

TLC Home Care Solutions Ltd

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Inspection report

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Date of inspection visit:
20 June 2019
25 June 2019

Date of publication:
26 July 2019

Ratings

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

Summary of findings

Overall summary

About the service

TLC Home Care Solutions Ltd is a domiciliary care service providing personal care and support to people living in their own homes. The service was supporting 43 people at the time of this inspection.

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

People's experience of using this service and what we found

People told us they felt safe with the support they received from staff. They were protected from the risk of abuse because staff knew the types of abuse that could occur and the action to take if they suspected abuse. The provider followed safe recruitment practices. They employed enough staff to meet people's needs.

Risks to people had been assessed and staff followed the guidance in people's care plans to manage identified risks safely. The registered manager maintained a log of any incidents and accidents which occurred which they reviewed regularly for any potential learning. Staff received training in infection control and knew the steps to take to reduce the risk of infection whilst supporting people. People's medicines were safely managed.

People had access to a range of healthcare services when needed. The provider worked with other organisations to help ensure people received effective, high quality care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received an induction when they started working for the agency and were supported in their roles through regular training and supervision.

People told us the staff that supported them were caring and considerate. Staff treated people with dignity and respected their privacy. People's needs were assessed before they started using the service. They were involved in the planning of their care and were supported to make day to day decisions about the support they received. People's care plans reflected their individual needs and preferences. They included information about people's end of life care preferences, where they had been happy to discuss this. Staff promoted people's independence when supporting them.

The provider had a complaints procedure in place and people expressed confidence that any issues would be addressed appropriately if they had concerns. Staff spoke positively about the working culture at the service. They told us they worked well as a team and received good support from the registered manager.

The registered manager demonstrated a good understanding of legal requirements and the responsibilities

of their role. The provider carried out a range of checks and audits to help identify any potential service issues to help drive improvements. People's views of the service were sought on a regular basis through home visits and an annual survey. Survey feedback showed the people experienced positive outcomes from the service they received. This was reflective of the feedback we received from the people and relatives we spoke with.

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

Rating at last inspection

The last rating for this service was good (published 22 February 2017). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

TLC Home Care Solutions Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 June 2019 and ended on 25 June 2019. We visited the office location on both of these dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and four relatives about their experiences of the care provided by the service. We also spoke with the registered manager and three care staff to help understand how the service was being run and what it was like to work there.

We reviewed a range of records. These included five people's care records and records relating to staff recruitment, training and supervision. We also looked at records relating to the management of the service such as medicine administration records (MARs), policies and procedures, and quality assurance information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection of the service we found improvement was required to ensure risk assessments consistently covered all potential areas of risk to people. At this inspection we found the provider had made appropriate improvements to their risk assessment processes.

- Risks to people had been assessed in a range of areas including the environment, medicines, falls and the risk of malnutrition. People's care plans included guidance for staff on how to reduce areas of identified risk. For example, one person had been assessed as being at risk of falls. Their care plan identified control measures which included the use of a walking aid and grab rails and ensuring the person was wearing appropriate footwear.
- Staff were aware of the details of people's risk assessments and how to support people safely, in line with the guidance in their care plans.
- There were arrangements in place to deal with emergencies. For example, the provider carried out checks on people's smoke alarms to ensure they were in good working order and people had access to pendants that enabled them to call for emergency assistance if needed. Staff received training in first aid and knew the action to take in the event of an emergency.

Using medicines safely

At our last inspection of the service we found improvement was required to the recording of the support the people received to take their medicines safely. At this inspection we found improvements had been made and this issue had been addressed.

- People's need for support to manage their medicines was assessed before they started using the service. Where support was needed, guidance for staff was included in people's care plans.
- Staff responsible for administering medicines received medicines management training and their competency to administer medicines had been assessed by the registered manager.
- Staff completed medicine administration records (MARs) when supporting people to take their medicines. The MARs we reviewed had been appropriately completed and showed that people had received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received safeguarding training. They knew the types of abuse that could occur and the signs that might indicate a person had been abused. They were aware of the importance of reporting any suspected abuse and told us they would be confident to do so.
- The registered manager knew the procedures for reporting any allegations of abuse to the local authority safeguarding team and for notifying CQC, in line with their regulatory requirements.
- Staff expressed confidence that the registered manager would take prompt and appropriate action in

response to any concerns they raised but were also aware of the provider's whistle blowing policy. One staff member told us, "I would call social services myself, if needed."

- People and their relatives all confirmed they felt safe when being supported by staff.

Staffing and recruitment

- The service employed enough staff to safely meet people's needs. People told us staff visited them at the times they expected, in line with the requirements of their care plans. One person said, "I have never had a shortfall in my care." Another person told us, "I have a regular group of carers who come; I've got to know them all."
- Staff told us that staffing levels were sufficient to meet people's needs. One staff member said, "I think the staffing levels here are fine; there's enough of us that we can cover any sickness without much disruption."
- The registered manager told us they focused on ensuring staff were able to work in localised areas wherever possible. Staff rotas confirmed this and we saw travel time had been calculated between planned visits.
- The provider followed safe recruitment practices. Checks had been carried out on staff before they started working for the service. These included checks on their identification, employment history and reasons for any gaps in employment, references and criminal records checks.

Preventing and controlling infection

- Staff received infection control and food hygiene training. They demonstrated a good understanding of these areas and how they applied to their roles.
- Staff were supplied with personal protective equipment (PPE), including disposable gloves and aprons for use when supporting people. People confirmed staff wore PPE whilst supporting them.

Learning lessons when things go wrong

- Staff were aware of the importance of reporting and recording any incidents or accidents which occurred whilst working for the service.
- The registered manager maintained a log of incident and accident records which they reviewed on a regular basis for learning and to ensure any follow up actions had been completed. This included reviewing and updating people's care plans or sharing relevant information with health or social care professionals, where appropriate.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started receiving support to help ensure the service's suitability. Assessments were conducted looking at people's needs as a whole, including people's physical and mental health, and their social needs.
- The completed assessments were used as a starting point when developing people's care plans and risk assessments.
- The provider used nationally recognised tools when carrying out assessments. For example, they used the Malnutrition Universal Screening Tool (MUST) to help determine the level of support people required to maintain a balanced diet.

Staff support: induction, training, skills and experience

- Staff were supported in their roles through an induction and training which covered areas relevant to people's needs. They also received refresher training periodically to ensure their skills and understanding were up to date.
- People and their relatives told us that staff were competent in their roles. One person said, "They are very well trained and are just fantastic; efficient, caring and always smiling. We have a lot of laughs." A relative told us, "They're competent and they take initiative in suggesting things that will make things easier and more enjoyable [for their loved one]." Staff spoke positively about the training they received. One staff member said, "The training has been good and we get more where needed. For example, I completed catheter training when I started supporting a client who had one fitted."
- The registered manager told us that staff with no previous care experience were required to complete the Care Certificate during their first months working for the service. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Staff were also supported in their roles through regular supervision and an annual appraisal of their performance. Supervision sessions were conducted in a range of formats, including one to one discussion and observation of staff performance. One staff member told us, "I regularly meet with [the registered manager] for supervision and I find it helpful as I can discuss any issues or concerns I might have as well as looking at areas for my development."

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

- People's dietary needs had been assessed before they started using the service and their care plans identified any support they needed to maintain a balanced diet. One person told us, "The staff help me prepare my meals, and it works very well." A relative said, "The staff prepare what [their loved one] wants, unless I'm there to cook."

- Care plans included guidance for staff on the support people required to manage any identified risks associated with eating and drinking. For example, where one person's risk assessment identified them as being at risk of malnutrition, their care plan included confirmation that they had been prescribed food supplements by their GP. Staff were aware of the support people required to maintain a balanced diet and told us they followed the guidance in people's care plans when preparing food or drinks.

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

- People confirmed that they received support from staff when needed to access to a range of healthcare services in order to maintain good health. One person said, "They [staff] help me get ready and take me to my appointments." Another person told us, "The staff have helped me [attend appointments] if none of my family are available."
- Staff were aware to act if they had any concerns about people's well-being. One staff member told us, "I've arranged a GP visit for [one person] when they were unwell." Another staff member told us they had called an ambulance for a person and waited with them until it arrived when their condition had significantly declined.
- Staff also knew to monitor people's health conditions and they worked in partnership with healthcare professionals to ensure people received effective care. For example, one staff member told us that they had arranged for a community nurse to visit and redress a person's wound when their current dressing had come off.
- People's care plans included details of any other agencies involved in their support. For example, one person's care plan contained information about their live-in care support and included guidance for staff on working with them in order to effectively meet the person's needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- Staff were aware of the importance of seeking consent from people when offering them support. One staff member said, "I always ask people how they like to be supported. If someone refused care, I'd try to encourage them but would respect their wishes and report it back." All the people we spoke with confirmed staff sought their consent.
- The registered manager and staff told us that all of the people using the service had capacity to make decisions about the support they received.
- The registered manager and staff demonstrated an understanding of the requirements of the MCA. Staff received MCA training to help ensure they remained up to date with current best practice. They told us that if they had concerns about a person's capacity to make a particular decision, they would inform the registered manager to ensure decisions were consistently made in people's best interests.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke positively about the manner in which staff supported them. One person said, "They are wonderful; I am so lucky. They have a wonderful attitude and when I am down they cheer me up. I know they will do anything I ask, they are like family." A relative said, "They are marvellous, very diplomatic, always respecting preferences and going the extra mile. They are always cheerful and [their loved one] looks forward to the visits."
- Staff received training in equality and diversity. One staff member told us, "We respect people's differences and try and support them all equally, to the best of our ability." People's care plans included information about their spiritual beliefs and cultural needs. For example, one person's care plan included information about the importance of ensuring their diet was culturally appropriate.
- People and their relatives confirmed that they had developed strong relationships with the staff supporting them. One person said, "We have got to know each other well over a period of time; they are such lovely people." A relative told us, "They know so much about [their loved one]; it's fantastic, the rapport they've built up."
- The registered manager told us they sought to match staff with similar interests or backgrounds to the people they supported, which helped them develop positive relationships. One relative told us, "Our carer is fantastic; they are exactly right for [their loved one] as they share an interest in sport."

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

- People told us they were involved in making decisions about the support they received. One person said, "I tell them what I want." Another person said, "We had a planning meeting with the manager and carers to discuss what I needed help with."
- Staff told us they sought to involve people in all aspects of their support. One staff member told us, "I always give people a choice, even if I know how they'll respond. For example, one person I visit has porridge for breakfast every day, but I still always check to make sure that's what they want."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy. One staff member told us, "I always knock on people's doors and then wait before entering. If I'm helping someone to have a wash I'd make sure the bathroom door was closed. If there were any other family members at home, I'd let them know so that we aren't disturbed."
- People and their relatives confirmed their privacy and dignity were respected. One person said, "They are meticulous and make sure I'm never embarrassed." A relative told us, "They close the curtains and door

when intimate care is going on and they are always respectful."

- Staff told us they sought to maximise people's independence whilst supporting them. One staff member said, "If someone can wash themselves, either partly or completely on their own, then I'd encourage them to do so and just be on hand for any support they might need."
- People and their relatives confirmed staff promoted their independence. One person said, "They are encouraging and full of praise when I manage something, and they give me all the time I need to do things for myself." A relative told us, "The carers really think about things and they make suggestions for varying the routine so that [their loved one] can do things independently."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had care plans in place which had been developed based upon an assessment of their individual needs and preferences. Care plans included information about people's support requirements as well as details of their life histories, likes and dislikes, and their preferred daily routines.
- People told us they were involved in the planning of their care and that their care plans were reviewed with them periodically. One person said, "We had a planning meeting with the manager and carers. The manager comes round frequently to check that all's well and that I'm happy."
- Staff demonstrated a good knowledge of the people they supported and their preferred daily routines. One staff member told us, "You develop a good understanding of how people like to be supported when you visit them regularly. I know to follow their care plans, but I also try to build good relationships so they're confident to ask for any support in the way they want it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed before they started using the service and identified in their care plans. Staff demonstrated a good understanding of the communication needs of the people they supported.
- The registered manager was aware of the need to provide information to people in a way they could understand, in line with the requirements of the AIS. They told us that the service was able to provide information to people in formats which met their needs, for example, written information in large print or in different languages if required.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which was shared with people when they started using the service. The procedure explained what people could expect if they raised any concerns about the service, including information about the timescale in which they could expect a response and how they could take their complaint further if they were unhappy with the outcome of any investigation.
- People and their relatives told us they knew how to make a complaint and expressed confidence that any issues they raised would be dealt with promptly and appropriately.
- The registered manager confirmed they would maintain a record of any complaints received which would include details of any investigation they undertook and a copy of their response. However, they also told us

that the service had not received any complaints in the time since our last inspection. This was reflective of the feedback we received from people and their relatives, all of whom told us they had never needed to complain.

End of life care and support

- The registered manager told us that at the time of our inspection, none of the people using the service were receiving end of life care. They confirmed that they would seek to work with relevant healthcare professionals, including people's GPs and the local hospice service should anyone require this level of support in future.
- People's end of life preferences had been discussed with them where they were happy to do so, and this information was recorded in their care plans to enable staff to support them accordingly.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were consistent in describing the positive impact the care they received had on their well-being. One person told us, "You know they are always there for you." A relative said, "The best thing is that the manager and the carers really care, not just about [their loved one] but about me as well; they suggested I went to a support group which I have done and it helps. It shows how good the service is."
- Staff spoke positively about the working culture at the service. They told us they worked well as a team and were in regular contact with each other. One staff member said, "If I was going to a client tomorrow who'd had a bad day today when someone else had visited, they'd let me know. We provide good continuity of care because communication between us is good"
- Staff also told us that they shared the aim of providing people with high quality, compassionate care through a supportive working environment. One staff member said, "I love working for a company where we all get great support. Nothing is too much trouble for the registered manager and the team are great; you can go to anyone and they'll help."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a registered manager in post. They demonstrated a good understanding of their responsibilities as registered manager under the Health and Social Care Act 2008. They were aware of the types of incidents they were required to notify CQC about knew the process for submitting notifications if such an incident occurred. They were also aware of the requirement to display their current CQC rating which we saw was displayed both in their office and on the providers website.
- Staff knew their roles and responsibilities in meeting regulatory requirements. They had a good knowledge of the provider's procedures and told us they were well supported by the registered manager. One staff member said, "[The registered manager] is always there if you need advice. You couldn't wish for anyone better to guide you."
- The provider had an on-call system in place for staff so that they were able to contact the registered manager or a senior staff member out of hours if they needed advice.
- The registered manager understood the duty of candour and told us they were committed to being open and honest with people if any problems occurred. Records showed they had they had been in contact with people's relatives, where appropriate, following any accidents and incidents to inform them of what had happened.

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

- People told us that they were in regular contact with the registered manager and that they were able to share their views on the service they received. One person said, "The manager pops in to see how things are going every couple of months."
- All of the people and relatives we spoke with told us that their views had been taken into account in the way in which the service was provided to them.
- The provider carried out an annual survey to gain people's feedback. The responses to the most recent survey showed that people were very happy with all aspects of the service they received. This was reflective of the feedback we received from the people and relatives we spoke with.
- The provider sought to develop strong links with the local community, for example by holding charity coffee mornings which had been well attended.

Continuous learning and improving care

- The provider had processes in place to help monitor the quality of the service and drive improvements at the service. These included regular checks on records, including audits of people's medicine administration records (MARs), reviews of any accidents and incidents, and maintaining regular contact with people and their relatives to ensure they were happy with the service provision.
- Senior staff carried out routine spot checks on staff performance. These included checks on areas including whether staff were carrying their ID, if they were well presented, if they treated people with dignity, whether they followed people's care plans, and whether they maintained accurate records. The sample of checks we reviewed showed positive outcomes in all areas and this was reflective of the feedback we received from people and their relatives.
- The registered manager held regular staff meetings to discuss the running of the service and share good practice ideas. Areas discussed at a recent meeting included medicines recording, an update on best practice to prevent the risk of scalding when supporting people and a reminder to about reporting back any issues they may identify with people's household appliances.

Working in partnership with others

- The registered manager sought to work in partnership with a range of external health and social care professionals to help ensure people received high quality care. These included commissioners from the local authority, people's GPs and the local district nursing team.
- The provider welcomed regular visits from local authority staff and acted on any feedback they received in order to help improve the service. For example, they had made improvements to the way in which staff recorded the support they provided people to take their medicines and had implemented staff attendance lists at meetings based on feedback from a recent local authority visit.