TLC Homecare Limited

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Inspection report

Maple House, Maple Estate
Stocks Lane
Barnsley
South Yorkshire
S75 2BL

Tel: 01226785911
Website: www.tlc-homecare.co.uk

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
TLC Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of this inspection there were approximately 350 people using the service.

People's experience of using this service:
• Some people were happy with the support they received with their medicines, whereas others told us staff sometimes forgot to provide them with this support. We identified ongoing issues with the records staff made about the support they gave people with their medicines. We saw audits of medicines records accurately identified incomplete recording by staff of the support they had given people with their medicines. These audits had not been effective in preventing on-going issues with record keeping in this area. The provider had implemented a system to make the necessary improvements, however this had not been embedded at the time of this inspection. The service therefore remained in breach of Regulation 17; good governance. We have also made a recommendation about the recording of medicines support.
• We received mixed feedback from people about whether staff usually turned up on time and about the number of care workers they received support from so that they had a regular team of staff. The registered provider had implemented a system to monitor and improve the continuity of staff people received.
• When people started using the service, their needs were assessed and a care plan was developed which provided staff with clear guidance about the support they needed to provide to each person. People were involved in this process and their care records clearly highlighted their preferences. People's care records were person-centred and they were updated if people's needs changed or if they required a different level of support.
• Risks to people were appropriately assessed and staff were provided with clear guidance about how to safely support people whilst minimising any identified risks.
• Staff received a range of training which supported them to provide effective care to people. People using the service told us they thought staff knew what they were doing.
• People told us staff were kind and caring. People felt well-treated and respected by staff. Where people had regular care workers they told us they had developed positive relationships with them and staff knew their routines and how they wished to be cared for.
• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's capacity to make decisions about their care was assessed where appropriate, and any decisions made in people's best interests were clearly recorded. We have made a recommendation about staff obtaining copies of Lasting Powers of Attorney granted by people using the service.
• The provider had a complaints policy in place which they regularly highlighted to people using the service. Where complaints were received, they were recorded, investigated and responded to. People told us they felt comfortable raising any issues or concerns with their care workers.
• People who used the service, their relatives and staff were provided with regular opportunities to provide feedback about the service. People were involved in reviews of their care. We have made a recommendation

about how the service records this.
• Staff told us they felt well supported by their managers and could always contact someone if they needed any advice or to report any concerns. All staff knew how to recognise and respond to potential abuse and were confident their managers would act on any concerns they raised.
• Although staff felt supported, they did not receive regular supervisions or regular direct observations of their care practice in people's homes, in line with the requirements set by the provider's own policy. This issue had already been identified by the provider.
• A range of audits took place each month to check the quality and safety of the service provided.
• More information is in the full report.

Rating at last inspection:
At the last inspection the service was rated requires improvement (published 1 March 2018). We also identified a breach of Regulation 17; good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe and well-led to at least good.

At this inspection, we found some improvements had been made, however the service remained in breach of Regulation 17. This is the third consecutive occasion the service has been rated requires improvement.

Why we inspected:
This was a planned inspection based on the rating awarded at the last inspection.

Enforcement:
Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:
We will continue to monitor the intelligence we receive about this service until we return to visit as part of our re-inspection programme for those services rated requires improvement. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

TLC Homecare Limited

Detailed findings

Background to this inspection

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

Inspection team:
This inspection was completed by two inspectors, an assistant 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 by Experience had experience in caring for older people and people living with dementia.

Service and service type:
TLC Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service mainly to older people and to some people with physical and learning disabilities.

Not everyone using a domiciliary care agency receives support that is a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where people do receive a regulated activity we also take into account any wider social care provided.

The service had a manager registered with CQC. This means that the manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service one days' notice of the inspection so we could ensure the registered manager would be available during the office visit.

Inspection activity started on 25 February 2019 and ended on 1 March 2019. Two inspectors visited the

service's office on 27 February 2019 and 1 March 2019 to speak with the registered manager and office staff; and to review care records and policies and procedures.

What we did:
Before this inspection we reviewed information we had received about the service since the last inspection. The registered manager had completed a 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.

We contacted social care commissioners who help arrange and monitor the service provided by TLC Homecare Limited. We also contacted Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received to plan our inspection.

On 25 February 2019 an inspector spoke with 12 people who used the service and three people's relatives over the telephone to obtain their feedback. On 27 February 2019 an Expert by Experience spoke with a further 16 people who used the service over the telephone. On 27 February 2019 an assistant inspector also spoke with eight care workers over the telephone. During our visit to the service's office on 27 February 2019 and 1 March 2019, two inspectors spoke with seven office based staff including the registered manager.

We looked at eight people's care records which included details of the support they received with their medicines. We checked the recruitment records for five staff members and viewed a range of records detailing staff training, supervision and appraisals. We also looked at other records relating to the management of the service, such as quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:
• During the last inspection we found people's care plans contained conflicting information about the medicines people were prescribed, staff were not provided with enough guidance about how to support people to take medicines they needed on a 'when required' (PRN) basis and staff were not accurately recording the support they provided people with each of their medicines. The provider's audits had not identified all of these issues. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; good governance.
• Since the last inspection the service had made improvements to their medicines management system. Staff had written a medicines care plan for each person who used the service. Where staff administered medicines to people, their medicines care plan contained a list of their prescribed medicines and any 'over the counter' medicines that people needed support with. The registered manager told us the service found it much easier to keep the information about people's medicines up to date since they had started using this new document.
• However, we identified that when the service prompted people to take their medicines themselves, there was no information recorded in people's care plans about what those medicines were. It was therefore not clear what medicines staff were prompting people to take or whether it was safe for staff to do this at the times they were doing so. Staff did not record the prompt given for each individual medicine as no record was kept of those medicines.
• It was not clear when viewing people's medicine administration records (MARs), exactly what medicines staff had been administering, as each medicine was not listed on the MAR. The registered manager explained that the local council who commissioned care from the service required them to use the MAR in question. Staff signed the MAR to confirm they had administered the medicines listed on the person's medicines care plan. They explained when a person's medicines changed, their medicines care plan would be updated and the old care plan retained. To further improve the recording of medicines support, we recommend the list of medicines which staff support people with, is attached to and kept with each MAR, in accordance with the guidance published on CQC's public website about administering medicines in home care agencies.
• We found improvements had been made to the guidance provided to staff about how to safely support people with their PRN medicines. People's PRN medicines were listed on their medicines care plans along with guidance about how often and when these medicines may be needed. One care plan we checked, still required additional guidance as it advised staff to apply cream 'when required', without explaining how staff would know when this cream was required.
• We found staff were not consistently recording the support they gave people with their medicines. We found frequent gaps on people's MARs. When we checked the corresponding daily notes for those days, staff had sometimes recorded the support they had given with medicines in the person's daily notes rather than

on the MAR. Sometimes the support was not recorded at all. We found some creams were missing from people's MARs and MARs for creams were not always completed. This meant it was not clear if people were being appropriately supported with their medicines based on the records kept by the service.
• The ongoing issues we identified with the records made by the service about how they supported people with their medicines were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; good governance.
• We received mixed feedback from people about the support they received with their medicines. Some people were happy with this support, whereas other people told us staff sometimes forgot to support them with their medicines and because staff did not always turn up at the same time each day, they did not always receive support with their medicines at the time they were expecting it.

Staffing and recruitment:
• The provider had systems in place to monitor if people were receiving care from regular care workers, at the times they wanted to receive it. The provider monitored the number of staff visiting each person, to try to make sure people were consistently supported by a small group of care workers. They also monitored the timing of people's care visits to try to ensure people received support at the times they wanted and expected to receive it.
• We received mixed feedback from people who used the service about staff continuity, in terms of the number of care workers who came to support them. Most people told us they usually had regular staff visiting them and they had no concerns about this, whereas others said there were too many staff involved in their care and they would prefer a smaller group of care workers.
• We also received mixed feedback about the timing of people's care visits. Some people told us staff were almost always on time and stayed with them for the planned time during each visit. Comments included, "The care workers are nearly always on time and pay attention to detail", "I can't fault it at all; they turn up when they're meant to", "They're very good, on time and top notch with things like medication" and "I can't grumble about any of [the care workers]. They turn up when they're mean to; the call times are ample." However, some people told us the care workers were frequently late and they did not stay with them for the duration of the planned call time. Comments included, "They are late and do half the time they claim", "The girls are kind and gentle but they have too much work so my 30-minute morning call is five to 10 minutes short", "It's a half hour call but they are generally only here for 15 minutes" and "The 30-minute slots are only 20 minutes. The office does not give the girls enough time to get between calls."
• Care workers used an 'app' on their phones to log their arrival and departure at people's homes. This allowed the office staff to closely monitor the care worker's schedules and allowed them to track any late visits.
• The provider told us staff continuity and visit times were something they were continually working to improve. They had conducted regular continuity audits since the last inspection. The outcome of these audits was used to develop staff rotas to improve continuity for people using the service and address concerns with staff where they were not staying for the correct amount of time.
• We checked the provider's recruitment system to see if staff were employed using safe recruitment practices to help make sure staff were suitable to work at the service. We found staff were subject to a range of checks before they were employed and this supported the provider to make safer recruitment decisions. However, we identified the provider's recruitment policy only required staff to provide a 10-year employment history. This meant the provider had not gathered the full work history of some employees as required by Schedule 3 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014.
• The provider assured us they would amend their recruitment policy and complete an audit of all staff files to ensure they contained the full employment history of every staff member. We were satisfied the provider's amended recruitment policy and procedure would be safe.

Assessing risk, safety monitoring and management:

• Systems were in place to identify and reduce the risks involved in the delivery of care to people. People's care records included assessments of specific risks posed to them, such as risks arising from their mobility, skin integrity, their home environment and risk of falls.
• Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.
• Where people required the support of staff or equipment to mobilise, their care records contained very detailed guidance about how staff could safely support people to mobilise and exactly how any equipment should be used. This helped to protect people from the risk of injury.

Systems and processes to safeguard people from the risk of abuse:
• The provider had appropriate systems in place to safeguard people from abuse.
• Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse. Staff told us they would report any safeguarding concerns to the office staff and they were confident they would act upon those concerns.
• The registered manager made referrals to the local safeguarding authority if concerns about potential abuse were raised.
• People told us they felt safe. Comments included, "The girls who come are friendly and a safe pair of hands. I trust them", "The staff are very kind and gentle and that makes me feel safe", "I feel very safe. I know if something bothers me I can ask a care worker for help" and "I feel safer with [TLC Homecare Limited] than with anyone else I've been with."

Preventing and controlling infection:
• The provider had a policy which staff were required to follow to promote effective infection prevention and control practices.
• All care workers received training in infection control when they started working at the service and this was refreshed every three years.
• To help promote ongoing compliance with infection prevention and control practices, when care workers were observed working in people's homes to check their ongoing competency, part of the observation included a check that they were adhering to effective infection control practices.

Learning lessons when things go wrong:
• The registered manager had a system in place to learn from any accidents or incidents, to reduce the risk of them reoccurring.
• They used a spreadsheet to record all safeguarding concerns, complaints and accidents or incidents. They tracked the progress of any investigations and recorded the outcome on the spreadsheet. This allowed them to identify any trends in order to learn lessons which could be used to improve the safety and quality of the service.

Good

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience:
• Staff received a range of training to support them to develop the skills they needed to undertake their roles competently. New care workers completed an induction which included shadowing more experienced members of staff and all staff completed refresher training in important areas such as safe moving and handling and safeguarding.
• Staff were happy with the training they received and people who used TLC Homecare Limited told us they thought staff appeared to be well trained and knew what they were doing.
• The provider's supervision policy stated care workers should receive an annual appraisal, two supervision meetings and at least one direct observation of their care practice each year. We found care workers had not received supervisions and appraisals in line with the frequency set out in the provider's policy since the last inspection. This was also identified as an issue during the last two inspections of TLC Homecare Limited and has yet to be addressed. The provider had already identified that it was an ongoing problem during a recent audit they had completed of the service.
• Where audits identified something a staff member could improve on, such as their recording of support they had given people with medicines, these issues were not always addressed in the staff member's supervision meetings. Supervision meetings were therefore not always used effectively to improve staff's care practice and develop their skills.
• Care workers had not been observed working in people's homes on an annual basis in accordance with the provider's policy. Direct observations help to ensure staff remain competent and can demonstrate they continue to have the right skills and experience for their role. Where direct observations had taken place, we saw care workers were provided with detailed feedback about their performance and any areas they could improve upon were discussed. However, where issues had previously been identified with a staff member's recording of medicines support, we found recent direct observations did not include an observation of their practice with medicines, to assess their competency in this area.
• Though care workers were not regularly supervised, they told us they felt well supported by their managers and the staff based in the office. They all felt able to seek support and advice when necessary.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• People's needs were assessed before they started using the service to check the service was suitable for them. A detailed care plan was then written for each person which guided staff in how to care for them.
• People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support:
• Staff worked with other organisations to deliver effective care and support to people. We saw evidence on people's care records of staff seeking advice from community health professionals, such as the district nurses. This supported staff to achieve good outcomes for people and helped people maintain their health.
• People provided positive feedback about how the service had supported them to access other services. For example, one person commented, "The manager has been really helpful getting the referrals sorted. They managed to get the Occupational Therapist out in two weeks."

Supporting people to eat and drink enough to maintain a balanced diet:
• People received appropriate support from staff with their nutrition and hydration. This helped people to maintain a balanced diet.
• Staff were trained in food safety, nutrition and hydration when they started working at the service. This training was refreshed to help make sure staff remained competent in this area.
• When people received support from staff with their meals and drinks, their food preferences were recorded in their care plan, along with details of any special dietary requirements.
• People were happy with the support they received with their meals and drinks. They told us staff prepared meals of their choice and provided them with encouragement to eat and drink enough. One person commented, "The carers are always encouraging me to eat lunch but I'm not always hungry. They try to tempt me with all sorts."

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.
• We checked whether the service was working within the principles of the MCA.
• People had signed their care records to show they consented to their care and support, when they had the capacity to make this decision. People also told us care workers obtained their consent before providing care, commenting, "The care workers always ask before helping you."
• Assessments of people's capacity to make decisions about their care and support were completed where this was appropriate. Capacity assessments were clearly recorded in people's care records.
• Where people lacked capacity to make decisions about their care, staff consulted with appropriate individuals such as people's family members to ensure decisions were made in their best interests. Where best interest decisions were made, they were recorded in the people's care records.
• We were satisfied the service was acting within the principles of the MCA.
• People were asked if they had given authorisation to any other person to make decisions about their care, for example by making a Lasting Power of Attorney (LPA). When people informed the service they had a LPA, the service recorded the attorney's details in their care record. However, the service did not retain a copy of the LPA in the person's care file. We recommend the service obtains a copy to ensure staff have clear information about which decisions each attorney is authorised to make.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity:
• People told us staff were kind and caring. They felt well-treated by staff. Comments included, "The girls [care workers] are really gentle and calm", "They [staff] are very kind and attentive to me", "They're nice and cheerful" and "You could not get a more caring set of people than the girls [care workers] who come out". One person described their care workers are being "full of smiles" and said, "They bring happiness in with them each morning."
• People told us they were happy when they received care from a small number of regular carer workers as this allowed them to get to know their routines and how they wished to be cared for. Some people who had used the service for quite a long time told us they'd built positive relationships with their care workers. Comments included, "We can crack a joke between us", "The [care workers] know exactly how I want it and they do it that way" and "They look after me ever so well."
• People told us that at times, when they did not receive regular care workers, they felt the quality of the support they received was not as good, because the staff did not know them as well and needed time to learn their preferences. However, people told us all staff treated them well and were respectful to them, whether they were their regular carer workers or not.
• Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care:
• People were involved in developing their care plans. Staff visited people in their homes to assess their needs and draw up a plan of care. People confirmed they were actively involved in this process, and where appropriate, people's relatives had also been consulted.
• People's care needs were re-assessed every 12 months and their care plans reviewed on a six-monthly basis to help ensure people were receiving the care they wanted and any adjustments could be made in line with people's preferences.
• The registered manager monitored the re-assessment and review process to ensure they were completed at the required frequencies. We viewed the spreadsheet used to record when re-assessments and reviews had been completed and saw the service was largely up to date with them. Some people's care records contained a written document which had been completed during the review of the person's care to record their views and feedback. We could not locate this document on some people's care records. We recommend the service retains a clear record each time a review has been completed which accurately records the person's views.
• The registered manager was aware of the need to consider arranging the support of an advocate if a

person using the service did not have any family or friends to support them. An advocate is a person who would support and speak up for a person who does not have any family members or friends who can act on their behalf.

Respecting and promoting people's privacy, dignity and independence:
• People told us care workers promoted their privacy and dignity and were respectful towards them. One person commented, "I was very embarrassed about needing intimate care but the girls [care workers] are so gentle and just do it while talking to me about other things that I have lost my embarrassment."
• The provider had an effective privacy and dignity policy in place, which staff were required to follow. Staff were trained in the promotion of dignity when they started working at the service and the staff we spoke with could describe how they promoted people's dignity whilst providing care.
• People's care records clearly recorded which tasks people could do for themselves and what they needed support with. This helped to promote people's ongoing independence.

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People were involved in the development of their care plans through face to face discussions with office staff. Care plans were developed in the person's own home using an iPad. This process helped to ensure people were fully involved in planning their care and could review the content of their care plans as they were being developed during the face to face meeting. This allowed the service to create person-centred care plans which supported staff to provide personalised care which met people's needs.
• People told us they got to know their regular care workers well and this supported the care workers to deliver care to people in accordance with their preferences. One person commented, "There's one particular carer who I love to bits as they do everything right." They told us their regular care worker knew them well and understood their preferences and routines.
• People's care plans contained information about their life history and their likes and dislikes. They contained sufficient information to inform staff of the level of care and support each person needed and how they liked to receive it. People's care plans described the support staff needed to provide during each care visit. They were well written and easy to follow.
• Office staff aimed to review people's care plans at least every 6 months, or sooner if the person's needs had changed. Care workers were trained to report any potential changes in a person's needs to the office staff and this then triggered an early review of the person's care plan. This helped to make sure people consistently received the correct level of care and support and meant people's care plans contained up to date and accurate information about the care they needed.
• People described how staff offered them differing levels of support, depending on how they were feeling during each care visit. For example, one person said, "When I hurt the carer workers speak calmly and get me to calm down until the pain calms down" and another said, "Staff are very gentle and kind. When I came out of hospital they sat with me before they helped me." This showed staff were responsive to people's changing needs.
• People's care records contained information about their sight and hearing, and any aids they used. Where people needed support with communication, this was recorded in their care plan so care workers knew how to communicate effectively with people.

Improving care quality in response to complaints or concerns:
• People told us they felt comfortable raising any issues or concerns with their care workers. For example, one person said, "I'd speak to the girls [care workers] first and only speak to the office if things weren't fixed. When I have spoken to the girls, it has fixed the problem" and another person said, "I've developed a good relationship with the carer workers who come and we can fix most things with a quick conversation."
• The provider had a complaints policy and procedure which explained how any complaints would be dealt with. When people started using the service they were provided information about how they could complain and the provider regularly highlighted their complaint's policy in the service's newsletter which was sent to

all people using the service at regular intervals throughout the year.
• The registered manager used a spreadsheet to log any complaints received and track the investigation and outcome of all complaints. Complaints were investigated and a response sent to the complainant, within a reasonable timescale. We found some information on the registered manager's complaints spreadsheet was not up to date which meant their oversight of the complaint system could be improved.
• The registered manager used the spreadsheet to analyse the complaints received for any themes or trends and this information was used to try to make improvements to the service.

End of life care and support:
• The registered manager described how the service worked closely with community health professionals when providing care to people at the end of their lives, such as their GP and the Macmillan nurses. This helped to ensure people received consistent and coordinated support.
• Staff had access to additional training about the provision of end of life care. Staff we spoke with described the importance of following a person's wishes and preferences when caring for them at the end of their life. They described how they would make sure the person is comfortable, clean and pain free. The registered manager told us they carefully selected care workers when scheduling end of life care packages for people to help ensure a consistent service was provided at that important time.
• The provider recognised the impact end of life care provision could have on staff. They provided staff with the support of an employee relations officer when a person they were caring for passed away.
• The service had received compliments from relatives of people who had received care from TLC Homecare Limited and one relative had said, 'We feel so blessed that [name of relative] was in your care throughout [their] last few months. You gave us strength and comfort, which brought us peace and harmony to [their] last few days. I would like to thank each of the four special ladies for making last memories of dignity and grace."

Requires Improvement

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.

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• The provider and registered manager were keen to promote the provision of high-quality, person-centred care. The provider's vision and values were clearly promoted to staff at all levels and to people who used the service. Their values used the acronym 'PRIDE' which stood for person-centred, responsive, innovation, delight and engagement. Information about this was displayed in the service's office and was included in the newsletters sent to staff and people who used the service.
• The provider maintained oversight of the service through completing their own quality assurance checks. An audit completed by the provider's operations director shortly before this inspection had identified most of the issues we found and the provider had made recommendations about how to make improvements and address each issue.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:
• Staff at all levels were clear about their roles. The provider had a clear staff structure and staff roles had clearly defined responsibilities.
• Staff told us they felt well supported by their line managers and they said they were confident any concerns they raised would be dealt with appropriately. One person commented, "It's a good company. If I go into the office and I want a word with my line manager, they'll say, 'come in' and we'll have a chat. I feel like I can seek advice out of hours. There's always someone on the end of the phone if I have queries."
• There was a clear system of audits that various staff members were responsible for. These were used to identify areas the service needed to improve. Audits were regularly completed of people's care plans and risk assessments, continuity of care workers and care visit times and medicines records. We found the medicines audits correctly identified errors or gaps in the recording of medicines support and whenever errors were noted, they were discussed with the care workers involved.
• Although the issues with medicines records were being identified, we found the audits had not yet been effective in resolving the errors and stopping them re-occurring. The provider's recent audit had already identified that further improvements were necessary in this area. They had directed that a new tracker be fully implemented and embedded which would allow compliance officers to track errors made by staff and to gain an overview of which staff were making persistent errors so their competence could be properly addressed. The provider had implemented a 3-strike system to address poor practice in this area by care workers, however this had not been effectively embedded at the time of this inspection.
• Although the provider and registered manager were aware of the ongoing issues with the recording of

medicines support, we saw this had not been properly addressed with staff via regular supervisions, direct observations or additional training in this area. We would expect areas of poor practice to be addressed through these mechanisms however staff had received fewer supervisions and direct observations than expected by the provider as a minimum (see the effective domain under 'staff support: induction, training, skills and experience' for further information).
• As these systems and processes were not resulting in improvements, this was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; good governance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:
• People who used the service, their relatives and staff were provided with regular opportunities to provide feedback about the service.
• People using the service were contacted as part of the staff supervision and appraisal process. They were asked to provide feedback about the care provided by individual staff members. This feedback was used to support the development of staff. People were also encouraged to provide both positive and negative feedback via the provider's complaints and compliments process and these were regularly advertised through the service's newsletter.
• The provider monitored the feedback the service received on a home care review website where people could post anonymous feedback about the service. Most of the feedback received was positive. Where feedback contained information of concern, the service responded to this and said they would use the feedback provided to help improve the care they delivered.
• People and staff were asked to take part in an annual survey to gather their opinion about the service. These surveys were in the process of being completed at the time of this inspection. The registered manager confirmed the results would be analysed, once received, and used to plan further improvements to the service.
• Regular staff meetings took place between the office staff. We found care workers rarely attended staff meetings however they were actively encouraged to contact either their line manager or the employee relations officer if they had any concerns or feedback they wanted to share.
• The provider worked in partnership with local councils and clinical commissioning groups who commissioned care packages for people from them. The registered manager regularly attended forums arranged by the local council, alongside other care providers. This enabled them to remain up to date with good practice and receive information and updates about things going on in the local area. The registered manager shared any learning from these forums via team meetings held with the office staff.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operating effectively to ensure compliance with the regulations.

The enforcement action we took:

A warning notice was issued.