

TS Healthcare Limited

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Inspection report

11 Waterloo Road
Wolverhampton
West Midlands
WV1 4DJ

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Ratings

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

Summary of findings

Overall summary

About the service

TS Healthcare Limited provides personal care to people living in their own homes. The service can support younger and older people, autistic people and people with a learning disability. There were 4 older people using the service at the time of our inspection.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
Improvements had been made since our last inspection.

People received safe care from enough safely recruited staff who had the skills and knowledge to support them. People's care was assessed, and individual care plans and risk assessments were in place, to enable to offer support to people.

Procedures were in place to manage medicines, infection control, complaints and safeguarding concerns. When needed we saw these were followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were happy with the care they received and how the company was run. They felt staff were kind and caring and knew them well. People felt they were treated with dignity and respect and their privacy and independence encouraged.

Where needed people were supported with their health needs and at mealtimes. The service and staff worked with external agencies to ensure people receive the care they needed.

There were systems in place that monitored the service and the care people received. Where areas of improvement had been identified action had been taken. There was evidence lessons were learnt when needed. The rating from the last inspection was displayed and we were notified of events that occurred within the service.

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

Rating at last inspection and update

The rating for this service was requires improvement. (Published 13 May 2021)The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

TS Healthcare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They made telephone calls to people and their relatives.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 November 2023 and finished on 10 November 2023. We visited the location's office on 8 November 2023.

What we did before the inspection

We reviewed information we had received about the service since our last inspection, including notifications the provider had sent to us and information. We also gathered feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 1 person and 3 relatives. We spoke with 1 of the directors, the registered manager, the deputy manager and 2 care staff. We looked at the care records for 4 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within the service and staff recruitment checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found guidance was either not in place or not followed by staff to keep people safe and people were left at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Improvements had been made since our last inspection and individual risks to people were assessed, monitored and reviewed. There were now detailed plans and risk assessments in place identifying people's risks and action needed to keep them safe. This included when people had health conditions, needed equipment to mobilise and were at risk of falls and developing sore skin.
- Staff were aware of this guidance, and this was followed.
- People and relatives felt safe being supported by staff at TS Healthcare limited. A relative told us they, "Feel confident my relation is well cared for and safe."

Staffing and recruitment

At our last inspection we found staff were not always safely recruited. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- There were now systems in place to ensure staff were safely recruited. The provider had introduced a checklist to ensure all the relevant checks had been completed before the staff member could start employment.
- Staff received the relevant pre-employment checks, including references and Disclosure and Barring Service (DBS) checks before they could start working in the home to ensure they were safe to do so. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff available, and people received their calls on time. A relative told us, "On the whole they're quite good at timekeeping. They let my relation know if they're running late."
- There was a system in place to ensure there were enough staff available to support people safely.

Medicines management

- Medicines were now managed in a safe way. Staff told us they had received training and were competent to administer medicines if needed.
- The provider was not currently responsible for administering medicines to people. There was clear guidance in place that identified this.
- There were procedures in place the director told us they would follow if needed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place and followed when needed.
- Staff told us they had received safeguarding training, they were able to tell us how they would recognise abuse and demonstrated the procedures they would follow if needed.

Preventing and controlling infection

- People were supported in line with infection control policies. There was a system in place to monitor infection control and any improvements that may be needed.
- Staff told us they had received training and had access to gloves and aprons which they used when they were offering support to people in their own homes. People and their families confirmed this to us.

Learning lessons when things go wrong

- There were systems in place to ensure lessons were learnt. This included when incidents occurred. The provider was also able to demonstrate how they had used the findings from the last inspection to make improvements to the service.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to maintain a healthy diet. Improvements had been made and care plans detailed when people had dietary requirements or health conditions such as diabetes. These plans reflected the levels of support people needed with this and if staff or people and their relatives managed these needs. When needed staff offered support to people at mealtimes.
- Records reflected when people had been supported and the choices they were offered.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The principles of MCA were followed. People's capacity had been considered where needed.
- Staff had received training in this area and were able to demonstrate a verbal understanding of the requirements of the Act, including how they gained consent from people.

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

- People had assessments in place and their care was delivered in line with their assessed needs.
- People's gender, culture and religion were considered as part of the assessment process.
- People's physical, social, mental and health needs were also assessed to ensure their needs could be met. Plans were in place identifying the levels of support people needed, which helped staff to provide effective care.
- Records showed people and those important to them were involved throughout the process.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the skills to offer the correct support to people.

- All staff had received mandatory training and training that was relevant to the people they were supporting.
- New staff received an induction this included training and shadowing more competent staff so they could get to know the people they would be supporting.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were monitored. When concerns had been identified we saw staff had shared this with people's relatives who were responsible for managing their health.
- People had plans in place that identified their health needs there was guidance in place for staff to be aware of. This included when people had epilepsy, diabetics, and specific health conditions.
- People oral health was considered and there were plans in place for this.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Improvements had been made since the last inspection and people's care plans were reflective of their individual needs. We saw and people confirmed these were now followed by staff.
- People and those important to them, were involved with their care when this was reviewed. A relative told us, "A full assessment and care plan was put in place when my relation started receiving care."
- Staff told us they offered people choices when offering support. One staff member said, "I let the person choose what they can, what they would like to wear that day."

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the staff that supported them. They felt they were caring towards them and knew their needs well. A relative told us, "It is working well, my relation has a very good relationship with the carers."
- Staff knew people well. This included their preferences and the levels of support they needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was encouraged and promoted. One person told us, "I feel the carers listen to me and respect my wishes."
- Staff gave examples how they supported people to ensure this as in private and dignified. A relative told us, "The carer brought their own slippers to wear at my relations as my relation didn't want outdoor shoes on the carpet."
- Records we reviewed reflected the levels of support people needed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Improvements had been made and care plans in place were reflective of people's likes and dislikes and preferences.
- People and relatives told us they received consistent care from a core team of staff that supported them. One relative said, "We've been very pleased with the service it's why we've kept them so long. My relation likes having a regular carer who knows what they're doing and not different people coming'".

Meeting people's communication needs Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The Accessible Information Standard was considered.
- People's communication needs had been assessed and considered. Plans in place identified how people communicated and staff we spoke with understood the importance of this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged with their hobbies and interests.
- Staff told us, and people confirmed, they ensured they were comfortable before leaving the call. A relative told us, "They make sure everything is there and if my relation needs something they sort it out before they leave."

Improving care quality in response to complaints or concerns

- People and relatives felt able to complain.
- There was a complaints policy in place, we saw when complaints had been made these had been responded to in line with the providers procedures.

End of life care and support

- No one who was being supported with end-of-life care at the time of our inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we found the providers governance arrangements had failed to ensure people were receiving safe and effective care and support. Quality checks had not identified areas where improvements were needed. We issued a warning notice. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Improvements had been made and there were now systems in place to monitor the care people received. Audits were now completed monthly these included, infection control, reviews of people's calls, care plans audits and health and safety.
- Where areas of improvements had been identified, action plans were in place. These actions were being worked upon or had been completed to ensure improvements were made where needed.
- There was now a system in place to ensure staff had all the relevant checks in place before they could start working with people.
- The provider completed spot checks on staff when they were working with people so their approach could be monitored and reviewed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt supported by the provider and registered manager. One staff member said, "I am very happy I have no concerns. It is a good place to work." Staff had the opportunity to raise concerns by attending staff meetings and supervisions.
- Staff understood their roles and responsibilities and there were clear lines of delegation.
- The rating from the previous inspection was displayed in the office in line with regulatory requirements.
- We had been notified about events that had happened within the service, as required.
- People and relatives spoke positively about the company and the care they received. One relative told us, "I'm very impressed with the service provided and don't have any complaints."
- Improvements had been made and people and relatives were involved with their care and the reviewing of this.
- Records we reviewed confirmed that staff worked closely with people and professionals to ensure they

received good care that resulted in positive outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt listened to by the registered manager and staff. We saw the provider was in the process of completing feedback surveys. Some people and relatives confirmed they had received these. The feedback forms we reviewed were positive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood and met by the registered manager. When needed they worked openly with people and their families to ensure information was shared.

Working in partnership with others

- The service worked with other agencies to ensure people received the care they needed.