

TLB 24/7 Healthcare Ltd

TLB24/7 Healthcare Ltd - DCA

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

The inspection took place on 9 May 2017, with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service registered in 2016, therefore this was the first inspection of this location.

TLB 24/7 Healthcare Ltd provides personal care to people living in their own homes in Rotherham and surrounding local authority areas. At the time of the inspection they were providing support to one person. In addition to providing personal care the provider also operated an agency supplying care staff and nurses to other providers, however, this activity does not fall within the scope of CQC registration and therefore was not considered as part of this inspection.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We spoke with the one person who was using the service at the time of the inspection and they told us their experience of the care provided by the service was good. Staff received training in dignity, privacy and confidentiality as part of their induction.

There were systems in place to assess and monitor potential risks to individual people. Risk assessments were up to date and detailed.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff, and staff received a detailed induction and training which equipped them to meet the needs of vulnerable adults.

Records demonstrated people's capacity to make decisions had been considered as part of their care assessment.

There was a system in place to tell people how to make a complaint and how it would be managed, and the person using the service at the time of the inspection told us they would be confident complaining if they needed to.

The registered manager had a clear oversight of the business and had plans in place to develop and improve the service. There was management support available to staff including by means of a 24 hour telephone line which we observed to be effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to assess and monitor potential risks to individual people. Risk assessments were up to date and detailed.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff, and staff received training in areas that contributed to safety.

Is the service effective?

Good ●

The service was effective

Staff had completed a thorough induction, and training was in place so that staff had the appropriate skills to meet the needs of vulnerable adults.

Records demonstrated people's capacity to make decisions had been considered as part of their care assessment.

Is the service caring?

Good ●

The service was caring

We spoke with the one person who was using the service at the time of the inspection and they told us their experience of the care provided by the service was good.

Staff received training in dignity, privacy and confidentiality as part of their induction.

Is the service responsive?

Good ●

The service was responsive

There was a system in place to tell people how to make a complaint and how it would be managed, and the person using the service at the time of the inspection told us they would be confident complaining if they needed to.

Care was reviewed and adjusted to ensure it met people's needs.

Is the service well-led?

Good 

The service was well led

There was a registered manager in place who had a clear oversight of the business and had plans in place to develop and improve the service.

There was management support available to staff including by means of a 24 hour telephone line which we observed to be effective.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection included a visit to the provider's office which took place on 9 May 2017. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to us by the provider, and information gained from people using the service and their relatives who had contact CQC to share feedback about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

During the inspection site visit we looked at documentation including care records, risk assessments, personnel and training files, complaints records and other records relating to the management of the service. Following the inspection we spoke with the person who was using the service to gain their views and experiences of using TLB 24/7 Healthcare Ltd.

Is the service safe?

Our findings

We asked the person who was using the service at the time of the inspection whether they felt safe when being supported by the provider. They told us they had no concerns in relation to safety, and said they felt safe when receiving care. They said they had "no problems" in relation to this aspect of their care.

We checked to see whether care was planned and delivered in a way that ensured people's safety and welfare. As the service was providing care to only one person at the time of the inspection, we checked their care plan and saw it contained assessments to identify and monitor any specific areas where people were more at risk, such as where they needed support in relation to moving about or using specialist equipment. Risk assessments we checked were reviewed each month to ensure that they continued to contribute to keeping the person safe.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. We checked the service's policies and found that they were appropriate and ensured the service, or anyone concerned about abuse, complied with current legislation. The registered manager had a good knowledge of safeguarding and was also aware of the local authority's safeguarding adults procedures, a copy of which was kept at the provider's office.

Staff records showed that staff had received training in relation to safeguarding. This was part of the provider's induction programme meaning that staff received this training before commencing work. The provider's intention was that staff would also undertake the local authority's safeguarding training, which they described as being a valuable training session which would further enhance staff's knowledge.

We spoke with the registered manager about the system in place to ensure that people's care was delivered safely. They told us that they carried out unannounced spot checks, and carried out regular care reviews with people using the service in which this aspect of care was checked. We checked records of spot checks and saw that they were comprehensive and checked whether the staff member was wearing the appropriate personal protective equipment (PPE) and whether they were providing care in a safe manner.

In addition to care spot checks, the provider also carried out spot checks in relation to medicines. This consisted of an unannounced assessment of staff's knowledge and practice with regard to medication. We saw that this considered whether medication was appropriately handled and recorded, and whether the person received their medication at the correct time. Training records showed that staff had received training in relation to medicines management.

Recruitment records showed that an effective recruitment and selection process was in place. We checked two staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), checks of the staff member's identity and checks of their right to work in the UK. The provider held records of staff members' previous work history and their reasons for leaving any employment where they had worked with vulnerable adults. All staff underwent a Disclosure and Barring Service (DBS) check before starting work. The

Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

We spoke with the person who was using the service at the time of the inspection about the effectiveness of the service. The feedback we received was positive. They told us that the care they received was "what's needed" and told us they felt staff understood their needs. They said that meals were cooked as they liked them, and they had no concerns in this area.

Staff training records showed that staff had received training to meet the needs of vulnerable adults with support needs. The provider's mandatory training, which all staff completed before delivering care, included moving and handling, the protection of vulnerable adults, confidentiality, health and safety and food hygiene. The registered manager also told us that they recruited staff who already had care experience and had received relevant training before commencing with TLB 24/7 Healthcare Ltd.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw policies and procedures on these subjects were in place and met the requirements of the legislation.

Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process, and there were appropriate records showing that consent had been sought.

There were details in the care plan we looked at about the person's nutritional needs. There was information about their food preferences and any dislikes. Their care notes showed that staff were providing food in accordance with the person's preferences, and that a record was kept of all meals cooked and offered as well as any feedback from the person about the food.

Is the service caring?

Our findings

We spoke with the person who was using the service at the time of the inspection. They told us that the staff were "friendly and caring" and said that they were comfortable with the care provided. They said that care staff visits lasted the allotted length of time, and said that "mostly" the care visit took place on time. They told us that they felt care staff knew their needs and preferences well.

We checked the care plan to see whether there was evidence that the person receiving care at the time of the inspection had been involved in making decisions about their care, and contributed their opinions to the way their care was delivered. We saw that their views had been sought, and their care plan contained a service user guide so that people using the service understood what they could expect when receiving care or support from the provider.

The care plan and care review meetings we checked showed that the provider was looking into supporting the person in undertaking activities, and the registered manager spoke knowledgeably about the importance of tailoring each care package to people's individual needs so that their personal preferences and interests were understood and supported.

The care plan we checked contained notes describing the care and support provided at each appointment. These were detailed and showed that care was being delivered in accordance with the person's assessed needs.

Staff had received training in dignity and respect as part of their induction, and daily notes showed that the person's dignity was upheld when care was being delivered. Staff supervision sessions, where staff had face to face meetings with their line manager to discuss their work showed that dignity and respect were considered.

Is the service responsive?

Our findings

We spoke with the person who was using the service at the time of the inspection about the extent to which they could influence the way their support was provided. They told us they could discuss their needs with the provider's office staff if they wished to, and said that they felt that they decided what care they received.

We checked the person's care records, and saw they contained detailed information about all aspects of the person's needs and preferences, including clear guidance for staff on how to meet the person's needs. There were records showing that the person's care was regularly reviewed to ensure it met their needs, and we saw evidence of changes and adjustments being made to the care package to respond to changes in the person's needs or preferences.

We saw that staff completed a daily record of each visit they made, in which they recorded the care they provided as well as any issues that were identified or any changes to the person's presentation or needs. These records were detailed, meaning that it was clear what care had been provided and how the person had presented. These notes were taken into consideration at each care review meeting.

Looking at the person's notes, we could see that they had required the input of external healthcare professionals. The provider had made referrals where appropriate, supporting the person to access the healthcare they needed.

We checked the provider's arrangements for making complaints. We saw that there was an up to date complaints policy which was reviewed each month. The provider told us that copies of key policies, including the complaints policy, were provided to staff on induction. The provider's complaints policy set out the timescale in which complainants would be responded to, and described the correct procedure for external remedy should complainants be dissatisfied by the provider's internal process. At the time of the inspection, no complaints had been received. We asked the person using the service if they felt comfortable to raise any concerns or complaints. They told us that they felt confident they would be listened to, and said they knew how to raise any concerns.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. The registered manager was also the owner of the business.

We saw that the provider used regular staff meetings and face to face supervision sessions to communicate with staff. Minutes of team meetings showed that at the time of the inspection, meetings were predominantly about the needs of the person using the service rather than any other issues within the service. The registered manager told us that as the service grew it was their intention to broaden the scope of team meetings.

The registered manager had a very good knowledge of the service, and explained that he had a good oversight of the quality of the service which was maintained by way of unannounced spot checks of care and regular review of records and policies. The spot checks and reviews were documented, and contributed to an overall picture of the quality of the service, however, the registered manager did not, at the time of the inspection, conduct an overall quality audit. We discussed this with the registered manager who described that such a tool would be introduced when the service grew, however, as they were only providing care to one person at the time of the inspection, they did not consider this necessary yet.

The provider had produced policies and procedures to ensure the safe and effective running of the service. They were up to date and each one was reviewed on a monthly basis by the registered manager. The policies we checked reflected current legislation and best practice. Key policies were provided to staff on their induction, this included the complaints policy and the safeguarding policy.

The provider operated an "out of hours" telephone service so that staff providing care could contact a manager should any concerns or issues arise outside of office hours. We looked at care records and saw that on each occasion staff had used this service the registered manager had been available and attended the person's home to assist with addressing the issue. The person using the service told us they felt the registered manager was accessible and said they felt confident that they could contact them whenever required.