

TLC Private Home Care Services Ltd

# TLC Private Home Care Services Ltd

## Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

The inspection took place on 11 and 12 January 2016 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 service which is registered to provide personal care to people in their own homes and to people living in Extra

Care housing. Extra Care housing is a type of supported housing for older people that helps them to live independently for as long as possible and to access services that are responsive to their needs. The service also offered services such as shopping, help with paying bills and collecting pensions, escorting people to appointments, housework, laundry and ironing. TLC Private Home Care Services Ltd provides support for

# Summary of findings

younger and older adults with a range of needs such as learning disabilities, mental health issues and dementia. At the time of our inspection the service was supporting 117 people.

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.

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

Not all care workers were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and the impact this legislation could have on the delivery of care and support. The service did not do assessments on people known or suspected to lack mental capacity.

Accidents and incidents that occurred in people's homes were recorded in the daily records kept at their homes; a record of these was not kept at the office so we could not see how they were investigated to minimise the risks of reoccurrence.

People and their families were involved in planning the care and support that people received and gave us examples of how their views were considered when designing their care. People's care plans contained detailed descriptions of the care they required and the care people received was well documented in the daily care records kept in their homes. However, not all care plans were comprehensive and we saw that some had not been updated when a person's circumstances had changed. We noted that care plans for people with specific conditions such as dementia or behaviours that might challenge others did not contain sufficient or specific detail on how to support them. We have made a recommendation that the service finds out more about person centred care planning for people living with dementia and behaviours that might challenge others.

We found that appropriate quality assurance processes were not in place to give the registered manager oversight of the quality of service provided.

We observed good communication between care workers and the registered manager, and staff told us they felt supported in their role. However, opportunities for staff to discuss their work and professional development such as regular team meetings, supervisions and annual appraisals were not in place.

Some people were assisted to take their medication and we saw that staff did this safely. People said their care workers always wore personal protective equipment such as aprons and gloves and washed their hands before and after supporting them.

Care workers were aware of safeguarding principles and the types of abuse people may be vulnerable to and they told us they would report any concerns. The service also had a policy and procedure in place to deal with safeguarding concerns and appropriate systems to ensure safe recruitment practice.

People had confidence in care workers' knowledge and skills. Care workers went through an induction process which involved role-specific mandatory training and shadowing experienced colleagues.

People told us they were supported to access other health care professionals and we saw that the service contacted GPs or occupational therapists, with the person's consent, if they felt it was necessary.

People said they were treated with dignity and respect and that care workers were very caring. The service had been awarded the Dignity in Care Award in February 2015. The service had procedures in place to help people access advocates if they needed them. This showed the service had a proactive approach to ensuring that people's rights were always represented.

The service had a complaints policy which encouraged people to raise concerns. Few complaints had been received and those that were, were investigated and dealt with quickly. Feedback about the management of the service was positive and the registered manager planned to make further improvements to their existing customer feedback mechanisms.

# Summary of findings

The registered manager maintained good working relationships with key organisations in the community, such as the local authority, a local college, health care professionals and a housing trust.

# Summary of findings

## 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 not always safe.

The service did not have a systematic way of recording and reviewing accidents or incidents, such as falls in people's homes. Areas of identified risk were not always planned for so people were supported safely.

People told us that they felt safe. A robust system of recruitment was in place. New care workers were always introduced by a known colleague before going to a person's home on their own.

Safe systems were in place with regards to medication and infection control procedures.

**Requires improvement**



### Is the service effective?

The service was not always effective.

The service did not carry out capacity assessments on people known or suspected to lack mental capacity.

Staff we spoke to said they felt supported in their role and received adequate training.

People told us they felt confident in care workers' knowledge and skills.

The service supported people to contact other healthcare professionals if they needed help to do so.

**Requires improvement**



### Is the service caring?

The service was caring.

People gave examples of how care workers respected their privacy when helping them with personal care.

People felt they were treated with dignity and respect and supported to maintain their independence according to their abilities.

People told us that care workers went the extra mile to make sure they felt cared for and developed good relationships with them.

**Good**



### Is the service responsive?

The service was not always responsive.

Some care plans lacked sufficient detail and did not always indicate the level of support people required so that they were cared for in a way which met their individual needs. We recommended that the service seeks current best practice guidance on person centred care planning for people living with dementia.

**Requires improvement**



# Summary of findings

People and their families (when appropriate) had been involved in planning care and support and people had copies of their care plans. We saw that care plans were person-centred and included people's personal histories.

People were encouraged to raise concerns to help the service improve.

## Is the service well-led?

The service was not always well-led.

Robust systems were not in place to effectively monitor the safety and quality of the service.

All the people and relatives we spoke to felt that the service was well managed and that the registered manager and care workers were very approachable, open and helpful.

The registered manager maintained good working relationships with key organisations in the community.

**Requires improvement**



# 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 11 and 12 January 2016 and was announced. The provider was given 48 hours' notice of our intended visit to ensure the registered manager or their representative would be available in the office to meet us.

The inspection team consisted of two adult social care inspectors and an expert-by-experience who contacted people using the service and their relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience was a person who had experience of caring for a family member who used domiciliary care services.

Before our inspection, we reviewed information we held about the service. We looked at notifications sent to us at the Care Quality Commission (CQC). We contacted Trafford Council Commissioning team and Trafford Council safeguarding team for information; they both told us they

had no concerns with the service. We also contacted Trafford Healthwatch who told us that they had not received any feedback about this service so far. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

We reviewed information sent to us by the provider in the Provider Information Return (PIR). The PIR 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, we visited five people at home with their prior consent and the expert-by-experience made telephone calls to six people using the service and five relatives who had agreed to speak with us.

We spoke with the registered manager, the training coordinator and five care workers. We also spoke with the training liaison officer from the local college who was visiting the service on the second day of our inspection. We reviewed 13 people's care records including five records kept in people's home (with their permission) and six staff recruitment records and training files. We looked at the service's statement of purpose, business and contingency plans, policies and procedures and staff training matrix. We also reviewed feedback received from people using the service who completed surveys sent by CQC.

# Is the service safe?

## Our findings

People using the service told us that they felt safe. One person said, “I do indeed [feel safe]!”, and a second person told us, “Yes I feel safe”. One relative said, “The girls have created a good bond with my [relative] ensuring [they] feel comfortable and safe in their presence.” People told us that there was continuity in the care workers that supported them; they said this was reassuring and made them feel safe. The registered manager stated that new care workers were introduced by a care worker known to a person before going to a person’s home on their own. People told us that this did happen.

We spoke with five care workers to find out their awareness of the safeguarding principles; they were able to describe the types of abuse people could be vulnerable to and said they would report any concerns to either the care coordinator or the registered manager. They said that they would report safeguarding concerns to the local authority or the CQC if they felt that the care coordinator or the registered manager had not taken action. We reviewed the service’s training records and found that not all care workers had received safeguarding training. This meant we were unable to be certain that all care workers were able to demonstrate knowledge of safeguarding principles and know the various types of abuse. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt supported and encouraged to raise concerns about safety. They had contact names and details for administrative staff at the office and told us they would not hesitate to contact them if they had a problem.

Care workers we spoke with told us they kept people safe by ensuring suitable arrangements to manage risks were in place. For example, care workers told us they made sure there were no trip hazards in people’s homes and referred people to occupational therapists for home safety equipment if they needed it. We saw examples of positive risk taking; this meant that people were supported to do things that might be considered risky because the benefits were deemed to outweigh the perceived risks. For example, two people sometimes chose not to go to bed at the night call. It was documented that the risks to them of mobilising to their bedrooms and getting into bed alone, such as the risk of falls, had been explained to the people and their wishes respected.

Care workers also informed their care coordinators if the people they supported developed any new health problems, such as skin rashes or pressure ulcers. This would also be escalated to a GP or district nurse and would prompt an update to people’s care plans to help minimise on-going risks to people.

TLC Private Home Care Services Ltd employed four care coordinators who managed four teams of care workers that had defined geographical areas. The four teams consisted of 67 care workers employed on either a full time or part time basis. Two carers had been promoted to senior care workers and were being trained in their roles at the time of our inspection. Two administrative workers were based at the main office along with a training coordinator. The service also employed an out of hours care coordinator who was available during the evenings and weekends to provide advice and support to people using the service and staff when the office was closed.

We asked to see any records of agency or bank staff used. The registered manager said the service did not use agency or bank staff; this meant that people were more assured of consistency in staff supporting them. People we spoke with told us that up until the time of our inspection they had not been kept waiting for care workers to arrive and had not had any missed visits; this told us that the service was adequately staffed to support the people. The registered manager told us that the electronic care planning system they used helped them make sure that people did not experience missed visits.

One person told us that they had asked the service for the rota of care workers coming to their home each week and the times of each visit and that this had been provided. The person told us that having the rota in advance was reassuring as they knew which care workers to expect and when. We discussed this with the registered manager; they told us the service was currently trialing a new system of sending out the weekly rotas to some of the people they supported with a view to doing this for everyone if it was well received. This kept people informed of which care worker would be coming to them each week.

We saw that there were appropriate policies and procedures in place to ensure safe recruitment. We reviewed six employee files and found that they each contained a job description, an application form, interview questions and responses, two written references and confirmation of Disclosure and Barring Service (DBS)

## Is the service safe?

checks. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups.

Eight people we spoke with told us they received help to take their medicines. One person said that the care worker gave them their morning medication following instructions on the dosette box prepared by the person's relative. A dosette box is a special container used to help people remember to take their medicines on the right day and at the right time. The care worker would document the medication given on a medication administration record. One relative told us that staff at TLC Private Home Services Ltd routinely liaised with the GP and the chemist to ensure that their relative's medicines were delivered on time with the correct administration instructions. When we visited people in their homes we saw that medication administration records were completed properly. People's medicine files contained procedures for missed medications so that care workers would know what to do if this happened. We asked people who needed help with their medicines if they received them on time. People told

us that they did get their medicines at the right time. We also asked if people's medicines were recorded by care workers when they took them. One person said, "Yes. As far as I am aware. Seem very methodical when I have seen it. Recorded in a manual there." This meant that people were supported to take their medication safely.

People told us that care workers demonstrated good hygiene practices, for example by using personal protective equipment such as gloves and aprons. One person said, "Hygiene very good", a second person told us, "As they come in they wash their hands", and a third person said, "First thing they do is put on their gloves." The care workers we spoke with told us they had completed infection control as part of their mandatory training. Training records confirmed that all care workers were up to date in this training. The registered manager told us that they planned to make one of their senior care workers the infection control champion for the service. This meant that they would be responsible for promoting good and effective infection control practice and leading on quality checks within the service.



# Is the service effective?

## Our findings

People told us they felt confident in care workers' knowledge and skills. They said, "Yes, I have confidence in their ability", "I think they have incredible skills, a lot of experience. Nothing surprises them, they know what to do. 'We will find a way around' they say if something new crops up. New girls [are] very kind and willing too", and, "[Carer's name] is very good, you don't have to tell her anything twice."

All of the people we spoke with said that the service would contact health care professionals on their behalf if they needed them to. One person said, "Yes, they'd call the GP if I was poorly and the district nurse too." Another person told us, "They would call the doctor if I needed them to." While we were at a person's home, a health care professional visited and they told us that care coordinators had referred the person to them because of their mobility problems. We also saw in another person's care plan that they were referred to their GP by a care worker. This showed that care workers were proactive in making sure people received the right health care when they needed to.

The service sometimes supported people with meals. People told us their care workers helped them to prepare their meals. In their daily records, we were able to see in detail what they had eaten. People also told us that care workers always gave them a choice of what to eat and drink. This meant that, when required, staff helped to make sure that people were encouraged to maintain a balanced diet.

The service supported people living with dementia. Three care workers we spoke with told us they had done training in dementia and were able to talk confidently about dementia and knew what to do to support people. Not all care workers had done dementia awareness training. This meant that care workers did not always have the right skills to effectively understand people living with dementia.

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. In the case of Domiciliary Care, applications must be made to the Court of Protection. Though the service had not needed to make any applications to the Court of Protection, the registered manager told us that one person using the service was subject to such restrictions. These had been previously arranged by the local authority. However, there was no information in the person's care record to guide care workers. This meant that the service was not documenting and assessing, where necessary, people's ability to consent to care.

By talking with care workers we found that few had any knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. This meant that care workers were not always aware what these laws meant for the people who may be affected by them.

Care workers told us they had received mandatory training such as moving and handling and health and safety through induction and scheduled updates. They also shadowed experienced colleagues before working on their own. Staff we spoke with said they had only had one supervision during 2015 and had not had an annual appraisal. Despite not having regular supervision, care workers told us they felt supported in their role and that if they had concerns about their work, they would speak with the care coordinators or the registered manager. We saw that staff had received some training and were supported though the lack of regular supervisions and appraisals meant that their professional development needs were not being reviewed. We asked the registered manager about this and they confirmed that this would be addressed.

These shortfalls in training, supervision and appraisal meant that there was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager spoke with enthusiasm about employing and retaining the best staff. The service employed a training coordinator and their hours had recently been increased from 12 hours to 24 hours per week. This demonstrated the registered manager's commitment to upskilling care workers to provide better care and support to people. In addition to delivering mandatory training, the training coordinator also managed the Care Certificate for all new care staff. The Care

## Is the service effective?

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. The Care Certificate is not mandatory, although services that choose not to use it must demonstrate that their induction of workers new to health and social care delivers similar outcomes.

The training coordinator told us that they had recently delivered a communication and documentation course to care workers. They told us that the course's aim was to improve care workers' communication skills and to ensure they recorded effectively in people's daily notes. We read

the daily notes in five people's homes and found they gave a brief yet comprehensive description of what the care workers had done. We were able to see that care workers were putting this recent training into practice.

The service had good relationships with a local college and had used them to provide ongoing training support to care workers pursuing national vocational certification in health and social care. The college representative visited during our inspection and confirmed that they had worked with TLC Private Home Care Services Ltd for several years. The representative spoke highly of the registered manager's passion and drive to help staff progress and achieve their goals within the care sector; this meant that staff were encouraged and supported to attain skills and knowledge necessary for their role.

# Is the service caring?

## Our findings

People using the service and their relatives were complimentary about the quality of care and support from the care workers. They told us, “They’re so good with me”, “If I say I don’t like something, they take it in their stride to do it as I like it”, “I would like to thank you all most sincerely, for your care, your kindness and patience. Your girls were absolutely wonderful! Far beyond the call of duty”, and “Yes excellent. [Name] had a tumble and carers keep popping in more I think to check if passing. No rush to leave they do everything. Timing is good in every way.”

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: “A big thank you from all the family for all your care and attention” and “Thank you so much for your help and support with [Name]. [Care worker’s name] was amazing with [Name] and really understood dementia and became a friend to [Name].”

People told us care workers ‘went the extra mile’ to make sure they were well. One person said that care workers did up the buttons on their duvet covers before they were washed to stop their clothes from going inside; this had happened once and caused the person some trouble. We saw that this detail was documented in their care plan. Another person told us that on one occasion when they were not feeling well, a care worker had called for help and then stayed until help had arrived. A third person told us they were very impressed that a care worker called in on their way home to make sure that they were all right because they had heard the person was poorly. People told us they felt they had good relationships with their care workers. For example, people said, “We just natter”, “They put the towels on the radiator and my clothes so that they’re warm when I get dressed”, and “This is what is so amazing about the company. Little notes to ask for little things that my mum needs, anything. Phone calls if anything is important and ‘Just letting you know ...’ This is nice.” These examples showed that people felt cared for and supported by their care workers.

People using the service felt involved in making decisions about their care and were able to express their views. We spoke with five people using the service in their homes and everyone told us that they had been involved in planning their care. A care worker told us, “Each person is an

individual, not everyone is the same.” Care workers we spoke with knew the people they cared for and could describe them in detail; they knew their likes, dislikes and preferences. TLC Private Home Care Services Ltd collected personal histories and details about people’s preferences; this involved getting to know people and their relatives. People told us their carer workers knew what they liked or did not like. People we spoke with told us they felt cared for.

The service had procedures in place to refer people to advocates, if they needed them. This showed the service had a proactive approach to ensure people’s rights were always represented. At the time of our inspection, everyone using the service had relatives who could represent them if needed.

People told us that care workers promoted their dignity and treated them with respect. One person said “Clients’ wishes are respected and personal dignity is maintained.” Another person described how care workers letting themselves into their homes always called out a greeting to reassure the person it was them. This person also said that care workers always shut the curtains before helping them with personal care. Five care workers we spoke with gave us examples of how they would maintain people’s privacy and dignity. For example, knocking on people’s doors before entering and always making sure doors were closed when providing personal care. People told us care workers were discreet when assisting them with their personal care in the home and when helping them to manage continence during accompanied visits out of their homes, for example, on shopping trips. This showed us that care workers sought to promote people’s dignity at all times.

TLC Private Home Care Services Ltd was awarded the Dignity in Care Award in February 2015 by Trafford Council. The Dignity in Care award recognises and promotes organisations that strive to provide the very best in care and support to local residents.

Care workers also gave us examples of how they supported people to maintain their independence. They told us they did this by listening to people and by getting to know what a person could do for themselves. One person said “They’re there to let me do what I can.” One care worker said they promoted independence by giving choices and encouraging clients to do as much as they could for themselves, such as helping people to write their shopping list rather than just ordering the same food they had last

## Is the service caring?

week. One carer gave an example of supporting a person to wash the parts of their body they could manage and washing those areas they could not. People we spoke with confirmed that their care workers paid attention to their needs and encouraged them to maintain their independence.

During a home visit we observed a care worker providing lunch choices to a person and encouraging them to eat a dessert as a treat. Another person told us that care workers encouraged them to choose what clothes to wear. This showed that people had choice and were able to make their own decisions.

# Is the service responsive?

## Our findings

People and their relatives told us that the care provided was specific to their needs and they had a copy of their care plan. People gave us examples of how the service had responded to their feedback. One person told us that they had not got on with a particular care worker; the person telephoned their care coordinator to raise their concern and was allocated a different care worker. Another person described asking for the time of a visit to be changed so that it better suited their personal routine, and the service was able to accommodate them. A third person told us that they had asked for a shower every morning and had told that service that attending church was important to them; their care had been arranged to suit their needs. These examples demonstrated that the service ensured people's views were considered when designing their care and support.

We looked at eight care plans in the office and five care plans in the homes of people we visited. Some people's care plans contained detailed descriptions of the care that should be carried out. However, we found some care plans did not accurately reflect the care and support required or provided. For example, in one person's care plan we saw a letter which said that the person went to day care on a particular day but their care plan had not been updated. At the front of another person's care plan, there was a note for a topical cream to be applied to their body but their care plan was not changed to say this. In another person's care plan, they were described as being able to self-medicate with no help required from care workers. When we spoke with the person, they told us that care workers would pop the pills from the dosette because they sometimes found this difficult to do. Another person's care plan had some information on their continence needs but did not give details about their type of incontinence or what support they required to manage it.

We found that risk assessments for some people lacked the necessary detail to support their individual needs. One person's risk assessment, for example, recorded that the person had a pressure ulcer; it identified the location of the ulcer, that topical cream needed to be applied and the care worker was to monitor the person's skin integrity. There was no other information about medical professional involvement, the size and depth of the ulcer, what topical cream was needed and how often this should be applied;

there was also no mention of any pressure relieving measures to be taken including if the pressure ulcer got worse. Another person's risk assessment was not filled in correctly; it said the person was continent and had no medical devices attached but they were not fully continent and had a catheter.

These matters were a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service's statement of purpose stated that one of the groups of people it supported was people living with dementia. A statement of purpose is a document which contains information about a service registered with the CQC, including aims and objectives, the type of service provided and the needs that the service can meet.

We noted that care plans for people with specific conditions such as dementia or behaviours that might challenge others did not contain sufficient or specific detail on how to support them. One care worker we spoke with thought the care plan for a person living with dementia should include the type of dementia they had been diagnosed with. Dementia care plans would help care workers better understand the person they were caring for and enable them to provide more personalised care that suited people's needs.

**We recommend that the service finds out more about person centred care planning, based on current best practice, in relation to the specialist needs for people living with dementia or behaviours that might challenge others.**

Most of the care plans we saw were person-centred and included people's personal histories. Each plan contained a detailed and personalised description of the support people needed during each visit. We saw that some care plans did not contain much detail on people's preferences or personal histories. When we asked a care coordinator about this they said that some people did not want personal information, such as their likes and dislikes, to be recorded in their care plans and that this was their choice. This meant the service acted upon people's wishes by recording the personal information that people were comfortable with being documented.

People told us the care workers always stayed for the allocated time and that they never felt rushed. We compared the times people were allocated for care with

## Is the service responsive?

the times recorded in the daily records of five people we visited and they were within 30 minutes of agreed times. This meant that people were given the care and support they needed at the time they needed it.

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 two written complaints had been received in 2015 prior to our inspection. Each complaint had been investigated thoroughly and dealt with quickly and the outcome had been reported to the complainant with apologies, when necessary.

People we spoke with told us they telephoned the service to raise any concerns they had about their care and support. The care workers we spoke with agreed that this was the case, but none of the issues that had been raised by people had been recorded. This meant that management could not use this feedback to identify any common themes for future learning or service improvement.



# Is the service well-led?

## Our findings

The service had a registered manager who had been in post since August 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All the people and relatives we spoke with said that TLC Private Care Home Services Ltd was well managed. They described the registered manager and staff as approachable, open and helpful. Comments we received included, "It's a lovely family company", "The staff from TLC Private Home Care are always prepared to listen to family members if they have a question", "If I thought the girls were doing anything wrong I'd tell [the care coordinator]."

Staff told us they liked working for the service. One care worker told us, "It's a great company to work for and definitely on the up", a second said, "There's a nice harmony here", and a third told us, "It's all about working as a team."

The service did not have a robust system of assessing and monitoring the quality of the service provided. For example, we found no checks were carried out to ensure that people's care plans were accurate and continued to meet their needs. Incidents and accidents that happened in people's homes such as falls were recorded in people's daily notes but were not recorded at the office. Care workers we spoke with confirmed this is what they did. One care coordinator we spoke with told us they were not sure how incidents and accidents were recorded. Another care coordinator said that care workers called them to report any incidents and also care workers recorded them in the daily records. This meant that the registered manager had no oversight of these. The lack of regular auditing and analysis, and quality assurance systems meant that the service had no effective way to continually monitor the service provided to ensure people received safe and effective care. This was a breach of Regulation 17 (1),(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed safeguarding referrals that had been raised with the local authority and found that not all of these

incidents had been reported to the CQC. All care providers are legally required to notify the CQC of certain changes, events and incidents affecting their service or the people who use it; these are called statutory notifications. The registered manager explained that they had not been aware that these had not been submitted but assured us that since assuming the care manager's role, they had submitted the appropriate notifications to CQC. We were able to confirm this from recent CQC records.

The registered manager, care coordinators and care workers told us that regular staff meetings were not held. Staff said that they communicated with each other either by telephone or in person in the office; this meant that despite not having team meetings there was good communication taking place. One of the care workers told us that team meetings would be a good opportunity for staff to receive feedback about their performance. We were told by all staff, including the registered manager, that due to the nature of their work it was very difficult to get everyone available to attend a team meeting on a regular basis. The registered manager said he was trying to resolve this issue so that staff and management would have the opportunity to meet as a group and discuss service specific issues and share good practice. They also hoped to use team meetings or small focus groups to re-evaluate the service's core values.

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.

We were told that the service had recently changed its organisational structure. Two care workers had been promoted to senior care workers and currently were being trained to help the care coordinators undertake quality assurance checks of the care and support people received. According to the registered manager the new structure offered better opportunities for career progression to care

## Is the service well-led?

workers. Staff we spoke with said the new structure made the service more organised and helped them to deliver a better level of service. People we spoke with told us they had confidence in the management of the service.

Every staff member spoke highly of the registered manager. They described him as approachable and supportive of staff. Care workers told us, “[The registered manager] is great, helpful. (They’ll) get stuck in when needed”, “[The registered manager] is very good and very approachable; I can speak to [the registered manager] about anything”, “[The registered manager] has a good relationship with the seniors [care coordinators].” Care workers told us that the care coordinators were also very supportive. One care worker said, “[Care coordinator’s name] is a good manager and good at (their) job”, and a second care worker said, “[Care coordinator’s name] is always on the end of the phone.” This showed that there was good leadership within the service and that staff felt supported.

The registered manager spoke passionately about the values-based recruitment techniques they used to attract and recruit individuals with the right skills and values to the company; this supported effective team working in delivering care and support to the people using the service. They told us that they were investigating the use of further values-based recruitment systems such as personality tests; this would continue to reinforce their recruitment process.

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. The registered manager told us that the next step was to get staff to sign up and use the commitment as part of their general learning and development of their role. This would reinforce staff’s understanding of their roles and improve the quality of care provided.

We looked at the policies and procedures in place to guide staff in their work. We saw that the registered manager had reviewed these documents in December 2015. Staff told us they were aware of these and could access them when required. The service had a detailed business plan and business continuity plan; both were up to date. These documents provided details on how the service would operate and what needed to be done in the event of an emergency, such as a flood or loss of power at the office. This helped to ensure that people’s care and support would continue should an emergency occur.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Accurate, complete and contemporaneous records were not always in place to ensure people using the service were provided with care and support appropriate to their assessed needs. Regulation 17 (2) (c)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Systems were not in place to fully assess and monitor the quality of the service. Regulation 17 (1) (2) (a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing  Staff receive appropriate and necessary support, training, professional development, supervision and appraisal to enable them to carry out their role effectively. Regulation 18 (2) (a)