

TMSG Limited

TUcare

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: TUcare is a domiciliary care agency. It provides personal care to adults and older people living in their own homes. Not everyone using TUcare receives a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Fourteen people were using the service at the time of the inspection.

People's experience of using this service: People said they felt safe. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there was enough staff available to meet people's care and support needs. The service had procedures in place to reduce the risk of infections.

Assessments of people's care and support needs were carried out before they started using the service. People were supported to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had received training and support relevant to people's needs.

People had been consulted about their care and support needs. People were treated in a caring and respectful manner. There were procedures in place to make sure people had access to end of life care and support if it was required. People knew how to make a complaint if they were unhappy with the service.

The provider took people's views into account through satisfaction surveys and feedback was used to improve the service. Staff said they received good support from the registered manager and nominated individual. The provider worked with health and social care providers to plan and deliver an effective service.

Rating at last inspection: This was our first inspection of the service.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

TUcare

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: A single inspector carried out this inspection.

Service and service type: TUcare is a domiciliary care agency. It provides personal care to older people with varying needs living in their own homes.

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

Notice of inspection: This inspection was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager would be present and ensure people's consent was gained for us to speak with them for their feedback. The inspection site visit activity started and ended on 21 May 2019.

What we did: Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at three people's care records, staff recruitment and training records and records relating to the management of the service such as medicines, quality assurance checks and policies and procedures. We spoke with two staff members, the registered manager and nominated individual about how the service ran and what it was like to work there. We visited three people at their homes and spoke with them and their relatives to gain their views about the care and support they received.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding adults and whistle blowing procedures in place.
- Staff had received training on safeguarding adults from abuse. They told us they would report any concerns they had to the registered manager and to the local authority and CQC if they needed to.
- The registered manager understood they had to report abuse to the local authority and CQC; however, there had not been any concerns of abuse raised at the service.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk to people in areas such as falls, medicines and eating and drinking. They included information for staff about the actions to be taken to minimise the chance of accidents occurring.
- Where people had been assessed as being at risk of falling we saw guidance had been provided to staff on the prevention of falls.
- Risk assessments had been carried out in people's homes relating to the use of kitchen equipment, health and safety and the environment.

Staffing and recruitment

- The provider used a computer system to allocate staff to support people. Staff logged into the system using a telephone application when they commenced providing care to a person. This was monitored daily by the registered manager to ensure people received their support.
- The computer system alerted the registered manager if there was a late or missed call. If a call was late the registered manager told us they would contact the member of staff, enquire on their whereabouts and let the person know when the carer would arrive.
- The registered manager told us they had never had a missed call and the system helped them to ensure people received care at the right time.
- One person told us, "The staff always turn up on time. My carer has never been late."
- A member of staff said, "I am rarely late. If I am stuck in traffic and know I am going to be late I tell the registered manager and they let the person know."
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, the applicant's full employment history, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.

Using medicines safely

- Some people looked after their own medicines and some people required support from staff to take medicines. Where people required support to take their medicines this was recorded in their care plans.

- One person told us, "I can't really see my medicines, so the staff help me with them. They make sure I get them on time." Another person said, "I can take my own medication, but the registered manager was really helpful sorting out my repeat medicines with the pharmacist."
- The provider's computer system was used to record medicines people had been prescribed; when the medicines were to be taken and any allergies they might have.
- The registered manager monitored the electronic medicines records (MARs) to make sure people were receiving their medicines. These systems ensured that people were supported to take their medicines as prescribed by health care professionals.
- Training records confirmed that staff had received training on the administration of medicines and staff's competence in administering medicines had been assessed by the registered manager. This ensured that staff had the necessary skills to safely administer medicines.

Preventing and controlling infection

- The provider had an infection control policy in place.
- Personal protective equipment (PPE) was always available for staff. Staff said the service provided gloves, aprons and hand gel as required.
- Training records confirmed that all staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Records showed that when the registered manager or staff had identified concerns or accidents they had taken appropriate action to address them. For example, the registered manager told us a member of staff had not realised the gas fire in a person's property had been left on as the person had turned the fire to the lowest setting. To ensure this did not reoccur the registered manager implemented a 'must do' task on the persons care plan entitled, "Gas Fire". This reminded staff to double check on the gas fire at the end of the evening visit.

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

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

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

- The registered manager carried out assessments of people's care needs to consider if the service could support them safely. These assessments were used to draw-up care plans and risk assessments.
- People, their relatives and any health and social care professionals had contributed to these assessments, where appropriate to ensure their individual needs were considered and addressed.
- People's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff had completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- A member of staff said they had shadowed the registered manager on their first calls. They told us, "The registered manager goes with us when we have a new person so we all get to know each other."
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included dementia awareness, safeguarding adults, health and safety, moving and handling, food hygiene, fluid and nutrition, health and safety, first aid awareness, fire safety, infection control, medicines administration and equality and diversity.
- Staff told us they received regular supervision from the registered manager.

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

- Where people required support with eating and drinking we saw this was recorded in their care files. One person told us, "The staff cook for me every night. They cook quite well, some are better cooks than others, but I haven't got any complaints to make about the food."
- A member of staff told us, "I cook for people when it was recorded in their care plan. I cook breakfast, lunch and supper for some people and I make sure people have plenty to drink."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The registered manager told us the people they currently supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to

decide they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

- Staff told us they sought consent from people when supporting them and they respected people's decisions.

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

- The registered manager told us they and staff worked in partnership with health and social care professionals, for example district nurses and occupational therapists to plan and deliver an effective service for the people they cared for.

- One person told us, "I can arrange my health appointments. I am sure if I wasn't feeling well the staff would contact my doctor for me."

- A member of staff told us, "If someone wasn't well I would call 111 and let the office and family members know."

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.

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.

- People had been consulted about the care and support they received.
- One person told us, "The registered manager talked to me about my needs before they started to look after me. They have been exceptional in the way they have carried out everything they said they would. They and the carers are very kind and caring."
- Another person said, "They knew what I needed because everything was arranged when I came out of hospital after a bad fall. My carer has really helped me to regain my confidence with walking again. They never rush me. I am aware I am very slow, but they tell me not to worry and that I should just take my time. They are really nice staff."
- A relative told us, "The carers are lovely, very kind and caring. They listen to my [loved one], give them time to do things and have good conversations."

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

- People's care files included their religious and cultural needs and their likes and dislikes.
- The registered manager told us that one person they supported did not speak English. Staff had learned some words in the person's language so that they could support them with simple tasks. This person liked to eat food that reflected their cultural background. Relatives had made a video on how to make their favourite food. The registered manager had sent the video to staff so they were informed of the person's choices and preferences.
- Staff had received training on equality and diversity and inclusion.
- One member of staff said, "I am happy to support people no matter what their backgrounds are, to do whatever they want to do. I love my job, and it is all part of my role."

Respecting and promoting people's privacy, dignity and independence.

- One person told us, "The staff are very caring and respectful. They keep things private." A relative commented, "They respect my [loved ones] dignity and their independence too." Another person told us, "My carer encourages me to do as much as I can for myself. That gives me confidence because I know I can do things when they are not here."
- A member of staff told us, "Most of the people we support are independent and can do a lot of things for themselves and I always try to promote this independence. I also make sure people's privacy and dignity is respected when supporting them with personal care. If family members are around I politely ask them to leave the room before I start."

Is the service responsive?

Our findings

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

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

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

- The provider used a computer system for assessing people's needs and for developing care plans and risk assessments. Care plans included call times, the duration of calls and the care and support tasks to be undertaken by staff. They described people's health care and support needs and included detailed information for staff on how to best support them. For example, there was information for staff for supporting people with personal care, meal preparation and administering medicines.
- People told us their needs were kept under regular review. One person said, "They [staff] make sure I get everything I need. If anything changes I tell my carer and they will get the registered manager to change my care plan."
- Staff understood people's needs and they were able to describe their care and support needs in detail. For example, one member of staff explained how they supported a person living with dementia. They told us training in dementia awareness had helped them understand how to support this person effectively.
- The registered manager understood the Accessible Information Standard (a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need). The registered manager told us information could be provided in different formats to meet people's needs for example, different written languages or in large print.
- A member of staff told us, "I can read people's care plans and make notes on the tasks I have completed on my telephone application. The system is very simple to use and easy to understand."

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand.
- One person told us, "I have never needed to complain. If I had to complain I would tell the registered manager and I am sure they would deal with it."
- Records showed that when a complaint was raised it was investigated by the registered manager and responded to appropriately. Discussions were held with the complainant to ensure they were satisfied with how their complaint was handled.

End of life care and support.

- People's care records included a section relating to their wishes and needs for end of life care.
- The registered manager told us that none of the people currently using the service required support with end of life care. They said they would liaise with the appropriate health care professionals to provide people with end of life care and support when it was required.

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.

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.

- There were effective systems in place to regularly assess and monitor the quality of service that people received. The provider used a computer system for monitoring late or missed calls. These were monitored throughout the day and out of hours by the registered manager and nominated individual.
- The computer system was also used for monitoring medicines, planning staff rotas and for recording staff training and supervision information. The system also alerted managers when for example, spot checks were due or when care plans and risk assessments were due to be reviewed.
- Unannounced spot checks were also carried by the registered manager on staff to make sure they turned up on time, administered medicines and completed medicine records correctly and they completed all the tasks recorded on people's care plans.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. Staff knew of the provider's values and we saw they upheld these values when supporting people.
- Staff told us management support was always available for them out of hours when they needed it. One member of staff told us, "The registered manager or nominated individual are always available in case we need help or advice. To be honest with you the registered manager is out of this world. If I have any issues I go straight to them and she sorts things out right away, she's perfect." Another member of staff said, "If I have any problems at all I can speak with the registered manager and she guides me in the right direction."

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

- The registered manager sought people's views about the service through telephone monitoring calls, asking for people's views about the service during spot checks and regular reviews of people's care needs.
- The provider asked people and their relatives to complete an external home care on-line survey. Feedback from people on the associated website was very positive. Comments from people included, "Unfailingly kind, helpful and efficient.", "The care provided for my elderly mother was outstanding. The carer put my mother completely at ease and made it possible for me to have a well needed holiday. I have already

recommended them.", And, "We had numerous occasions to contact the agency, the main point of contact being the manager, who was at all times of the day and night, available, incredibly helpful, reliable and professional."

- Following our inspection, the registered manager sent us the minutes from a staff meeting. Items discussed at the meeting included initial feedback to staff about the inspection and the development of a customer newsletter and what it should include.
- Staff were provided with monthly updates about the service through attachments to their payslips.
- The provider held a charity event in December 2019. They held a tea afternoon and entertainment for people in the local community. This raised some money for a charity dedicated to tackling loneliness and social isolation amongst older people.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They said they had regular contact with health and social care professionals and they welcomed their views on service delivery.
- One person told us their GP prescribed them with different cream than they were used to, and it wasn't as effective. They said they spoke with the registered manager who sorted everything out with the GP and the pharmacist and they now prescribed the right cream for them.
- An officer from an organisation that introduces care providers to patients ready for discharge from hospital told us they had received positive feedback from people that had used TUcare services. The officer had been present at some assessments with the registered manager and found them to be very supportive of people's care needs, they took a person-centred approach they were very friendly and professional.