encouraging staff to sign up to the social care commitment. The employee commitment focuses on taking responsibility for one's actions, promoting and upholding people's dignity, privacy and rights, and improving the quality of care provided by updating one's skills and knowledge.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure there were robust processes in place to monitor and improve the quality and safety of the service. Regulation 17(1)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure information required to demonstrate staff employed were of suitable character was in place. Regulation 19(1)(2)(3)