

TLC Care At Home Limited

# TLC Care at Home Ltd

## Inspection report

14 Load Street  
Bewdley  
Worcestershire  
DY12 2AE

Tel: 01299272897

Website: [www.tlccareathome.co.uk](http://www.tlccareathome.co.uk)

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

TLC Care at Home Limited (TLC) is registered to provide personal care to people living in their own homes. There were 68 people receiving support with their personal care at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People were cared for by staff and the management team who were passionate about providing quality care and supporting people well. They demonstrated consistent empathy and understanding. People were supported by staff who were warm and considerate towards them, who people considered friends. The management team and staff consistently went the extra mile and followed the ethos of "Giving something back." Excursions, and events were arranged to improve people's well-being. There was innovative use of technology to improve people's safety and people's health and well-being outcomes. People were supported to remain safe and were assured by the support of caring staff. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained. Additional learning for staff and systems were in place to improve people's independence and health outcomes so they could stay in their own homes.

The management team were open, approachable and focussed on providing person centred care. They were passionate about the support staff provided and their ethos was a family business that really cared about people. People knew the management team and were confident they cared. People were supported by staff who were valued and listened to and consistently ensured people received quality care. They completed checks to monitor and improve the quality of the service provided. The management team and staff engaged well with other organisations and had developed positive relationships. The management team worked on promoting strong community links to ensure people could access the support they needed.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Skilled, knowledgeable staff were available to meet people's needs. People's risks were assessed and plans in place to guide staff. Safe systems were in place for the management of medicines when people needed support with this. Staff understood and followed infection control and prevention procedures. Incidents and accidents were investigated, and actions were taken to prevent recurrence.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's needs and wishes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service

supported this practice.

People and their relatives were positive about the service and the care provided. Staff had the information they needed to provide personalised support. Suggestions and ideas were acted upon from people, families and staff. Staff and the management team were flexed the service where possible to support people's individual needs. People's concerns were listened to and action was taken to improve the service as a result. When people needed support at the end of their life the service had skilled staff and systems in place to provide quality support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 8 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 exceptionally caring.  
Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below

Good ●

### Is the service well-led?

The service was exceptionally well-led.  
Details are in our well-Led findings below.

Outstanding ☆

# TLC Care at Home Ltd

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 06 September 2019 and ended on 18 September 2019. We visited the office location on 06 September 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and two relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, registered manager, general manager, field administrator, care co-ordinator, team leaders, senior care workers, and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding about protecting people from abuse. They had up to date training and understood who to report concerns to and were confident appropriate action would be taken.
- The registered manager had procedures in place to ensure they met their responsibilities to report any concerns.

Assessing risk, safety monitoring and management

- People said they felt safe and their risks to their safety were well managed. One person told us, "I feel much more confident when [staff] are helping me."
- Risk assessments were up to date and gave clear guidance to staff and were reviewed when required. Staff demonstrated a good understanding of people's risks and knew how to mitigate them. For example, one member of staff described how a person needed specific pressure relief. Staff understood the person's risks and the information was clearly recorded in the person's care documents.

Staffing and recruitment

- People and their relatives told us they had regular care staff as much as possible, and they were confident with their skills and abilities to care for them safely.
- The provider explained they would not take on new people without having staff to meet their needs. Staff we spoke with had completed a thorough induction to enable them to meet people's needs.
- The care co-ordinator monitored the system the provider had in place to monitor calls to ensure there were not any missed visits.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service.

Using medicines safely

- People said they had their medicines when they needed them.
- Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and had competency checks to ensure they followed safe practice.

Preventing and controlling infection

- People told us they were confident staff always followed safe practice.

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements.

#### Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, medicine records were reviewed, and errors followed up with staff and recorded, to ensure lessons were learnt and people did not continue to be at risk.
- Staff knew how to report accidents and incidents and told us they were confident they would know any changes to people's care and support as a result.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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

- The management team assessed, and documented people's needs and preferences in relation to their care and planned their support based on this.
- People's outcomes from the support they received were good. For example, one person told us how their well-being had improved because of the support they received.
- We saw tools and information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- Staff told us they had completed training when they first started the role. They said they met all the people who received care before they supported them with experienced staff, who shared their best practice knowledge. They had the information they needed to support people well. They also told us they had competency checks so they were confident they were completing their role effectively.
- One member of staff said they had completed specific dementia training, and this had improved their understanding of how they supported people living with dementia.
- We saw ongoing training updates were arranged for staff, and staff had completed the care certificate. Staff said they were encouraged to further develop their knowledge and skills through vocational training. There were opportunities for staff to specialise in specific topics to enhance their skills, such as end of life care.

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

- Support offered to people varied dependant on their individual needs. People's independence in meal planning, shopping and meal preparation was promoted.
- People said they had the help they needed with their meals and staff listened and respected their choices.
- Staff were knowledgeable about how to meet people's nutritional needs. For example, when needed staff recorded nutrition intake and made referrals appropriately.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care.

- People and their families explained they were confident staff would support them to access healthcare services if they needed support.
- Staff were aware when support was needed to attend a health appointment and worked with the person to meet their needs. People told us staff promptly helped them to see their GPs if they were unwell or

contact community nurses.

- Staff understood people's health needs and gave us examples of advice they had followed from the person's doctor or community nurses, so people would enjoy the best health outcomes possible.
- We spoke with a health professional [Occupational therapist] who explained that they worked well with the team and had a good relationship. The health professional told us that staff listened to them and acted on their direction. They also said, staff wanted what was best for people and took action to support them.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff asked for their consent before they supported them. Staff respected their wishes and listened to them.
- Staff understood and applied the Mental Capacity Act principles in the way they supported people. They had a clear understanding of who needed support with decisions and who to include for best interests' decisions.
- The registered manager was updating systems to ensure people were supported with decisions lawfully.

# 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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People consistently told us all the staff were exceptionally kind to them and showed empathy and understanding. One person explained how staff supporting them increased their confidence by regularly reassuring them. They said staff really understood their needs.
- Many of the people we spoke with explained how staff made such a difference to the quality of their lives because staff would stay and chat in their own time when possible. One person was unable to go out regularly and told us this made such an improvement to their well-being.
- People said that staff would go above and beyond what they expected from the service. For example, one person told us all staff always offered to do more, such as supporting them to access different services in the community when needed. Another person explained how staff would identify additional needs without them asking and they said this made these staff "Excellent."
- The management team and staff arranged celebrations for people's birthdays or special events. One person explained how special this made them feel and improved their well-being. Another person told us how the management team made everyone Christmas dinner and how thoughtful and kind they found this.
- People and their relatives gave positive feedback about the care they received. One person said about the service, "They are all marvellous, absolutely marvellous, you can't fault them in anything, they really care."
- Relatives told us staff were really caring about their family member. One relative said, "They are all marvellous and go above and beyond."
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people who they supported. There were examples where staff championed people's rights to access the support they needed such as health care. This improved people's outcomes and health and well-being.
- The ethos of the management team was that this was a family lead service that really cared about the people they supported. All the team were passionate about improving people's well-being and there were funds available from the provider to achieve this. For example, we saw one person was supported on a day out that was funded by the provider, they enjoyed their excursion, and this improved their well-being. Another person who had been unwell was supported with a special treat that they enjoyed, arranged and supported by the provider.
- The management team regularly raised funds to support different charities that impacted on people who used their services.
- Professionals we spoke with told us staff were passionate about providing good outcomes for people and

ensuring they were well supported.

- The management team were passionate about ensuring people's cultural needs were met. We saw examples where people had been supported to access resources to meet their cultural needs.

Respecting and promoting people's privacy, dignity and independence

- People consistently told us staff respected their privacy and dignity and supported them to be as independent as possible. One person explained how staff helped them to wash themselves and how important this was to them.
- Staff gave us examples where they mitigated risks and improved people's independence. For example, supporting people to access the community where possible. Staff told us how their specialised training had enabled them to identify concerns early which had prevented hospital admissions. This improved people's health and welfare and reassured people they were safe whilst staying in their own homes.
- People said staff knew them so well, they knew their interests and supported them to maintain their interests where they could. For example, one person explained how one member of staff would go out of their way to keep them up to date with their interests.
- Staff were respectful of people's needs. All the staff we spoke with were passionate about the people they supported and spoke of respecting their wishes and constantly encouraging people to live full lives.

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

- People told us they would not use any other service because they were so well supported.
- People made the decisions about their day to day support. Where people needed support with decisions staff were clear about how to support people in their best interest. Relatives confirmed staff really listened to their family member's views.
- People and their families were regularly asked for feedback to ensure they were happy with the support staff provided. People were visited by the management team to discuss their support regularly to ensure all opportunities for improvement were made. We saw results from satisfaction surveys were consistently positive and these were shared with people and their families.
- Relatives we spoke with told us communication was excellent, they felt involved in how their family member was supported and were kept included and updated by staff and the management team.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information had been gathered from people and their families to build a detailed picture about each person's support needs, preferences and history. The management team regularly provided support for people and used that opportunity to collect feedback about people's preferences. Staff told us they were able to provide personalised support tailored to the needs and wishes of each person.
- Records contained detailed information for staff on how best to support people with all aspects of their life. Promoting people's independence was risk assessed to provide appropriate support. They also included detailed information about their health needs and the care people required to manage their long-term health conditions.
- Staff had an excellent knowledge about people they supported. They got to know them over time and the shared information from experienced staff.
- People and their families told us people's support was very flexible and adaptable. For example, one person said that changes were easily made depending on what support they needed, and this could be adapted at short notice when occasionally needed. People said their care arrangements were regularly reviewed to ensure they were happy with them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff explained how they communicated with people to understand their wishes. When people were less able to communicate verbally, staff found different ways to ensure they understood their needs. For example, understanding facial expressions and body language.
- The management team were aware of the accessible communication standards and ensured people had access to their information. For example, they had information in different formats when it was needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people had access to the community and the choice of events and interests as part of their agreed package of care. One person told us they were supported to do what they chose.
- Relatives said staff supported their family member to stay in touch with relatives and friends to keep them

connected and to reduce any isolation.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns if they needed to. One person told us they had not needed to make any complaints but were confident they could speak with the management team if they needed to. People told us if they made suggestions these were actioned by the management team, and they felt listened to.
- The management team had a complaint policy and reviewed their complaints to ensure they acted on concerns raised appropriately.

End of life care and support

- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes. One member of staff explained they were completing specialised training because they had a keen interest in this area.
- The management team explained they had worked alongside other agencies to support people who remained in their own homes at the end of their life.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People told us the management team really cared about them. They said members of the management team visited them regularly to support them and ensure they were happy with the service. They said they were considerate and caring and listened to their views. People told us the management team were very flexible in their approach and would adapt the service to meet their needs. The management team explained that occasionally providing people's support kept them up to date with people's needs and ensured they maintained the personal touch that all the management team were passionate about.
- It was important to the management team that people's voices were heard. They used different systems to seek feedback such as regularly providing support, special events and questionnaires. People and their relatives were encouraged to contribute their views which were listened to and acted upon. People and their relatives were familiar with the provider and felt they were able to make suggestions when they wanted to.
- The provider included staff and people in awards that recognised staff achievements and commitments. People told us this was important to them to acknowledge dedication and caring. All the staff we spoke with said they could speak with their managers about any concerns and the managers would work with them to support them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives said the management team knew them well and they had a very good relationship with them. The staff team were guided by a management team that knew people well and put them at the heart of all they did. One person said they knew the registered manager well, and she sometimes visited them to check they were happy with everything, they said this made them feel important and valued and they appreciated the personal touch.
- The management team went above and beyond to ensure people received the support they needed. They had well prepared contingency plans in place to meet people's needs in difficult circumstances. For example, during snowy weather the management team had access to four wheeled drive vehicles and ensured all the people continued to receive a service. This supported staff and people in difficult circumstances and ensured people had support from staff who knew them and maintained their well-being.
- People and relatives said communication with staff and the management team was brilliant. They were assured that the management team were accessible and cared about them in a personal way.
- All the staff we spoke with were passionate about the people they supported and championed their rights

and wishes. We saw examples where staff advocated for people to improve their well-being, such as arranging health care. People all said they only had to share a problem and staff would help them straight away.

- The management team explained there was a culture of caring about the people they supported and staff. All the staff we spoke with said there was an open and positive culture, led by the management team. One staff member said about the management team, "They always listen and really try and help, we feel really valued." Another member of staff said about the management team, "They all care, they will listen and then try to help with anything." We saw this effected how staff stayed with the service and helped people maintain consistent support. People told us how they knew staff well and appreciated their regular support.
- The management team were passionate about supporting their staff well-being. They had enabled staff to access a 24-hour support line known as Employee Assistance Programme to help anyone with personal, mental, home or financial advice. Staff told us they were well-supported and felt the management team were very caring. This also supported them to maintain their well-being which then provided consistent support for people.
- The management team led a targeted campaign to ensure they attracted caring staff because this was important to their ethos. They designed the adverts and the recruitment process to be as specific as possible. This improved people's health and well-being to be supported by valued caring staff.
- The provider was passionate about the role care staff had, they felt that the role of care staff should be identified as a professional role. All care staff had been provided with badges identifying them as a professional.
- The management team were open and honest and understood their responsibility to meet the duty of candour. When improvements were needed these were investigated and shared with people and their families, and staff.

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

- People and their relatives gave positive feedback about the care they received. They all said they were very happy with the service and would not go anywhere else for their support.
- The management team were innovative in using technology to improve the quality of the care provided. They had set up a bespoke IT system to ensure staff had up to date knowledge and information about people and their risk management plans. When conditions such as diabetes, or Celiac's disease were identified there was a link on staff IT equipment to the NHS website to provide clear additional information about the condition to ensure staff had really up to date information and ideas to improve people's well-being and manage long term conditions. Ideas for different meals and snacks helped provide people with a wider range of choice to enhance their lives. This system supported staff to manage peoples risks and make a difference to people's well-being through enhanced choices.
- Staff had access to policies and procedures through their phones and completed a reading list every month. Staff remained up to date and provided quality care for people consistently that complied with the service guidance.
- The service was led by a supportive family management team. Staff were clear about their responsibilities and the leadership structure. The management team had clear systems in place to ensure they followed through on any concerns and all understood their different responsibilities.
- The management team prioritised people's safety through ensuring each person had an ambulance grab sheet that clearly gave the ambulance service all the relevant information. Staff received comprehensive training to identify risks such as sepsis and there were many examples where people had concerns identified at an early stage which prevented a hospital admission. This meant conditions were identified at an early stage which improved people's outcomes and enabled them to remain where they wanted to be where possible.



- The management team were clear about their responsibilities for reporting to the Care Quality Commission [CQC] and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff were confident they could speak with the provider if they wanted to escalate concerns.
- The management team constantly reviewed their practice to ensure they were up to date and following best practice guidance.

#### Continuous learning and improving care

- The management team had identified training ideas to up skill staff in specialist areas such as end of life, which improved peoples experience at the end of their life. One staff member explained what they had learnt had made a difference because they were able to empathise with people and share new ideas about improving people's experience.
- The management team regularly audited all aspects of their care delivery to constantly keep the support provided under review.
- Accidents and incidents were reviewed, and learning used to inform future plans. For example, one person's experience of sepsis was what generated the additional training for staff and improved people's outcomes to remain well for longer.

#### Working in partnership with others

- The management team have built links through supporting local charities to establish relationships to benefit people they support. For example, through supporting Kemp Hospice links have been made which have improved people's access to this support when needed. This meant there was a seamless service when people needed it and both people and their families were well supported.
- The management team had established good links in the community to support them to provide quality care. For example, one member of staff explained how they supported one person to access a local tradesman and ensured they were with the person when they visited to reassure them. The office manager and a list of useful contacts for staff to support them with links into the community. This meant people were supported in everyday areas of their lives.
- Other professionals told us that staff and the management team had good relationships with them to support positive outcomes for people such as helping people remain at home at the end of their life, to support their choices.