

TLC Community Services Limited

# TLC Community Services Limited

## Inspection report

2 Front Street  
Edmondsley  
Chester Le Street  
County Durham  
DH7 6DJ

Tel: 01913712255

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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

This inspection took place on 10, 11 and 18 February 2016 and was announced. This meant we gave the provider two days' notice of our visit because we wanted to make sure people who used the service in their own homes and staff who were office based were available to talk with us.

TLC Community Services Limited is registered with the Care Quality Commission to provide personal care to people who wish to remain independent in their own homes. The agency covers the County Durham area and provides a range of home care and support services.

50 people were using this service when we visited and there were 30 staff. Two teams of staff were based around the Chester le Street and Stanley areas of County Durham.

There was a registered manager in place who was also the provider and had been in their present post at the service for over thirteen years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People's care plans were person centred, detailed and written in a way that accurately described their individual care, treatment and support needs. This meant that everyone was clear about how people were to be supported and their personal objectives met. These were regularly evaluated, reviewed and updated. People using the service and those who were important to them were actively involved in deciding how they wanted their care, treatment and support to be delivered.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out and these were updated if new situations or needs arose.

Feedback from people using the service indicated that staff and the registered manager were friendly, open, caring and diligent; people using the service trusted them.

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.

We found the registered manager had a good understanding about how the service was required to uphold the principles of the MCA, people's capacity and ensure decisions about their best interests were robust and

their legal rights protected.

The registered manager and staff that we spoke with showed genuine concern for peoples' wellbeing and it was evident that everyone knew people who used the service very well. This included their personal preferences, likes and dislikes and staff had used this knowledge to form very strong caring and therapeutic relationships.

People were supported by staff who had received appropriate training. The provider had a training programme in place run by a specialist training company which supported staff to gain the skills and knowledge they needed to meet the needs of people who used the service.

People were protected from the risk of abuse. Staff and managers understood the procedures they needed to follow to ensure that people were safe. They had undertaken training and were able to describe the different ways that people might experience abuse. When asked they were able to describe what actions they would take if they witnessed or suspected abuse was taking place and what they expected of service colleagues and statutory agencies.

We saw the provider had policies and procedures for dealing with medicines and these were followed by all staff. Medicines were securely stored and there were checks and safeguards in place to make sure people received the correct treatment.

The service had a complaints policy which provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. Staff we spoke with understood how important it was to act upon people's concerns and complaints and would report any issues that were raised, to the registered manager. People using the service and those who were important to them knew about the complaints process and had confidence that these would be handled appropriately by the provider.

We found that the registered manager had systems in place for monitoring the quality of the service. This included audits of key aspects of the service, such as medication and learning and development, which were used to critically review the service. We also saw the views of the people using the service and those who were important to them, were sought. The registered manager produced action plans, which showed when developments were planned or had taken place.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were systems in place to manage risks, safeguarding matters, staff recruitment and administration of medication.

Staff had been trained to work with people in a positive way which protected their human rights.

The provider had an effective system to manage and reduce the likelihood of accidents and incidents and learn from them so they were less likely to happen again.

### Is the service effective?

Good ●

The service was effective.

The provider ensured people's best interests were managed appropriately and they were protected under the Mental Capacity Act (2005).

People's needs were regularly assessed and referrals made to other health professionals when required and their care and support was continually monitored and promoted.

Staff received training and development, supervision and support from the registered manager and senior staff. This helped to ensure people were cared for by those who were knowledgeable and competent.

### Is the service caring?

Good ●

The service was caring.

There were safeguards in place to ensure people's privacy, dignity and human rights were protected. Staff knew the people they were caring for and supporting in detail, including their personal preferences, likes and dislikes.

People told us that the provider was very supportive and had their best interests at heart; people said they were caring, discreet and sensitive and they trusted them.

Staff were knowledgeable about ways of communication and these were tailored to people's preferences.

### **Is the service responsive?**

The service was responsive.

People, and their representatives, were encouraged to make their views known about their care, treatment and support needs.

Staff were understanding of peoples' expressions and recognised how these could change if they were unhappy. Staff were able to intervene to prevent a situation from escalating.

People were supported by the provider to take part in social opportunities and make and maintain friendships.

**Good** ●

### **Is the service well-led?**

The service was well led.

There were clear values that included involvement, compassion, dignity, respect, equality and independence.

The management team had effective systems in place to assess, monitor and drive the quality of the service.

The service worked in partnership with key organisations, including specialist health and social care professionals.

**Good** ●

# TLC Community Services Limited

## **Detailed findings**

### Background to this inspection

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

One adult social care inspector completed this announced inspection of TLC Community Services Limited on 10, 11 and 18 February 2016. We announced this inspection because we wanted to be able to meet with people who used the service in their own homes.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

Before the inspection we reviewed all the information we held about the service. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection. For example, people who wished to compliment or had information that they thought would be useful.

Before the inspection we reviewed information from the local safeguarding team, local authority and health services commissioners. No concerns were raised by these organisations. Prior to the inspection we also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During the inspection we spoke with four people who used the service and. We met with two care staff, the registered manager and the service's two deputy managers.

We also spent time looking at records, which included five people's care records, and records relating to the management of the service.

## Is the service safe?

### Our findings

People who used the service told us they felt safe. They told us, "They've helped me through some difficult times and reassured me that I am actually safe which has helped me and my family a lot." Another person told us about the support they had received from the provider. They said "It's good to know that someone is on the end of the phone in case I'm worried. When I ring they always check I'm alright."

We found people were protected from the risks associated with their care because the provider followed appropriate guidance and procedures. We looked at five people's care plans. Each had an assessment of their care needs which included risk assessments. Risk assessments included areas relating to the environment, for example potential hazards around people's homes, as well as those relating to the individual such as risk of skin pressure damage or use of a hoist to mobilise. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst meeting people's needs and promoting their independence. Where this was appropriate people had signed to say they agreed with the risk assessment.

Staff said their work helped people remain safe because they monitored people's health and care needs and they had undertaken safeguarding training to help them recognise and respond if they suspected or witnessed abuse. We asked two staff what they would do if they suspected abuse was taking place. They were all able to tell us the right action to take. This included reporting to the registered manager or service staff and the local authority. This meant staff employed by the registered provider were able to take swift and suitable action when needed to keep people safe.

Staff told us they had confidence that any concerns they raised would be listened to and action taken by the registered manager. We saw there were arrangements in place for staff to contact management out of hours should they require support or advice. Staff were clear about what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns with the registered manager or senior staff. One staff said, "I would just pick the phone up – it's better just to check up on something you're not sure about."

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood. Staff we spoke with described what they would look for, such as a change in a person's behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. The registered manager told us, "Sometimes we are the service users only contact so are on our guard to make sure vulnerable people are protected. Staff are very observant and they often notice just the little things that need to be checked out." Training in the protection of people had been completed by all staff, with senior staff having undertaken more advanced training including their part in raising alerts with the local safeguarding authority. The registered manager and all staff had easy access to information on the services' safeguarding procedures and a list of contact numbers was available and accessible at all times.

At a previous inspection on 28 February 2014 we found that people were not protected against the risks of

unsafe use or management of medicines because the provider did not have appropriate arrangements in place. At this inspection we looked again at the ways in which the provider supported people to take prescribed medication. We found the service had procedures in place to ensure people received medicines as they had been prescribed. Medicines were stored safely in people's homes and records were kept which showed which medication had been administered to whom and when. We saw there were regular audits undertaken by senior staff to ensure medicines were administered correctly and at the right time. We saw the service had protocols for medicines prescribed 'as and when required', for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given. The service followed the Royal Pharmaceutical Society Guidelines.

We looked at the records of three staff who had recently been recruited to the service. We saw that background checks were carried out to make sure applicants were suitable to provide services to people who were vulnerable in their own homes. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed that staff had been subject to a formal interview and background checks, which followed the provider's recruitment policy, had been carried out.

The provider had a policy in place to promote good infection control by staff. We saw staff had continual access to appropriate personal protective equipment (PPE) such as disposable gloves and aprons. They had received training from the service and were knowledgeable about infection control procedures. One of the deputy managers told us, "We are aware that some people are more likely to get infections than others so we are very careful to make sure they aren't exposed to unnecessary risks." This showed the provider had considered infection control issues in people's homes and had taken action to minimise their risks when required.

The provider took steps to ensure accidents and incidents involving people using the service and staff were minimised. The registered manager told us that these occurrences were not frequent but when they did occur an analysis of the circumstances was carried out to see if there were any lessons which could be learned for future practice. We saw records which supported these findings.

## Is the service effective?

### Our findings

When we visited people in their own homes, they told us that they were confident in the support they received from the provider and staff. People were complementary and said things like, "The staff who come to our house always know what they're doing – they've sorted that out between themselves before they get here," and "The staff are very conscientious, they always take time to check everything is okay before they leave."

Staff said they were effective because they 'had good relationships with people' and 'knew people well.' were supported by the registered manager and deputies if they needed help and advice. They felt their work was appreciated by people who used the service and the registered manager. They said they had 'lots of training' which they were required to undertake to ensure that they were aware of best practice. For example supporting people with Dementia type illness or mental ill health.

Staff told us the provider supported them to gain the skills and knowledge they needed to meet the needs of people who they cared for. Records showed there was a programme of induction and specialised training for all staff to prepare them for their work. Training included courses in 'Safeguarding', 'First Aid', 'Infection Control', 'Moving and Handling', 'Medication Induction' and 'Food Hygiene'.

We looked at records which showed all staff had achieved relevant on-going training. Staff commented positively about their training and some had repeated courses on a 'refresher' basis. The provider commissioned a training company who arranged training packages and individual courses. Additional training was also carried out by specialist nurses for example where staff were supporting people with care of a catheter or specialist moving and handling for example, due to a person's spinal injury. The service had also recently promoted the use of online training which staff completed as part of their training including written assessments before an award was made. Recent courses included 'Mental Capacity', 'Equality and Diversity', 'Dementia' and 'Safe Administration of Medication'. This demonstrated that people received care and support from staff that had the knowledge and skills necessary to carry out their roles and responsibilities effectively.

Staff received regular monitoring, supervision and appraisal from senior staff. The registered manager told us that there was a system of monitoring and supervision visits carried out every two months with each member of staff. This involved monitoring of staff practice in people's homes and reviews of care records, including medication administration and daily notes. We looked at records held at the providers' offices which showed that the monitoring and supervision visits were carried out for all staff. The registered manager confirmed that they reviewed the monitoring and supervision of senior staff and deputy managers to make sure the timescales and scope of the meetings were met. This showed that the registered provider had a good understanding of peoples' needs and how they were being met by the registered provider's staff.

Some people who used the service needed support with their diet or had specialist diets to help them manage long term conditions for example Diabetes. We saw examples in records of how staff supported people's dietary needs and when we spoke with people who used the service they confirmed that staff were

diligent in this area. One person we spoke with said, "Yes they keep an eye on me, if I'm looking a bit scrawny they start fattening me up a bit." We spoke with staff who told us that the meals, drinks and snacks were based on people's preferences and their likes and dislikes. One staff said, "I've had to learn to cook since I started working for TLC."

Records showed that the service made sure that people's health care needs were met. Where appropriate the provider co-ordinated or supported people to attend regular appointments and maintain consistent access with healthcare professionals to ensure people had the advice and treatment they required. This included contact with GPs, dentists, specialist trained nurses and occupational therapists. We saw records which showed how staff and the provider contacted relevant health professionals if they had concerns over people's health care needs.

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 Act.

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager told us there were no authorisations in place or presently under consideration for any of the people that were being supported by the provider. We found the registered manager had a good understanding about how the service was required to uphold the principles of the MCA, people's capacity and ensure decisions about their best interests were robust and their legal rights protected.

## Is the service caring?

### Our findings

We spoke with people about the support they received from the provider. All of the people's responses were very positive. One person said, "I can really say they've made a huge difference to me – they've seen me through some very bad times and I'm feeling more positive now thanks to them." Another person said, "They're reliable, they always turn up on time and I ring them when I have a problem even if it's nothing to do with them and they offer advice – you couldn't ask for more."

Staff told us they were caring because they 'got to know people well' and they had 'job satisfaction' through the work they did. One relative told us 'We feel like we're cared for and looked after by this agency. We've had so many experiences of poor care with other organisations; it has been a relief to find an agency whose staff are competent, reliable and trustworthy. They ask me if I'm okay too and that really makes a difference to me.'

When we visited people in their homes they were complimentary about the service, the staff and the registered manager. They said they knew the registered manager personally and had confidence that their service was set up for their individual circumstances. One relative told us, "I couldn't do with a host of different people trapesing through the house every day and that certainly hasn't happened. I have a small group of staff that support me and there are no exceptions."

The registered manager, deputy managers and staff that we spoke with all showed genuine concern for peoples' wellbeing. They all placed great thought and consideration when making decisions that may affect their care and welfare. It was evident from discussion that all personnel knew people's needs circumstances and sometimes life histories in detail, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in people's care plans. The registered manager gave examples of where they had taken a role in ensuring that people using the service received appropriate end of life support.

In response to people's needs for equality we found the provider had in place arrangements to assess people's needs and had put in place plans and strategies to ensure people had a lifestyle which promoted their independence. For example specific plans were in place to enable people to continue to live in their own homes sometimes with long term medical conditions. One person told us, "My condition has fluctuated recently and the staff stepped up to the mark when I needed them most – It gave me confidence and has helped in my recovery."

The registered manager told us how the service sought to recruit people who had the personal attributes to make excellent staff. She said, "We don't just want people who see this as a job, they have to have a genuine interest in working with people." Records confirmed that trained staff stayed with the provider for lengthy periods. We found several staff had been working successfully for the registered provider for over 13 years.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for. They explained how they were very aware of the need to maintain and support peoples' privacy when

they were working with them in their own homes. One staff member told us, "You always have to respect the home of the person you're working with so we knock on doors and wait before we go in, we always ask if it is okay." We found staff were committed to delivering a service that had compassion and respect and which valued each person.

The staff we spoke with understood people's routines and the way they liked their care and support to be delivered. Staff described how they supported people in line with their assessed needs and their preferences to make sure their care and lifestyle needs were met. Staff talked about how they 'worked as a team' and their strong relationships with people who used the service and their relatives which helped them to be effective.

## Is the service responsive?

### Our findings

When we visited the service office we looked at individual's records to see how their care was planned, monitored and co-ordinated. When we spoke with people who used the service they told us that the provider made sure they received the service that was expected and the staff who visited were always known to them and knew what their needs were. One person told us, "I don't have to keep telling the staff the same thing – If I mention something by the time the next staff turn up they've already spoken to each other at the office and know about it."

We spoke with staff and the registered manager who told us everyone who was supported by the service had a 'person centred' care plan. 'Person centred' is a way of working which focuses the actions of staff and the organisation on the outcomes and wellbeing of the person receiving the service. They described to us in detail how staff made sure people were properly cared for and we looked at how this was written in their care plans.

Staff told us they provided 'individual services to people;' that people were 'all different' and they enjoyed working with people in this way. One staff told us, "I go to the same clients, I know everything I need to know about them and I can tell if anything changes because I know how they usually are." Another said, "We work in teams so we communicate with each other." When we spoke with staff they described people's circumstances and the support they provided in detail. The ways in which they provided care were tailored to each individual. One staff said the service they provided was flexible and could be changed if someone needed more or less support. For example if people became ill or were recovering from an accident or periods of illness.

All the people who used the service had care plans in place. These were developed following an assessment of each person's needs and where appropriate a consultation with everyone who had a role in the person's life. People who used the service were supported and empowered by the registered provider and senior staff to make decisions about how they would best like their care and lifestyle needs to be met. These decisions formed the basis of a formal agreement between the provider and the person using the service. We saw examples of these agreements in people's care plans and these were signed by all parties to acknowledge that the agreement would be followed.

We looked at the care records of four people who used the service to see how their needs were to be met. We saw each person's needs had been assessed and plans of care written to describe how each area of need was to be supported. The assessments we looked at provided detailed information about each person's condition. We looked at examples of how peoples' needs were to be met and found every area of need had clear and descriptions of the actions staff were to take. This included their health and social care needs. The care plans we looked at had sufficient detail to guide staff practice and included people's personal preferences, likes and dislikes.

Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of

accidents. The registered manager told us that the service had helped support people who wished to remain as independent as possible whilst having an oversight which could be used to minimise risks if required. This showed us that the service was flexible in its approach whilst maintaining people's safety.

The way care plans were written showed how people using the service were to be supported and there were reviews every two months to see if their needs had changed. This meant people's changing needs were identified promptly and were regularly reviewed with the involvement of each person and those that mattered to them and put into practice.

The service protected people from the risks of social isolation and recognised the importance of social contact and companionship. People were encouraged to maintain and develop relationships, hobbies and interests. Staff were proactive, and made sure that people were supported to keep relationships that mattered to them, such as family, community and other social links. Staff were supportive of people so they could continue with important family events and special occasions. We found people's cultural backgrounds and their faith were valued and respected.

When people used or moved between different services or agencies this was properly planned. Where possible people or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission and strategies were in place to maintain continuity of care and ensure their wishes and preferences were followed. One person told us, "They've gone out of their way to do things which strictly speaking wasn't their job such as arranging appointments for me and sorting out the ambulance to get me there."

We checked complaints records. This showed that procedures were in place and could be followed if complaints were made. The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. People who used the service and those who were important to them told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager. We saw people were actively encouraged to give their views and raise any concerns. When we spoke with people no one raised any concerns but told us they knew who they could approach if they did. The registered manager saw concerns and complaints as part of driving improvement.

## Is the service well-led?

### Our findings

People who used the service talked positively about the registered manager and deputy managers. People said they were 'very supportive' and 'gave them personal attention' particularly when they had a crisis or emergency. All of the people we spoke with said the registered manager had acted in their best interests.

There were management systems in place to ensure the service was well-led. We saw the registered manager was supported by the deputy managers and senior staff and there was regular monitoring of the service. The registered manager shared the organisations office and was in regular communication with staff, service users, relatives and other professionals involved in people's care. These showed that the registered provider had oversight of the quality of the service offered by TLC Community Services Limited.

The staff we spoke with were complimentary about the registered manager and senior staff. They told us that the management style was 'an open door' they could 'talk to their managers openly at any time' and felt that their skills were appreciated and valued. Staff we spoke with told us they would have no hesitation in approaching the registered manager if they had any concerns and they regularly discussed their work with the registered manager on a day to day basis. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people using the service. We saw documentation to support this.

The registered manager told us she encouraged open, honest communication with people who used the service and their representatives, staff and other stakeholders. People told us they were 'asked for their views' and 'kept well informed.' We saw the registered manager worked in partnership with a range of multi-disciplinary teams including social workers, community health staff and other professionals such as GP's and psychologists / therapists in order to ensure people using the service received a good service.

During the inspection we saw the registered manager was active in the day to day running of the service. We saw they interacted and supported people who used the service and supported staff to do the same. From our conversations with the registered manager it was clear they knew the needs of all of the people who used the service in detail. They told us this was because staff worked effectively as a team to make sure peoples' needs and lifestyle requirements were met.

The registered manager had worked at TLC Community Services for over 15 years and had over 30 years' experience of providing health and social care in a variety of settings. She is a qualified and registered nurse and also holds management qualifications. This background has given her the skills and knowledge to structure the business and successfully operate the service.

The registered manager had in place arrangements to enable people who used the service, their representatives and other stakeholders to affect the way the service was delivered. For example, people who used the service were routinely asked for their views by completing service user surveys. The outcome of this feedback was collated and actions were identified as a result of this feedback. Surveys were due to be circulated at the time of our visit.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. There were quality assurance systems in place for the registered manager to ensure objectives were met. For example audits were carried out for key areas of service provision such as care planning, training, health and safety, accidents and incidents and medication.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out and these were updated if new situations or needs arose. We saw evidence of how these were reviewed regularly and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to safely meet people's needs.

All of these measures meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people.

The registered manager had notified the Care Quality Commission of all significant events which had occurred, along with associated outcomes, in line with their legal responsibilities.

We saw the provider had management systems in place including finance, training and human resources support, some of which was provided by external specialists.