

TLC Care Homes Limited

TLC Care Homes Limited (Summer House)

Inspection report

Blamsters Farm, Summer House
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Tel: 01787479491

Date of inspection visit:

30 May 2018

31 May 2018

05 June 2018

Date of publication:

08 August 2018

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? | Requires Improvement ● |

Summary of findings

Overall summary

This inspection took place on the 30 May 2018 and 5 June 2018 it was announced. The service was last inspected in April 2015 and rated Good overall.

TLC Care homes Limited (Summer House) provides personal care to people in supported living settings in Westcliffe, Great Dunmow, Saffron Walden, Earls Colne, Basildon, Halstead and Colchester. People using the service have a learning disability and may have a mental health diagnosis. There are two registered managers for this service. At the time of our inspection the service was supporting 21 people.

The service had two registered managers in post, with one covering services in the Mid Essex region and the other covering services in the South Essex region. The registered manager for the South Essex region was also an area manager. We were unable to speak to the registered manager for the Mid Essex region as they were away during our inspection, in their absence the area manager (Mid Essex) and Director of Operations were managing and monitoring service in that region. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not consistently Well Led. The quality assurance system was not effective because it had not identified the areas of concern. There were no plans in place to demonstrate what action the provider / registered managers were going to take to mitigate risks in relation to the health, safety and welfare of people using the service. Further improvements were required to ensure that the management team had a complete oversight of the management of people's finances.

There were sufficient numbers of staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health and wellbeing. The provider had a good management and monitoring structure in place for medication.

People were cared for and supported by staff who had received training to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services were made when required.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and when there was a change in people's care needs. People were supported to follow

their interests and participate in social activities. Complaints were responded to in a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|--------------------------------------|
| <p>Is the service safe?</p> <p>The service remains Good.</p> | <p>Good ●</p> |
| <p>Is the service effective?</p> <p>The service remains Good.</p> | <p>Good ●</p> |
| <p>Is the service caring?</p> <p>The service remains Good.</p> | <p>Good ●</p> |
| <p>Is the service responsive?</p> <p>The service remains Good.</p> | <p>Good ●</p> |
| <p>Is the service well-led?</p> <p>The service was not consistently Well-Led</p> <p>The quality assurance system was not effective because it had not identified the areas of concern and there were no plans in place to address them.</p> <p>The management team was open, honest and transparent.</p> | <p>Requires Improvement ●</p> |

TLC Care Homes Limited (Summer House)

Detailed findings

Background to this inspection

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

The inspection took place on the 30 May 2018 and 5 June 2018 and was unannounced.

The inspection was carried out by one inspector and an Assistant Inspector. We visited the office of TLC Care Homes (Summer House) where we met the Area Manager (Mid Essex), Area/Registered Manager (South Region) and Operations Director. We spoke with three staff members, visited people in their homes and spoke to their relatives over the phone.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

Is the service safe?

Our findings

People told us they felt safe using this service. One person told us, "I feel very safe when the carers are here, they are always looking out for me and making sure I am safe." A relative informed us, "I am very happy with how they ensure my relative's safety. Staff always contact me if there is an issue."

Staff knew how to recognise the signs of possible abuse and how to report it. Where issues or concerns had been reported in the past they had been addressed appropriately by management. Staff had confidence that the senior staff would act appropriately in the event of any future concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Staff were clear on what actions they would take should they have any concerns about people's wellbeing. The registered/area manager(South) had a good understanding of their responsibility to safeguard people and dealt with safeguarding concerns appropriately. The provider's policies and procedures were in line with local procedures and they worked closely with the local safeguarding team.

The service acted appropriately when things went wrong and worked closely with agencies when allegations of abuse was highlighted. The area manager (North Essex) informed us that there was an ongoing police investigation relating to the mismanagement of a person's finances in which they were working closely with the police and local authority to ensure the safety of everyone using the service. They told us appropriate measures had been put in following the alleged incident to ensure people's safety. Please refer to Well-Led domain for more information.

The registered manager informed us that staffing levels at the service were based on the Local Authority's funding arrangements for each person. However, the registered manager and staff informed us that should people's needs change they would request an urgent review for the individual from the Local Authority. This was confirmed in people's care plan records reviewed. The provider had a robust recruitment process in place, which showed staff employed had the appropriate checks to ensure they were suitable to work with vulnerable people. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People and staff told us procedures were in place for the safe storage and disposal of medicines. all medication was safely stored. Staff were aware of the providers procedure for the safe disposal of medication which involved contacting the pharmacist to arrange for unused medication to be disposed. Medication Administration Records (MAR) checked were correctly completed and random sampling of people's medicines confirmed they were receiving their prescribed medicines. Staff involved in the administration of medication had received appropriate training. Staff were knowledgeable about people's medicines and the effects they may have on each individual. Checks had been completed by the registered manager or management team to assess staff's competency to safely support people with their medications.

For example, checking staff's understanding on how to monitor someone on a new prescription medication

and noting any adverse or unusual side effects. This helped to ensure medicines were administered in a safe and person-centred way. When we spoke to family members they informed us staff spent time with them educating them about their relatives' health conditions, prescribed medication and the possible side effects of their medication.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs. The rating continues to be Good.

People and their relatives told us that staff provided good quality care and had the knowledge and the skills to best meet their needs. One relative told us, "The management team and the staff look after my relative very well", another relative informed us, "We really like the service we couldn't ask for a better care team".

Staff informed us that when they commenced employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans, this ensured staff had a good knowledge of the people they were supporting before providing care. Staff went on to say this was a continued process as people's needs changed.

Staff attended mandatory training when they started employment and afterwards they attended yearly refresher courses. The training was provided through online workbooks or planned training dates with the Local Authority. Staff informed us that were offered an array of training modules which had relevance to their roles and this helped them to deliver safe and effective care to people. For example, staff had been trained in first aid and should there be a medical emergency, staff knew to contact the doctor or paramedic if required. Staff we spoke with were positive about their training and they felt supported by the management team.

Staff had regular supervision and meetings to discuss people's care and the running of the service. Staff told us, they were encouraged to be open and transparent about any concerns they may have. One member of staff said, "We have supervision at least once a month and if we need to speak to the management team we can speak to them at any time." The registered/area manager informed us that they regularly held discussions with staff to acknowledge areas of good practice and improvement which helped to improve the quality of care being provided.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if 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. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. Where a person lacked capacity, care plans were in place guiding staff to make decisions in the person's best interests. Where people lacked capacity, we saw that the person's family and professionals had been involved with the person's care to ensure their wishes and feelings were being respected and their needs were being met in the best way possible.

People said they had enough to eat and were supported by staff to make choices about what they liked to eat. People's food intake was regularly monitored and individual plans were in place for staff to follow to ensure they had a balanced diet. The registered manager told us, "We are in regular contact with the district nurse and GP to monitor people's weights and wellbeing."

People's healthcare needs were well managed. People told us they were supported to have access to a range of healthcare professionals and services such as, GP and district nurse.

Is the service caring?

Our findings

We found staff to be friendly and caring towards people using the service. Staff made people feel that they mattered. For example, we observed staff made eye contact with the person they were supporting and always gave the person time to respond. A relative told us, "From my observations of staff supporting my relative and other people using the service, I have found them to be very caring and staff always put the person's needs first."

Our observations of the interaction between people and staff showed that staff had developed very positive relationships with people they supported and people responded very well to them. People and staff were relaxed in each other's company. There was free flowing conversation and exchanges about how they planned to spend their day, endorsing people's well-being.

There was a very strong, person-centred culture within the service that was remarked on by everyone we spoke with. Care plans were personalised to each individual. One relative told us that the way staff had worked to make each of their relative's reviews as person-centred and as inclusive as the person wanted it to be. Staff worked very closely with other professionals to gain insight on how to undertake specific ways of providing care for each person being supported. For example, one person previously displayed behaviours that could put them at risk, the service worked closely with a behavioural analyst to find ways to best support them and minimise potential risk.

People were supported to be as independent as they chose to be. This was documented in their support plans; the registered/area manager also told us how they supported people to be independent. For example, one person could access the community with minimal support and another person had been supported in building confidence to go on long trips with other people using the service. This showed that the staff were continually promoting people's independence and respected their choices. We observed a member of staff asking and listening to people what they wished to do for the day and then proceeding to make arrangements to support them with their decision.

The interactions we saw between people and staff showed that staff respected people's privacy whilst ensuring their safety and wellbeing. Staff knew people well, their preferences for care and their personal histories. Staff understood how to care for and support people as individuals. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People and their relatives were aware of their support plans and had regular meetings with their key workers, and the registered manager to identify any needs or wants they may have, along with a review of their overall well-being. Details of these meetings were verified within the support plans we reviewed.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community. In one house we visited staff informed us how they supported one person to visit their relatives at least once a month.

People were supported and encouraged to access advocacy services. Mental capacity assessments relating

to people's capacity to decide about the support they were receiving had been assessed and were required the service had referred people to an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. Advocates were mostly involved in decisions regarding changes to care provision. People were given the opportunity to attend self-advocacy groups.

Is the service responsive?

Our findings

People had detailed support plans and risk assessments in place. People's care and support needs were well understood by the staff working for the service. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The registered/area manager(South) and staff met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. Following a comprehensive assessment of people's needs this information was used to develop their care plan and/or make appropriate changes to existing support plans before they started using the service. Staff reviewed support plans monthly to ensure information recorded was still a true reflection of people's needs. The registered manager regularly spoke with people, their relatives and professionals involved in their care to learn as much about the person as they could. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care.

Support plans included photographs of the person being supported with all aspects of their care so that staff could see how the person preferred their care to be delivered. Care plans were person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned accordingly. People's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews.

The registered manager informed us they were looking to purchase assistive technology to aid communication, as some people could benefit with regards to communicating with friends and family.

People were supported to access activities in the community. We observed staff support people who used the services in the South Essex region and it was very evident that staff had developed positive relationship with people as they all laughed and joked together whilst preparing lunch. The registered/area manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. Within each of the schemes we visited there were communal areas which people had regular access to and staff could observe them from a distance to ensure they were safe.

The provider had policies and procedures in place for receiving and dealing with complaints and concerns. These described what action the provider would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and what to do if anyone complained to them they told us they would either try and deal with it or notify the manager or person in charge, to address the issue. The registered manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. The complaints we viewed had all been dealt with in a timely manner with appropriate responses.

Is the service well-led?

Our findings

The service had two registered managers in post, with one covering services in the Mid Essex region and the other covering services in the South Essex region. The registered manager for the South Essex region was also an area manager. We were unable to speak to the registered manager for the Mid Essex region as they were away during our inspection, in their absence the area manager (Mid Essex) and Director of Operations were managing and monitoring service in that region.

On arrival of our first day of the inspection the area manager (Mid Essex) sat us down and informed us that the organisation had identified a lack of managerial oversight within the Mid Essex services. And in response the area manager for Mid Essex, would work alongside the registered manager on their return to improve the service further. This was because the service had failed to identify an incident where a person's money had gone missing.

The quality assurance systems in place to assess, monitor and improve the quality and safety of the services provided needed to be more effective. It had failed to mitigate the risks relating mismanagement of people's finances by staff. In addition, during our inspection we were informed that there was an ongoing police investigation into money that had gone missing, on reviewing the documentation we noted several discrepancies on one person's expenditure sheet. The management team also informed that up until recently they had also found out that large amounts of money had been withdrawn from the person's bank account without the person or their relatives consent.

The management informed that the service had replaced the money, and noted that additional auditing processes would need to be implemented to ensure this does not recur. It was also evident that the service needed to further be developed or make improvements regarding monitoring of staff responsible for auditing the management of people's finances, as a further safety net.

The Director of Operations told us that the aim of the service was to support both people and their family to ensure they were happy using the service. The area/registered manager (South Essex) informed us that they held meetings with relatives and people using the service as this gave the service an opportunity to identify spacing areas of improvement and give relatives an opportunity to feedback to staff; be it good or bad. Relatives also told us that were involved in the continual improvement of the service.

People benefited from a staff team that felt supported by their management team. Staff said this gave them the confidence to fulfil their roles, which in turn enabled them to assist and help people to maintain their independence. Staff had regular handover meetings and communicated all information with the main office to ensure all staff were aware. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help

ensure that information was kept safe.