

TLC Private Home Care Services Ltd

TLC Private Home Care Services Ltd

Inspection report

The Surgery
Bennett Street, Stretford
Manchester
Greater Manchester
M32 8SG

Tel: 01617470322

Date of inspection visit:

06 August 2018

07 August 2018

15 August 2018

Date of publication:

07 September 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 6, 7 and 15 August 2018 and was announced. This meant we gave the provider 48 hours' notice of our intended inspection to ensure that the registered manager or a representative would be available in the office to meet us.

TLC Private Home Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. On the day of our inspection there were 49 people receiving the regulated activity of personal care.

At the last inspection in June 2017 we identified two breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to systems not being in place to fully assess and the provider had failed to ensure information required to demonstrate staff employed were of suitable character was in place.

During this inspection on 6, 7 and 15 August 2018, we found improvements had been made towards meeting the requirements to help ensure that people received an improved quality of service and there were no longer any breaches of regulation.

The service had a registered manager who had been registered with the Care Quality Commission (CQC) since July 2014. 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 2008 and associated Regulations about how the service is run.

The management of medicines had improved. New systems were in place to ensure that medicine administration records were accurate and up to date. This included regular auditing of medicines and the associated documentation.

Staff recruitment processes had improved. Comprehensive pre-employment checks were now in place to ensure new staff were suitable to work with people who required social care. New staff had received a robust induction. Staff training was up to date. Records showed and staff confirmed that they now received regular supervision sessions. Staff told us they felt very valued by the management team.

We have made one recommendation that all key documents are readily available to ensure the day to day running of the service is maintained in the absence of the registered manager. During the inspection we found a number of key documents such as accident and incidents, and quality assurance records were not available as the registered manager had these stored on his laptop. The registered manager at the time was not available for two weeks, which meant the deputy manager had no access to these key records.

People we spoke with said they were involved in care planning and were confident that their comments and

concerns would be acted upon. The provider took account of any complaints and comments to improve the service.

Feedback received from people who used the service and their relatives was overwhelmingly positive and people were encouraged to contribute their views. People were positive about the staff who supported them and told us they liked the staff and were treated with dignity and kindness.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. Staff we spoke with were able to explain how they considered capacity and consent when they supported people.

There were arrangements in place to ensure staff attended care visits on time. Staff told us they had time to provide person centred care and the service had enough staff to support people.

People were protected from abuse and avoidable harm. People and relatives we spoke with told us they were happy with the support received from the service and they felt safe with staff. Staff knew how to identify abuse, the different types of abuse and how to report abuse.

People had a comprehensive assessment of their health and social care needs before they used the service. Care plans contained detailed information to enable people to receive appropriate care and support with their needs. People's care needs were regularly reviewed.

Although the provider was aware of the Accessible Information Standard (AIS) they had not yet taken action to implement this further into people's care plans. The registered manager confirmed they would introduce a policy relating to the AIS and would review elements of their care plans to ensure people's communication needs were accurately recorded in a format that was accessible to the person.

Complaints had been investigated and appropriate action taken. People were aware of how to make complaints and staff knew how to respond to complaints.

Quality assurance procedures were used to monitor and improve the service for people and people were included them in developing their care and support. Feedback from people and their relatives was provided via the NHS Choices website to improve the service when their views were sought annually.

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.

The provider was now following appropriate procedures to ensure staff working at the service were of good character.

People's risk assessments were being followed to ensure people were safe from harm.

People's medicines were administered by trained staff.

Is the service effective?

Good 

The service was effective.

The provider was following the principles of the MCA 2005 to ensure people's human rights were upheld.

Staff received training and support to be effective in their roles.

People were supported to maintain a healthy diet and their health care needs were met.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect.

People were encouraged to be independent and their right to privacy was upheld.

Is the service responsive?

Good 

The service was responsive.

People received personalised care that met their needs and reflected their individual preferences.

The provider had a complaints procedure and relatives knew how to complain if they needed to.

Is the service well-led?

Good 

The service was well-led.

The staff we spoke with told us they enjoyed working at the service and felt valued. They were able to put their views across to their manager, and felt they were listened to.

The service had policies and procedures in place to monitor the quality of service delivery. There were appropriate auditing systems and processes in place.

People we spoke with were very complimentary about the registered manager and the service provided to them.

TLC Private Home Care Services Ltd

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 6, 7 and 15 August 2018 and was announced. This meant we gave the provider 48 hours' notice of our intended inspection to ensure that the registered manager or a representative would be available in the office to meet us.

The inspection team consisted of one adult social care inspector and an assistant inspector who contacted people using the service and their relatives by telephone.

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. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted Trafford local authority, and Healthwatch (Trafford) to obtain their views about the quality of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

During the inspection, we visited three people at home with their prior consent and the assistant inspector made telephone calls to four people using the service and three relatives who had agreed to speak with us on the 7 August 2018.

We spoke with the registered manager, deputy manager, two senior coordinators and six care workers. During the inspection, we reviewed documents and records that related to people's care and the management of the service. We reviewed four people's care plans, which included risk assessments and three staff files which included pre-employment checks. We looked at other documents held at the service such as medicine, training and supervision records.

Is the service safe?

Our findings

People and relatives told us that people were safe. One person told us, "The carers are great, they always make sure I am settled before they leave. I do feel safe, especially with the support I get." A relative told us, "I feel assured that my mum has the same care staff visiting her. The staff always make sure the door is locked to keep intruders out."

At the last inspection in June 2017 we found a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure information required to demonstrate staff employed were of suitable character was in place. At this inspection we found the provider had made the necessary improvements and was no longer in breach.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We saw a range of pre-employment checks were in place, such as Disclosure and Barring Service (DBS) checks. The DBS restrict people from working with vulnerable groups where they may present a risk. It also stores and shares criminal history information for when relevant employers request this. Other pre-employment checks included gathering references from previous employers and exploring any gaps in employment history. This meant staff were subject to suitability checks prior to working with potentially vulnerable individuals.

Everyone we spoke with told us that there were enough staff to provide the care they required. Rotas we saw showed there were enough care workers to flexibly cover the services they provided. People told us that the agency always tried to make sure they received support from the same team of care staff whom they knew well and that staff were usually on time. Everyone told us they had never had a 'missed visit' and that if staff were held up for any length of time, they telephoned ahead so they knew the reason. People told us, "Yes I see the same staff regularly", "I've never had a missed visit in the last five years. The carers are like clockwork, always on time", "At the moment it's the same people, I've had [staff members name] for a few months now. She's really good she's great" and "Carers arrive on time, even though it's fairly early. On the rare occasion they are delayed the carer always rings and lets me know."

At our last inspection in June 2017 we made a recommendation that the registered provider reviews current national guidance in relation to the management of medicines in community social care to ensure best practice guidance is followed in relation to the recording of medicines. At that inspection we found people's medicines were generally well managed, however the records in place were not always accurate at ensuring people's medicines were recorded correctly.

At this inspection we found the service continued to use medication administration records (MARs) that were handwritten by care staff. These MARs contained a two-page code from a-z that staff recorded the person's medication for example, a- paracetamol and b-warfarin. We found the use of these records were not easy to follow, but the six charts we viewed confirmed people received their medicines as prescribed. The registered manager confirmed the service had sampled other MARs and was working to replace the existing charts. On the final day of inspection, we were provided with a new MAR the service had decided to

take forward. This was however in its early stages and the registered manager confirmed the staff team needed to be trained on how to complete the charts correctly.

Medicines were audited by the management team as part of spot checks and audits. A spot check is a member of the management team observing care staff when they support people to check their performance. This meant that the provider would have assurance that medicines were being managed safely by staff, or alert them if staff require further development in this area.

Records were maintained of accidents and incidents and these were used to learn lessons to try to ensure similar incidents did not occur. Where things went wrong, the service took action to help ensure the same mistakes were not repeated. However, during our inspection we found the deputy manager did not have access to the accidents and incidents log, due to the registered manager having this information on their laptop, which the deputy manager had no access to while the registered manager was not available.

We recommend that all key documents are readily available to ensure the day to day running of the service is maintained in the absence of the registered manager.

Staff we spoke with told us that they had received safeguarding training and could recognise the different types of abuse. They told us of action they would take to report any concerns they had. The registered manager had systems in place to report safeguarding concerns to the local authority to help keep people safe.

People were kept safe because most risks had been assessed and appropriate action taken to mitigate them. Each care plan identified risks relating to mobility, pressure care, nutrition and staff working alone with them. At all times the risk assessments were trying to promote independence. For example, one risk assessment encouraged the tasks the person could do for themselves such as washing their own hair during personal care. Before a package of care started an environmental assessment had been completed so staff and people could stay safe. Visits were planned around any known risks to people or others.

There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. There was information in people's care plans on how to prevent the risk of infection when supporting someone to the toilet or with personal care. Staff were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person and we observed that this was stocked in the office. Staff told us they disposed of PPE separately when completing personal care. A staff member told us, "I cannot fault the PPE equipment, it is always available at the office."

Is the service effective?

Our findings

People received consistent care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service and how reassured they felt by the care and support provided. One person told us, "The carers know their jobs very well, I haven't felt uncomfortable before."

Staff received an induction and completed training when they started working at the service. They confirmed they received support and the necessary training to undertake their roles and responsibilities. One care worker told us, "The training is very good. Over the years it has improved. The manager is keen for staff to progress and go to college to complete an NVQ (Qualifications Competency Framework (QCF))."

Staff we spoke with also described how they 'shadowed' more experienced colleagues, when they first started work, until they felt confident and had been assessed as competent to work independently. We saw staff had received the appropriate training to carry out their roles and they demonstrated to us they understood their responsibilities in relation to those roles. Records we looked at showed new staff received a comprehensive induction training programme which incorporated subjects such as moving and handling, safeguarding, infection control and dementia awareness."

New staff were enrolled on the Care Certificate. The Care Certificate is a set of standards to be worked towards during the induction training of new care workers; it helps care workers develop the values, behaviours, capabilities and skills needed to provide high quality and compassionate care.

Staff told us they continued to feel well supported by the management team. They had regular one to one supervision sessions with a senior staff member every four to six months. We found the provider ensured staff received supervision. We noted the service continued to not use an appraisal system, as they felt the current use of supervisions was sufficient. Appraisal is a more formal process involving the review of a care worker's performance and improvement over a period of time, usually annually. The staff we spoke with told us they felt well supported. One staff member said, "This is the best job I have ever had. I feel very well supported and can always call (senior staff members name) if I have any problems."

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 when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and found people who lacked capacity had their needs considered in line with current legislation. Staff knew how to identify when someone lacked capacity. People had signed to consent to their care arrangements where they could give informed consent. Where people could not easily give consent to aspects of care and support the agency

had involved those closest to people and those who had power of attorney for people in making everyday decisions that were in the person's best interests. Staff we spoke with were clear about the need to respect people's choices and preferences.

People told us that, prior to the commencement of their care package, the service had carried out assessments to make sure they could meet their needs. During these assessments, the registered manager and senior staff would visit the person and their family to discuss their needs, and identify whether or not staff would be able to deliver the care that they required. People's family members confirmed that these visits took place and that they found they were a useful way to get to know the service and find out what they could offer.

People were supported by staff who knew how to meet their dietary requirements when they were supported with meal preparation. Staff made sure they asked people what they wanted and then respected their choices. One person described how staff give them options for their breakfast and always asked if they wanted a drink. They told us, "The staff are great at always asking me what I would like. The agency I used before would never ask me, but TLC are one of the better ones."

The service worked closely with other healthcare professionals including GPs, occupational therapists, dieticians and district nurses. We saw records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. Staff told us that if they had any concerns about a person's health they would liaise with the office for advice, or in an emergency situation they would contact the GP or the emergency services directly. This helped ensure people's individual health care needs were effectively met.

Is the service caring?

Our findings

People and their relatives told us staff were caring and helpful. Comments from people included, "(Staff members name) is lovely, quite funny we always have a laugh when she comes", "I get on very very well with the girls actually, we always have a laugh they do treat me well and treat me with dignity yes", "They (care workers) pick up straight away if you're not feeling so good by looking at me, most of them are quite regular, they pick up whether you look well or not and whether you need help. They hover if they felt I wasn't looking well which can happen. I have good days and bad days" and "The carers are brilliant, I enjoy their company and feel they are like family to me."

Comments received from people's relatives included, "They (care workers) have given him excellent care and made sure he is safe. They have done that extremely well" and "The ladies that come out are really polite and always do anything for my mum. No problems at all."

We could see that people who had received care had appreciated the services provided. This was evident in the many cards and letters the agency had received as well as in their own quality surveys. The registered manager told us that people's reviews of the service were shared with NHS Choices' reviews and ratings on their website. We saw these comments from people and relatives included, "I cannot recommend highly enough. Our family have been so delighted with TLC. I recently met one of his new carers and what a lovely young lady, she could not have made more of an effort with him and he clearly enjoyed her company", "With TLC I always feel included in the conversation rather than excluded. For me the title at the top says it all" and "Our family have been so impressed with the team of care staff, in the professional way they have provided such a high standard of care and support for our mum. The kindness, humour and compassion shown to mum really helped to make her final months so much more bearable."

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. Within people's care plans it detailed what the person could manage and what they may require additional support with, while understanding the person's abilities. We were provided with one example of a person now managing aspects of their own personal care, due to the encouragement this person received from the staff team. We spoke to this person during the inspection, who told us, "Gradually I have managed to take more control of what I can do. The staff have steadily encouraged me over the years to do as much as I can for myself."

Staff told us that they respected people's privacy and dignity. They told us that they would always knock on people's door and wait for an answer before entering to ensure people's privacy was respected. People and relatives confirmed this. A relative told us when asked if people's privacy and dignity was respected, "The care staff always make sure the doors are shut when supporting mum with her personal care needs. They know this is important for mum."

Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against on the basis of their race, gender, age and sexual status and all people were treated equally. People we spoke with did not have any concerns about staff's approach towards

them.

The service had an equality and diversity policy and staff members were trained on equality and diversity. Cultural and religious beliefs were discussed with people. Their preferences were recorded in care plans.

People's personal information and sensitive data was stored securely in the office to maintain confidentiality. Filing cabinets were locked and computers were password protected. All staff were aware of the legal requirement to keep information about people safe and secure under data protection laws.

Is the service responsive?

Our findings

At our last inspection in June 2017 we found people's care plans did not always detail their specific health conditions to guide staff on their assessed needs. For example, we found there was a lack of guidance for staff on how people's dementia affected them. At this inspection we found the provider incorporated a new form called 'health conditions'. We found these forms were added to people's care plans to provide further guidance to make staff aware of how people's conditions needed to be managed. For example, we noted one person's care plan health conditions form recorded they had a condition called cellulitis. The purposes of this form was to provide essential information on what care workers needed to look out for in terms of side effects and changes in condition. The care plans also included an NHS information page that detailed further background information on the condition. Cellulitis is usually caused by a bacterial infection. The bacteria can infect the deeper layers of skin if it's broken.

Although the provider was aware of the Accessible Information Standard (AIS) they had not yet taken action to implement this further into people's care plans. The AIS was introduced by the Government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. We spoke to the registered and deputy managers who both confirmed this was an area the service was looking to develop further, and commented that AIS would soon be incorporated in their pre-admission assessments and existing care packages would be reviewed to determine if AIS was required. The registered manager said at this time nobody receiving their service needed their care plan in an alternative format, but accepted the service needed to ensure they had the appropriate care plans in place for this. We will monitor the progress of this at our next inspection.

Staff explained that they usually provided care for the same people, which allowed them to build a rapport and understanding of their needs. This allowed them to ensure that the care they provided met people's individual needs and preferences. It was clear from talking with people and staff that they knew each other well, and that staff had a good understanding of people and their needs.

The service had a complaints policy which encouraged people to raise any concerns no matter how small, so that the service could be improved. We saw that one complaint had been received in the last 12 months. This complaint had been investigated thoroughly and dealt with quickly. The outcome had been reported to the complainant.

Staff told us they had an awareness of people's end of life wishes and that these were captured in people's care records. One staff member told us, "I have cared for many clients who have been in the late stages of their life and I have felt proud to be able to care for them."

Is the service well-led?

Our findings

People who used the agency were positive about the services provided, the management and staff. Comments made included, "The management team are very good. Always keeping me informed of any changes", "Very good service, I can pick the phone up and speak to them at the office" and "I have no fear recommending this service to my friends, I know it's a well-run business."

The agency had an experienced registered manager in post, who was also the director of the service. 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 2008 and associated Regulations about how the service is run.

Care staff we spoke with showed pride and enthusiasm about their work and the way the agency supported and developed them to improve the services they provided. There was an open management culture, that was accessible and placed great emphasis on developing the agency for the benefit of the people who used it. We noted that the agency did not have a high staff turnover but a stable and committed staff team. Comments received from staff included, "This service is great to work for. The manager is approachable and runs a good service" and "Best job I have ever had."

At the last inspection in June 2017 we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that quality audit and control systems were not effective as they had failed to highlight areas of the service that required attention. At this inspection we found the provider had made the necessary improvements and was no longer in breach of this regulation.

At this inspection we found a comprehensive range of audits and staff checks were now in place and detailed records were now kept. Audits included medicines, care plans, staff competencies, health and safety, complaints, risk assessments, staff training, safeguarding, accidents/incidents, nutritional and personal care records.

The spot checks on staff included time and attendance records, care plans, medicines records, and discussions with the people who used the service regarding the quality of care they had received. We saw that detailed records of these spot checks were kept and information was cascaded to the relevant staff member concerned in order to identify good practice or areas for improvement. Any problems observed or incorrect procedures were noted and discussed with all staff individually or at staff meetings as appropriate.

People were able to give feedback on the support they received to the service. They told us they did this by either speaking with their care worker or a care coordinator or by calling into the office. TLC Private Home Care Services Ltd used an independent company to gather and collate people's views on the service. This feedback was published on the service's website as well as the NHS Choices website. This showed the service was transparent and open. The service planned to improve their current feedback practices by providing more opportunities for people to voice their opinions on the service to help them provide a better

service.

TLC Private Home Care Services Limited had signed up as a company to the Social Care Commitment. The Social Care commitment is the promise made by services and individual care workers in adult social care sector to provide people with high quality care in order to increase public confidence in the care sector. Employers and employees signing up agree to seven key statements and select tasks to help put those statements into practice. The employer commitment includes recruiting the right staff, providing the right learning and development opportunities for staff, and encouraging staff to sign up to the social care commitment. The employee commitment focuses on taking responsibility for one's actions, promoting and upholding people's dignity, privacy and rights, and improving the quality of care provided by updating one's skills and knowledge.

We saw organisational policies and procedures set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

Services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of certain important events that happen in the service. The registered manager had notified the CQC of all significant events which had occurred, in line with their legal responsibilities. We saw the provider, as required, had displayed their previous inspection rating on their website and office reception.