

# TLC Homecare Limited

# TLC Doncaster

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

TLC Homecare Doncaster is a domiciliary care agency providing support for people in their own homes. The service was supporting around 300 people at the time of the inspection.

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

Everyone we spoke with was very positive about the care and support they received. They said they felt safe with the care staff who were kind and caring and always asked what people would like them to do at each visit.

Support visits were not missed, and staff stayed the full length of the call unless people told them they didn't need to stay. Some people told us that on occasion calls might not be at the pre-arranged time, but said this was mostly when regular care staff were on holiday and changes to rotas had been made to accommodate this.

One person told us: "The carers are great, they arrive on time and have never missed a call." "I am very satisfied with the support I get from the girls." A person's relative said: "They are all lovely and very caring with [my relative]." They told us they believed the staff must be very well trained because they know exactly what to do. They said they wouldn't want to change anything and would recommend this service to others.

The registered manager and care staff were approachable, and people felt able to raise any concerns directly with them. Staff said they felt well supported and received the training they needed for their role. Staff were safely recruited.

Care plans and risk assessments were in place to identify the support people wanted. People and relatives were involved in agreeing and reviewing their care plans.

Staff received an in depth induction and regular, ongoing training to enable them to undertake their roles. Staff told us they found the training to be useful and informative.

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.

The registered manager and wider management team had oversight of the service through regular contact with people, their families and staff to gain feedback on the service. Care plans were reviewed regularly to ensure they met people's needs, and spot checks were formally recorded with staff. Daily records were reviewed by the management team.

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 and update:

The last rating for this service was requires improvement (published 26 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 caring.

Details are in our Caring findings, below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings, below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our Well Led findings, below.

Good ●

# TLC Doncaster

## 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

This inspection was carried out by four inspectors.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 10 October 2019 and ended on 24 October 2019. We visited the office location on 10 October 2019 and made telephone calls to people using the service, their relatives and staff after this visit.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 contacted the local authority, to gain their views about services they commission from the provider.

We used all of this information to plan our inspection.

During the inspection-

We spoke with the registered manager, nominated individual and members of the management team. We reviewed a range of records. This included eight people's care records. We looked at five staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke by telephone with five care staff, 13 people using the service and three people's relatives. We also received written feedback from one person's relative and one person using 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 our last inspection the provider had failed to ensure medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At the last inspection, we identified shortfalls in the way medicines were managed within the service. At this inspection we identified considerable improvements had been made.
- Staff told us they had received training in medicines management, and records we checked confirmed this.
- The provider had effective systems in place to monitor how medicines were managed within the service; this included monitoring of records, and carrying out spot checks of care visits.

### Systems and processes to safeguard people from the risk of abuse

- Everyone we asked told us they felt safe when receiving care. One person said they always knew which staff would be visiting them and said this contributed to them feeling safe when receiving care.
- Staff knew the procedures for reporting any concerns they had and had completed training in safeguarding.

### Assessing risk, safety monitoring and management

- Risks, such as choking, moving and handling and infection control, were identified during the initial assessment of a person's needs. Guidance was provided for staff to manage the identified risk.
- An assessment of the environmental risks staff may face when supporting people in their own home was completed. For example, external lighting, the condition of house or flat and fire safety.

### Staffing and recruitment

- Staff continued to be safely recruited. Any gaps in employment history were explained, and Disclosure and Barring Service (DBS) checks been completed. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- Everyone we spoke with said care calls were rarely, if ever, missed and said staff stayed for the full length of their calls. Records we checked confirmed this. Some people told us care calls were not always at the agreed times, although predominantly said this was when their regular care staff were not available. One person said: "As a client, one of my main wishes would be to have the same regular carers – I am well aware

that this is not always possible, but regularly, there seems to have been some very puzzling moving of carers around the borough for no obvious reason, instead of keeping a pattern on rounds." However, most people did not experience this, with one saying: "We usually get the same carers and they are very helpful."

#### Preventing and controlling infection

- Staff received training in infection control and food hygiene. Staff we spoke with told us this training was useful.
- Personal protective equipment (PPE) was available for staff to use and staff confirmed it was plentiful. During spot checks of care visits, the use of PPE was monitored to ensure care was provided safely.

#### Learning lessons when things go wrong

- Staff told us they would report any incidents or accidents directly to the registered manager
- Records showed that when incidents and accidents happened, analysis took place to reduce the risk of recurrence.



# 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 good. At this inspection it remained good.

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

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

- Highly detailed assessments of people's needs were undertaken before they began to receive care. People's physical, mental and social needs were holistically assessed so that the provider understood the care people needed.
- Managers within the service monitored the quality of assessments, to ensure they met the requirements of the law.
- There was an electronic visit monitoring system which enabled care co-ordinators to ensure care was provided in a timely manner and ensure calls were not missed.

Staff support: induction, training, skills and experience

- Records showed staff received a good standard of induction before they commenced work, and staff we spoke with confirmed this. One staff member told us they had not worked in care before, but said the induction programme ensured they were equipped to carry out their role.
- The provider's records showed that staff received a good standard of training, and the registered manager told us they were committed to training. One staff member said: "The training's really good, yes, it gives you what you need for the job."
- People on the whole told us they believed staff had received a good standard of training, although one told us they didn't feel staff who provided their care when their regular staff were not available had a good enough knowledge about their needs.

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

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed. These assessments were up to date and regularly reviewed.
- People's care records showed where staff were required to provide them with food and drink, their personal preferences were offered.
- People we spoke with told us staff provided the food they enjoyed and ensured they were given a choice.

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

- Staff knew when to contact outside assistance. People's care records showed evidence of this.

- Advice provided by healthcare professionals was incorporated into people's care plans, which meant staff were providing care which met people's health needs.
- The provider was part of a pilot project, in partnership with the local authority, which meant care could be tailored to people's needs in a more timely manner. The member of the management team leading on this, and the registered person, told us they had seen very positive outcomes as a result of this project.

#### 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had good systems in place for obtaining and acting in accordance with people's consent.
- The records we checked contained, where appropriate, capacity assessments, and there was evidence that where people lacked capacity the provider had ensured decisions were made in their best interests. Where people had the mental capacity to consent to their care, there was evidence they had given informed consent.

# 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 good. At this inspection it remained good.

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

Ensuring people are well treated and supported; equality and diversity

- Care assessments we checked showed people's cultural needs and preferences were taken into consideration when their care packages were being developed.
- People we spoke with told us care staff consistently treated them with respect and told us they felt listened to when staff were carrying out care tasks. One person said: "Nothing is too much trouble, they are lovely." Another said: "We have a laugh and a joke, I like that, it helps to cheer me up."

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

- People were regularly asked for their input and views about how their care was being delivered. This was via meetings with managers, phone calls, surveys and during management spot checks of care visits.
- People's views and decisions about care were incorporated when their care packages were devised.
- People told us staff involved them in their care and were aware of their care plans. One person told us they were aware they had a care plan, and understood staff recorded their care in it.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us they understood the importance of treating people with dignity and respecting them. One staff member said: "That's the most important thing, what if it was me [receiving care] how would I feel? That's how you've got to think."
- When managers carried out monitoring of care visits, by way of unannounced spot checks, they looked at whether staff were treating people respectfully and with dignity.

# 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 good. At this inspection it remained good.

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

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

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration when the care plan was being developed.
- Staff records of care given demonstrated that staff checked with people about how care was being provided to ensure people had control over the care they received. People we asked about this confirmed they felt involved in their care.
- When managers carried out spot checks of care visits they obtained the input of people using the service, which supported people in have control over their care.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear and well managed, so that complaints improved the quality of care people received.
- We checked the complaints the provider had received in the preceding 12 months. We found complaints had been dealt with in accordance with the provider's policy; complainants received a written outcome following investigation, and where required changes to the service were made.
- People we spoke with told us they knew how to make a complaint, and said they would be confident to do so, although one person's relative told us their experience of making a complaint was not satisfactory. We signposted this person to the appropriate route for external remedy.

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.

- The provider made documentation available in alternative formats, such as large print and easy read, to enable people to access information.

End of life care and support

- People's end of life needs and preferences were taken into consideration when their care plans were devised, and people were encouraged to share their thoughts where appropriate.

# 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 our last inspection the provider did not always ensure that quality and safety assurance systems and processes were established and operated effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At the last inspection this key question was rated requires improvement. At this inspection it improved to good

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

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 mostly said there was very good communication with the care staff and the registered manager.
- Staff said they enjoyed working at the service and felt well supported by the registered manager. Staff said the registered manager was open and approachable.
- The registered manager knew the kind of incidents that needed to be notified to the Care Quality Commission, and appropriate notifications had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider carried out regular checks of the service, by way of reviews of care and surveys.
- The management team completed spot checks with staff where they attended a support visit with them to observe how they interacted with and supported people.
- There was an electronic system for monitoring care calls, which meant the management team could be assured care was being provided in accordance with people's needs.
- Staff made daily notes of the support they had provided. These were reviewed by the management team each month and, if required, care plans were reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were involved in reviewing and agreeing their care and support plans.
- People said they were able to contact the registered manager if they needed to, although one person told us they thought the office team were disorganised; this view was not echoed amongst the other people we

spoke with.

- The service was participating in a pilot scheme with the local authority, which meant it was able to tailor and amend people's care packages more effectively.