

TLC Homecare Limited

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Inspection report

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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

We inspected TLC Homecare Limited (known to people using the service, their relatives and staff as TLC) on 18 and 19 December 2017. The first day of inspection was unannounced. This meant the service did not know we were coming.

This service 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 adults and to some people with physical and learning disabilities. At the time of this inspection there were approximately 620 service users.

TLC was last inspected in August 2016. It was rated as 'Requires Improvement' in the key questions of Safe, Effective, Responsive and Well-led, and 'Good' in Caring. We identified breaches of the regulations relating to safe care and treatment, consent and good governance. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good.

At this inspection we found some improvements had been made, however, this is the second consecutive time the service has been rated Requires Improvement.

The service had a registered manager. They had registered in July 2017 and were not present at the last inspection. 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.

At this inspection we found concerns about the way medicines administration by care workers was recorded; there was no system in place to ensure records of people's prescribed medicines were regularly updated.

One care worker's records did not include details of their full employment history; all other recruitment records evidenced a robust system was in place.

Sufficient care workers were employed to cover people's care visits and people told us they had continuity in terms of the care workers who supported them. We received some mixed feedback about people's care visit times.

People told us they felt safe. Care workers could demonstrate their understanding of safeguarding procedures. Risk assessments had improved since the last inspection in August 2016, although work was underway to increase the amount of person-centred detail they contained.

Records showed, and staff told us, they received the training and support they needed to provide people with effective care.

The service was now compliant with the Mental Capacity Act 2005. This was an improvement from the last inspection in August 2016.

People received support with meal preparation in accordance with their needs and preferences. None of the people we spoke with needed assistance to make healthcare appointments, but said they felt able to ask for help if they needed it.

We received positive feedback about TLC from healthcare professionals involved with people who used the service. Records showed communications with the various TLC teams covering the wide geographical area were consistent and promoted effective team-working.

People and their relatives told us care workers were kind and caring. They also said care workers were respectful and mindful of their privacy and dignity at all times.

We heard staff going the extra mile to try and resolve an issue for a person. The service had a Christmas present scheme whereby care workers could nominate people in need of specific items or who would appreciate a treat.

Care workers supported people to retain their independence; records showed people had been involved in developing and reviewing their care plans.

The service had an open and inclusive culture whereby people were encouraged to express their diverse needs and preferences.

People's care plans, with the exception of some for medicines, were up to date and contained person-centred information. Systems were in place to ensure care plans were reviewed regularly and the care planning process was constantly improved.

Records showed most complaints had been managed appropriately; we saw the registered manager had improved her oversight of complaints made when there had been a breakdown in communication and she had not been informed a complaint had been made.

The TLC management team and assessment and review officers were devising ways to improve the service's responsiveness to people needing end of life care.

With the exception of medicines, the registered manager and registered provider had oversight of quality and safety at the service.

People, their relatives and staff had opportunities to feedback about TLC. The service had implemented innovative means of improving staff recruitment and retention, and had achieved accreditation for their commitment to improving employee health, safety and wellbeing.

The registered provider was in the process of launching a set of vision and values for the service developed with people using the service and staff.

TLC worked in partnership with other local stakeholder organisations.

We found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

We identified concerns around the recording of medicines administered by care workers.

Risk assessments had improved since the last inspection; however, the service had identified they could be improved further.

People told us they felt safe and usually saw the same small team of care workers.

Is the service effective?

Good 

The service was effective.

Staff received the training and support they needed in order to provide people with effective care.

The service had improved and was now compliant with the Mental Capacity Act 2005.

Measures were in place to promote team-working and consistency within TLC. Healthcare professionals gave us positive feedback about the service TLC provided.

Is the service caring?

Good 

The service was caring.

People told us TLC care workers were kind and caring, and always respected and promoted their privacy and dignity.

People were involved in developing their care plans and had signed them if they were able. Care workers promoted people's independence as they provided support.

The service encouraged and supported people to express their diverse needs and preferences.

Is the service responsive?

Good 

The service was responsive.

People's care plans were person-centred. A system was in place to ensure they were regularly reviewed and updated.

The registered manager improved her oversight of the complaints process in response to concerns raised by a relative.

The service was devising ways to improve its responsiveness to urgent requests for end of life care.

Is the service well-led?

The service was not always well-led.

Audit and monitoring at the service had improved; however, some issues we identified had been missed.

People, their relatives and staff were asked for feedback about the service. A regular newsletter was used to share information with people and staff.

TLC had developed ways to help boost staff recruitment and retention. There was a focus on improving the service for people and staff.

Requires Improvement 

TLC Homecare 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 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.

This inspection took place on 18 and 19 December 2017. The first day of inspection was unannounced. The inspection team consisted of one adult social care inspector at the office on both days. An 'expert by experience' and an adult social care inspector made phone calls to people, relatives and staff over two days to get their feedback about the service. 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 provider had 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. We used this to help plan the inspection.

As part of the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch Barnsley, the local authority safeguarding team, and the Clinical Commissioning Group. After the inspection we received feedback from three healthcare professionals involved with people who used the service.

During the inspection we spoke with the registered manager, a care coordinator, the training officer and training manager, the group operations director and the managing director. Over the telephone we spoke with 12 people who used the service, seven people's relatives and 20 members of staff.

As part of the inspection we looked at 13 people's care plans. We also inspected five staff members' recruitment records, four staff supervision and appraisal documents plus the supervision matrix, seven staff training records plus the training matrix, eight people's medicines administration records and medicines care plans, accident and incident records, and various policies and procedures related to the running of the service.

Is the service safe?

Our findings

People told us they felt safe when supported by care workers from TLC. One person said, "I do feel safe with all of them", a second person told us, "Absolutely safe. It's like having friends coming in", and a third person commented, "I feel very safe with them. They are all good carers." Relatives we spoke with agreed. Comments included, "[My relative] feels very safe with them", and, "The ladies (care workers) are first rate and I know that [my relative] is very safe with them."

People we spoke with who needed support with their medicines reported no concerns with this aspect of their care. As part of the inspection we checked records to see how medicines were administered for those people who needed such support. We saw people's care plans included a section on medicines, which described what medicines they took and what (if any) support they needed to take them. We noted some people were independent with medicines and others needed either prompting to self-administer their medicines, or full support from care workers to take their medicines. Information was also provided on any creams people needed, and a list was included in care plans of the medicines people were taking at the time they started using the service.

TLC provided support to people in three different local authority areas, and each local authority had a different system in place for medicines documentation for those people they funded. One local authority provided medicines records for TLC staff to complete for medicines supplied in blister packs. We found this did not include a record of each medicine a person took, their dose and frequency of administration. This meant medicines administration recording was not in line with National Institute for Health and Care Excellence guidance for home care services.

We reviewed medicine administration records (MARs) for eight people and compared them to information in people's medicine care plans, and found issues with all eight. For example, information about the support a person needed with eye drops was not consistent between their list of medicines, medicines care plan and MARs. A second person prescribed Paracetamol 'when required' had no medicines care plan containing additional instructions for care workers to follow, and their MAR stated 'Paracetamol 500mg', with no other detail as to safe dosage or frequency of administration. 'When required' medicines are those prescribed for people to take when they need them and often include pain-killers and laxatives. Services must provide care workers supporting people to take 'when required' medicines with information as to when they can be safely administered and all administration must be recorded. A third person's care plan stated they needed a topical cream applied to dry skin; there was no MAR to evidence this cream was applied. A medicines list for a fourth person dated September 2017 included four 'when required' medicines; we saw the MAR for November 2017 did not include these medicines, there were no care plans for care workers on how to safely administer each medicine, and no 'when required' medicines were listed in the person's medicines care plan. Apart from asking care workers to update the office if people's medicines changed, there was no system in place to ensure information in care plans about the medicines people took was up to date.

Issues with medicines recording was a breach of Regulation 17 (1) and (2) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as documentation did not constitute a complete and

contemporaneous record for each person.

We discussed our concerns with the registered manager and group operations director during the inspection. They said they would discuss the documentation provided to record medicines administration by the local authority funding the greatest number of people and devise a system which was compliant with the regulations. The registered manager and group operations director also committed to implementing a robust process for recording each person's current medicines. We will check at the next inspection.

As part of this inspection we reviewed recruitment records for five care workers recruited in 2017. We found recruitment files evidenced the required identification and reference checks had been made. The regulations require a full employment history to be taken with any gaps in employment investigated. Records showed one care worker's employment history stated the year previous jobs were started and finished, rather than the month, so it was not possible to identify if there were gaps in their employment history. This meant the service's recruitment processes needed to be improved to fully evidence safe recruitment.

At the last inspection in August 2016 we identified a breach of the regulation relating to safe care and treatment, as risks to people had not always been assessed and managed effectively. At this inspection we found people's care plans included assessments for a range of risks which could impact on them, for example, from personal care, showering, medicines, meal preparation and some medical conditions, such as diabetes. We noted some risk assessments were generic and did not contain person-centred detail about the individual they concerned, for example, those for medicines administration. We also found not all people who needed support to mobilise had falls risk assessments in place, although there had been no falls recorded at times when care workers had provided support. Records showed an audit by the group operations director in September 2017 had identified these issues and an action plan was in place to drive improvement. This meant progress had been made such that the breach in regulation was resolved, but there was still more work to do.

People and their relatives told us they thought TLC was adequately staffed and reported no concerns about continuity in terms of the number of different care workers they saw. One person said, "I have a small team of different ones (care workers). It can be different ones to cover sickness and holidays but you expect that", a second person told us, "I have the same team all the time. They never let me down", and a third person commented, "I have the same small team of girls (care workers) usually. If someone is covering the office ring to let me know." Relatives agreed. One relative said, "We only have different ones (care workers) when our usual ones are on holiday."

However, we also saw some replies to a survey which had been sent out to people and relatives shortly before this inspection which were less positive about staff continuity. We noted the responses were from people living in the area covered by the local authority which commissioned the most care packages whose contract arrangements had changed in September 2017. Comments included, 'No continuity at weekends and holidays', '[My relative] gets different people (care workers) all the time', and, 'Unsure of who will turn in.'

An electronic call visit and rota system was in place across two of the local authority areas covered by TLC and the third local authority area was due to switch to electronic call monitoring and rotas the month following this inspection. The registered manager explained how the contract with the local authority which commissioned the most care packages had been changed in September 2017, which meant there had been changes in people the service supported and how the service was run. The registered manager told us some staff had been unhappy with the changes which had resulted in a considerable turnover of staff and some

difficulty achieving continuity of care workers for people.

We also received some mixed feedback from people and relatives about the timing of their care visits; some people reported calls were at about the same time, others said the call times could vary but they did not find this a problem, and some said their call times varied and they were not happy about it. Comments included, "Yes, they are always on time. They never let me down", "They can be over an hour late at tea time; it can be a long night waiting for them to draw my curtains for me. They always arrive though", and, "Times can vary but it's not a problem for me." All the people and relatives we spoke with told us care workers stayed for the full allotted call time and they never felt rushed.

During the inspection the registered manager and a care coordinator explained how care visits were allocated using the electronic rota system. Each care visit was logged for a specific time, but care workers could arrive in a time window 30 minutes on either side. The registered manager told us the number of care workers allocated to each person was kept as low as possible and the service tried hard to meet any preferences for care workers expressed by people using the service. Care workers used an 'app' on their smartphones to log their arrival and departure at people's homes, and this information was used to track any late or missed visits. Dedicated office staff monitored the care visit system at all times to ensure visits were attended by staff and followed up any visits which appeared to be either late or missed. During the inspection we observed some of the 11 care coordinators employed by TLC in the office taking calls from people, relatives and care workers, as well as referrals for new care packages from hospitals and social services. They used the electronic system to track whether care visits were covered and made arrangements if they were not.

With regard to new referrals the registered manager told us, "I won't take on a (new) service user if we can't staff the calls. I need to make sure the service user is safe." Feedback about TLC from healthcare professionals who helped arrange people's care packages was positive in terms of the services responsiveness. Comments included, "They really handled the pressure (to take new care packages) before Christmas (2017) well", and, "I haven't had any problems and we've worked on some difficult cases." This meant the service provided by TLC was adequately staffed.

All of the staff members we spoke with as part of this inspection could describe the different forms of abuse people may be vulnerable to and said they would report any concerns appropriately. One care worker told us, "I know I can make a referral to the social services safeguarding team myself if I need to." We saw all safeguarding concerns had been reported to the local authority as required and staff had received safeguarding training. Once care worker said, "The safeguarding training was really good. Makes you understand more about how vulnerable people could be abused." This meant the service had systems in place to protect vulnerable people.

People and their relatives told us care workers visiting their homes to provide personal care wore the appropriate personal protective equipment (PPE). One person said, "Yes, they are very hygienic – always wear gloves and wash their hands often", and a second person told us, "Yes, they wear both (gloves and aprons) and I see them wash their hands as well." During the inspection we observed care workers popping into the office to collect gloves and aprons from a well-stocked cupboard in a communal area. This meant care workers used PPE and handwashing to protect people from infections.

The service learned lessons from accidents, incidents and complaints. The registered manager had compiled a spreadsheet of all safeguarding concerns, complaints and incidents which was used to track progress with any investigations. Trends were analysed in order to learn lessons and improve the safety and quality of the service.

Is the service effective?

Our findings

People and their relatives told us they thought TLC care workers had the skills and experience they needed to provide effective support. One person said, "They are well trained, but also considerate and observant", and a second person told us, "I think they are very professional carers – excellent." Comments from relatives included, "They are all well trained. Even the younger ones who start have the opportunity to shadow the regular ones until they are confident", and, "I have the confidence to go out and leave them because they are more than capable of looking after [my relative]."

Care workers we spoke with gave us positive feedback about their access to training at TLC. Comments included, "The training is really good. The trainers are excellent, always willing to give a helping hand", and, "The training is superb."

Records showed care workers received the support and training they needed to meet people's needs. A training manager and a training officer were employed at TLC's main office; they oversaw the training needs of staff and recorded the courses staff had completed and which were due to be refreshed on a training matrix. We checked the training matrix for seven staff against the training certificates in their personnel files and found they were all in order. We saw courses deemed mandatory by the registered provider included safeguarding, moving and handling, food hygiene and medicines administration. The training manager informed care coordinators when care workers had been booked onto training courses, and this was then added to the electronic rota system.

New care workers received an induction which involved shadowing other more experienced staff. One care worker described their induction to us: "I had a full week's training and six shadowing sessions." Records also showed staff employed new to health and social care were enrolled onto the Care Certificate. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care. This meant staff received the training they needed to support people.

At the last inspection in August 2016 we found not all care workers received supervision and appraisal in line with the registered provider's policy. At this inspection the registered manager explained the policy included three supervisions a year, an annual appraisal, and two observations of practice whilst delivering care in people's homes. Records we saw showed care workers had received supervision and appraisal, but in some cases this was still not in accordance with the provider's policy. However, the registered manager told us she had developed a supervision matrix of all staff since her registration with the Care Quality Commission (CQC) in July 2017 which had improved her oversight of compliance with the provider's policy. We saw from the matrix more supervisions, appraisals and observations had been completed since it was implemented.

The registered manager explained that care coordinators were tasked with completing supervisions and direct observations on care workers in their teams. She told us in the first six months of 2017 care coordinators had also been involved in reviewing and updating people's care plans, but this role had since ceased, which meant they had more capacity to supervise care workers. This meant care workers access to

supervision and appraisal had improved since the current manager had registered with CQC and a matrix was in place to ensure compliance with the registered provider's policy going forward.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

At the last inspection in August 2015 we identified a breach of the regulation relating to consent as people's capacity to consent to their care and treatment was not always established. At this inspection we checked whether the service was now working within the principles of the MCA and found much improvement had been made. Care files we reviewed each contained information about the person's capacity to consent to their care and treatment. Where there were concerns about a person's mental capacity, for example, if they had a diagnosis of dementia, a full capacity assessment had been completed. We saw several examples of people living with dementia who were still deemed to have sufficient capacity to consent to their care and treatment and had signed their care plans. Records evidenced the questions they had been asked and their responses which demonstrated their understanding. Where people had been found to lack mental capacity, best interest decisions involving their relatives had been made and fully documented. A healthcare professional involved with people using the service told us, "They've (TLC staff) attended best interest meetings and provided really good feedback." This meant the service was now compliant with the MCA and the breach of regulation had been resolved.

People's care plans contained information about the support they needed with meal preparation and to eat and drink. Most care plans we reviewed were for people who were either independent in terms of their nutrition and hydration or they had relatives who supported them with this aspect of their care. We saw all care plans, regardless of people's need for support (or otherwise), contained information about people's food and drink preferences. Most people we spoke with were not supported to make meals or to eat and drink. Those that were gave us positive feedback. One person said, "They get my lunch ready for me. I choose what I want to eat", and a second person who did not need support said, "They would make me a sandwich if I asked them too." Relatives who usually helped their family member with their meals said TLC care workers provided support flexibly. One relative said, "They will make breakfast if they know I am not up to it some mornings", and a second told us, "They will get lunch ready if I am out (for the person using the service), and I leave food in the fridge for them." This meant people received support with their meals and drinks if they needed it.

The people and relatives we spoke with told us they arranged all their own healthcare appointments, although some told us they felt able to ask care workers for help if they needed it. One person said, "They would if I needed one (make an appointment). They do remind me about appointments when they are due", a second person told us, "They would call the doctor if I was not well", and a relative commented, "I'm sure they would help (make an appointment) if I needed it." The registered manager gave us examples of care workers and care coordinators liaising with healthcare professionals on people's behalf, and staff meeting minutes evidenced occasions when care workers had raised concerns about people's mobility which had prompted the service to request advice or reviews from physiotherapists and occupational therapists. One healthcare professional who supported people using TLC told us, "They are really keen to facilitate and work

with us." This meant the service worked with other healthcare professionals to help meet people's wider health needs, when they needed it.

TLC covered a wide geographical area which included three local authorities. The service was split into local authority area based teams, which were then subdivided further; care visits for the approximately 620 service users were coordinated by 11 care coordinators. One healthcare professional we spoke with told us they had been impressed by the area knowledge held by care coordinators; they said, "They (the care coordinators) know each other's areas really well too." Records showed communications sent to care workers were consistent and staff meeting agendas for the different teams contained the same items, so all staff received the same information. The registered manager explained how changes to people's care plans were communicated to care workers so people would always receive the right support. This meant there were measures in place to facilitate communication across the organisation so staff could work together to support people effectively.

We saw the service used up to date guidance and legislation to underpin the support people received. Records showed MCA guidance and best practice had been used to improve the service's compliance with the legislation. The service was preparing for upcoming changes to the UK's data protection laws in 2018. We also noted their November 2017 newsletter contained links to websites for service users and their relatives in relation to council tax relief for people with mental health impairments and support for people at risk of fraud or who were experiencing nuisance calls. This meant the service used and shared good practice to better support people.

Is the service caring?

Our findings

People told us TLC care workers were kind and caring. One person said, "They have become friends now. They know me well and I know them", a second person told us, "Very much so (kind and caring). I like to see them arrive and love them all", and a third person commented, "All lovely people. Very kind and considerate." Relatives agreed. Comments included, "I have nothing but praise for them and it is a privilege to have them in our home", "They are brilliant. They go above and beyond what is necessary", and, "They are very nice people and treat [my relative] very well."

During our inspection we observed care coordinators speaking with people and relatives over the telephone as they made changes to people's care visits over the Christmas period at their request. Staff were polite, helpful and friendly at all times, and clearly knew people well as individuals. We heard one care coordinator make several telephone calls to try and get a person their parcel, either by redelivery when a care worker was there, or for a care worker to collect the parcel on the person's behalf, as they could not answer the door.

TLC also ran an annual Christmas gift scheme whereby care workers could nominate people who had expressed a need for a specific item, or who care workers thought could benefit from a special treat. Money was set aside for this and gifts were delivered to people by care workers over the Christmas period. At the time of this inspection 25 people had been nominated to receive a gift for Christmas 2017 and we saw presents being wrapped included warm socks, a pot plant and toiletries. This meant TLC went the extra mile to value people using the service.

People's care plans contained details of how care workers could support people to remain as independent as possible. They included details of what the person could manage themselves and what support they needed. People and their relatives told us care workers promoted people's independence when they provided support. One person told us, "They let me do as much as I can, but if they see me struggling they are there to help me", a second person said, "I like to do as much as I can for myself. They help dry me and dress", and a relative commented, "They encourage [my relative] to shower and look after [themselves] but in a very supportive way. They bolster [my relative's] confidence up all the time." This meant the service promoted people's independence.

People and their relatives told us care workers promoted people's privacy and dignity and were respectful towards them. One person said, "They are all very respectful. If there is anyone floating about when they are helping me to the toilet they always shut the door", and a second person told us, "They do treat me with respect and are very good when helping me to shower and dress. They always respect my dignity." Comments from relatives included, "The ladies (care workers) are very aware of respecting [my relative's] privacy and will make sure doors are closed and things like that", and, "Always (respectful) yes, and are very discreet when changing [my relative] and bathing [them]."

Records showed that for Dignity Action Day in 2017 the employee engagement officer had encouraged care workers to seek feedback from people using the service to find out what their dignity meant to them. People

were also asked for ideas as to how the service could better respect and promote their dignity. Care workers told us, "I have had dignity training. Always knock on the door or use the key code and speak loudly to let them know I am there", "Always ask people how they are feeling; be respectful and polite at all times", and, "Always ask the person what their preference is, for example, what do they want to wear or what do they want to eat." This meant the service promoted people's dignity and care workers understood the importance of respectful communication.

Records showed people and their relatives (when appropriate) had been involved in developing and reviewing their care plans. People had signed their care plans, except those deemed to lack mental capacity to provide their consent. In these cases, people's relatives had been involved in making best interest decisions for them. This meant people were actively involved in decision-making about their care.

The registered manager was aware of referral procedures for advocacy services in the local area and described how staff had worked alongside a person's advocate in 2017 when a particular decision regarding their care needed to be made. The need for advocacy services to help a person make decisions had usually been identified prior to a person being referred to TLC for support at home, but the registered manager assured us people identified as needing independent advice with decision-making would be referred to advocacy services if a need was identified.

The service had an equality and diversity policy and staff received training in respecting and promoting people's diverse needs. The group operations director told us the template used for people's care plans was flexible, and could be expanded to include any needs expressed by the person, such as cultural food requirements, care worker gender preferences or support at prayer times. The assessment and review officers employed by TLC to develop people's care plans were about to receive new training on open questioning, which the group operations director hoped would encourage people to express their needs more fully. This meant the service was open and inclusive and supported people to express their diverse needs and preferences.

Is the service responsive?

Our findings

People and their relatives told us TLC care workers were responsive to their needs and knew them well as individuals. One person said, "They are really good carers. They cheer me up and enable me to get on with my life", and a relative told us, "[My relative] has a bond with them and feels able to talk to them. This takes a lot of strain off me." A healthcare professional involved with organising new care packages for people told us, "They're really good at picking up quickly."

We reviewed 13 people's care plans and found that with the exception of some people's medicines care plans they were detailed and person-centred. Each person's care plans contained a personal history with details of the person's family, their hobbies and interests, where they had lived in the past or were brought up, and the jobs they had done. This information was located at the front of people's care plans where care workers could easily access it.

We saw people had care plans for the support they needed with personal care, eating and drinking, their finances and their mobility. It was clear which aspects of their care people were independent with, or if support was provided by their relatives. TLC had appointed assessment and review officers who were tasked with developing care plans with people in their homes when they joined the service. This was done with electronic tablets so people could see their care plans and sign them if they were happy. Assessment and review officers also visited people annually to review their care plans with them, or sooner if a person's needs changed. We saw the registered manager had developed a spreadsheet so she could track the review of people's care plans; on it people were given a 'RAG rating' (red, amber or green) according to their level of risk or the complexity of their conditions. For example, people living with dementia or diabetes, or those with problems mobilising safely were deemed to be at higher risk, and their care plans were prioritised for review.

People's care plans contained information about their sight and hearing, and any aids they used. There was also detail about the way people communicated, and guidance for care workers if people experienced problems. We asked the group operations director and managing director for the registered provider how they ensured people received information about their care and treatment in a way they could understand it, in accordance with the Accessible Information Standard. They told us assessment and review officers developed care plans with people in face-to-face meetings at the person's home, so they could ensure people fully understood their care arrangements. People could also request the service user guide in large print, an easy to read format, or in other languages, if required. This meant the service ensured people understood information relating to their care and treatment.

As part of the inspection we reviewed the daily records completed by care workers who provided people with support. We compared these to people's care plans to see whether people were supported in accordance with them. We found daily records were brief but did evidence people's assessed needs were met.

The group operations director had completed a documentation audit in September 2017 which included monitoring the quality of people's care plans. They had found an improvement in the quality and

consistency of care plans since our last inspection in August 2016, but had identified some care plans could benefit from more person-centred detail. A meeting was scheduled with the assessment and review officers the week of this inspection. Actions from this meeting we saw showed the content of people's care plans had been reviewed by the assessment and review team with the registered manager and group operations director. Various improvements had been identified, including adding more person-centred detail to people's care plans and risk assessments. This meant measures were in place to review and improve the content and format of people's care plans.

None of the people using the service at the time of this inspection was receiving end of life care, however, this was a service offered by TLC. The registered manager told us, "It's a different kind of care; it's a softer, more careful approach. We consider how the family are feeling too." The training manager said training in end of life care had been arranged for care workers at the start of 2018, and the group operations director told us the service was considering setting up a special team of care workers with end of life care experience and training who could start care packages at very short notice. They explained this was because a lot of the referrals for end of life care the service received were urgently required in order to prevent a person who preferred to die at home from being admitted to hospital. Actions from the assessment and review officers meeting held the week of this inspection showed the content of end of life care plans had been discussed, as had the type of questions people should be asked to find out their end of life wishes and preferences. This meant TLC were in the process of reviewing and improving their responsiveness in terms of end of life care provision.

Only one of the relatives we spoke with had ever made a complaint about TLC; they told us, "I did complain once about a carer. It was dealt with and it's been great since." Comments from people and other relatives included, "Never needed to (complain). Quite the opposite, I am always ringing them to praise the girls", "I have never had a reason to complain to them", and, "Goodness no – never had any reason to (complain)." A healthcare professional involved with people using the service told us, "We don't get any bad feedback about them (TLC)."

We saw the service's complaints policy was regularly highlighted in the service's newsletter which was sent to all people using the service; it stated, 'We consider any complaint an opportunity to learn, adapt and improve to enable us to provide better services in the future.' The registered manager kept records of all the complaints made along with details of their investigations and outcomes. We saw all complaints had been investigated appropriately and the complainants responded to in a timely way.

In September 2017 CQC were contacted by a relative who complained about the service their relative had received; they told us they had complained on two occasions to TLC but there had been no response. We contacted the registered manager about this complaint and she was not aware of it. At this inspection we found the complaint had been investigated and a full apology sent to the complainant. In addition, the registered manager had implemented a spreadsheet so that all complaints could be tracked to ensure they were resolved, and timescales laid out in the registered provider's complaints policy were adhered to whenever possible. This meant most complaints had been responded to and the registered manager had taken effective action to improve the complaints process when a problem had arisen.

Is the service well-led?

Our findings

People and their relatives told us they thought TLC was well-managed. One person said, "[My relative] and I both think it is an excellent service", a second person commented, "I think it is very well run. They are all very good to me", and a relative told us, "We are more than satisfied with the service – can't speak highly enough of them. It is a superb service."

At the last inspection in August 2016 we identified a breach of the regulation relating to good governance as the systems in place to monitor the safety and quality of the service had not identified the issues found during that inspection. At this inspection we found improvements had been made to audit at TLC, however, some issues remained.

As discussed earlier in this report, we identified concerns around the way medicines administration was recorded so we checked medicines audits. We found medicines audits had been delegated to an administrator who had no training in medicines management; they therefore lacked the knowledge required to correctly identify concerns. We saw audits had found gaps in recording on medicines administration records (MARs) and these had been addressed with the care workers concerned. However, there had been a failure to find the issues we noted with 'when required' medicines, the lack of up to date medicines lists for people and the lack of detail on MARs transcribed by staff. The registered manager told us, "I don't think our direction to [the administrator] has been clear enough."

This was a continuous breach of Regulation 17 (1) and (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had responded to concerns about medicines recording identified by audit by holding a 'medicines awareness month' in October 2017. This had involved sending communications to staff on a weekly basis on medicines administration and recording good practice, and important points from the registered provider's medicines policy. We saw this information was also displayed in the office. Other memos had been circulated about medicines management since the last inspection, and records showed medicines record-keeping had been discussed in supervision and staff meetings. The registered manager and group operations director were keen to make improvements to medicines records in response to our feedback at this inspection. They told us a compliance officer was about to start at TLC; this was new role the aim of which was to support the registered manager with audit at the service. The registered manager assured us she would take direct oversight of medicine records audit and retain this until improvements were made, and the new compliance officer had received the appropriate training.

Other regular audits undertaken at the service included care plans, people's continuity of care workers and the care visit times. The tracker spreadsheets for complaints, accidents and incidents, and safeguarding concerns all contained additional columns for trend analysis, so any lessons could be learned. We found the registered manager was knowledgeable about trends and patterns in aspects such as missed care visits and complaints, and could explain the measures put in place to prevent reoccurrences. In addition the group operations director had completed a full audit of the service's records in September 2017 which had

resulted in an action plan. This meant with the exception of medicines records, oversight of quality and safety at the service by the registered manager and registered provider was at an appropriate level.

Since the last inspection in August 2016 the registered provider had created a set of 'vision and values' for the company, which had the acronym 'PRIDE'. This stood for person-centred care, responsive, innovation, delight and engagement. At the time of this inspection PRIDE was in the process of being launched. The group operations director explained how the vision and values had been developed with staff and people using the service. They said the company's aim was to align staff supervision and appraisal documentation and the service's key performance indicators to PRIDE so that the performance of the service and its staff would be judged in accordance with these key behaviours. We saw information about PRIDE was displayed in the office, and included in the service's newsletters for people using the service and staff.

The registered provider had used innovative ways of improving staff recruitment and retention at TLC. The managing director told us the service had recently launched pages on a social networking site for each of the three local authority areas covered by TLC. The aim was to build the reputation of the service as local and reputable by posting information and encouraging feedback from people using the service and staff. The managing director said they hoped this would enhance TLC's community presence and make the service an attractive potential employer to new staff. We also saw information located in the office and in the November 2017 newsletter encouraged staff interested in career progression to raise this with their manager at their next supervision meeting. The managing director described this to us as, 'succession planning' for the service going forward.

TLC had a 'recommend a friend' system, whereby existing care workers were financially rewarded if they recommended a new employee and they successfully passed their probationary period. As discussed earlier in this report, when the contract had changed with the local authority commissioning the greatest number of care packages in September 2017, many care workers became unhappy and 19 left. One of the issues they had was the introduction of an electronic care visit monitoring system which required a password-protected 'app' to be loaded onto their personal phones. In response TLC had compensated staff financially for having the 'app' on their phones and created a reward scheme whereby care workers who used the 'app' to record their arrival and departure at care visits correctly in accordance with the rota received a financial bonus.

TLC had an employee engagement officer whose role was to support new staff through their induction and to provide an ongoing contact point for staff with issues or concerns. Records showed the employee engagement officer reported any trends they had identified in terms of the issues and concerns raised by staff to TLC management on a monthly basis. We also saw the employee engagement officer had used the newsletter to promote their role to staff. This meant TLC had implemented various ways to improve staff recruitment and retention.

The service had achieved accreditations for their commitment to promoting a happy, safe and healthy workforce. This had included Investors in People, which recognised the high standard of staff management at TLC, and the Workplace Wellbeing Charter, which involved an organisational commitment to the promotion of staff health and wellbeing. This meant TLC used established good practice and standards to improve the service for its staff.

People, their relatives and staff were provided with opportunities to feedback about the service. One person told us, "Yes, I receive surveys from them and send them back", and a relative said, "Yes, we had one (a survey) quite recently." Care workers and other TLC staff had regular staff meetings with managers; we saw those for 2018 had already been arranged and the dates circulated to maximise attendance. The 2017 survey for people and relatives was about to close at the time of this inspection. The registered manager

said she would consider any negative feedback from a named person or relative as a complaint in accordance with the registered provider's complaints policy. Records relating to the staff survey held in Spring 2017 showed staff had requested more recognition for their work. In response we saw all compliments received about named staff members were included in the regular TLC newsletters, and each staff member recognised was included in a draw to win a shopping voucher. The person or relative who made the compliment was also entered into a separate draw to win a shopping voucher to thank them for providing feedback. TLC supplied people using the service with freepost postcards for a home care review website, so they could provide anonymous feedback if they chose. We saw all feedback on this website about TLC was positive. This meant the service actively encouraged feedback from people, relatives and staff, and used positive feedback to reward individual staff members.

TLC worked in partnership with the local authorities who commissioned care packages for people from them. Managers regularly attended meetings with the local authorities and other home care providers in the area to share any concerns and good practice. Healthcare professionals we spoke with about the service were complimentary about their working relationships with TLC staff. Comments included, "When we phone up the service is second to none", "They're very communicative. They work collaboratively", and, "They're very, very adaptable to working with us." This showed TLC worked well in partnership with other stakeholders.

Under the regulations registered providers are required to report specific incidents to CQC; notifiable incidents include suspected or actual abuse and serious injuries. We found all notifications had been made as required. Under the regulations, registered providers also have a legal duty to display the ratings of CQC inspections prominently at their service and on their website. At this inspection we saw the ratings from the last inspection were displayed on TLC's website in accordance with regulation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People's medicines records did not comprise an accurate, complete or contemporaneous record of their needs.</p> <p>Regulation 17 (1) and (2) (c)</p> <p>Audit had failed to identify and address issues with medicines records.</p> <p>Regulation 17 (1) and (2) (a) (b) (f)</p>