TC Care Limited

TC Care - Premier House

Inspection report

Premier House
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Ratings

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

Overall summary

We undertook an announced inspection of TC Care – Premier House on 28 and 29 July 2015. We told the provider two days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and staff might be out visiting people.

TC Care – Premier House provided a range of services to people in their own home including personal care. At the time of our inspection 60 people were receiving personal care in their home. The care had either been funded by their local authority or people were paying for their own care.

We spoke with the people using the service, relatives and care workers to obtain feedback about the service provided.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There was a policy and training in place in relation to medicines but the medicine administration record (MAR) charts did not provide the care workers with appropriate guidance on how medicines should be administered.

Assessments were carried out to identify each person's care needs before they started to receive care in their home. This information was used to develop the support plan for the person.

The provider had systems in place to monitor the quality of the care provided and these provided appropriate information to identify issues with the quality of the service.

People using the service and relatives we spoke with told us they felt safe when care was provided by staff in their home. The provider had policies and procedures in place to respond to any concerns raised relating to the care provided.

The provider had processes in place for the recording and investigation of incidents and accidents. A range of risk assessments were in place in the support folders in relation to the care being provided.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Support plans identified the person's cultural and religious needs.

Care workers completed a record of the care and support provided during each visit.

There was a complaints process in place and people told us they knew who to contact at the office if they had a concern. Questionnaires were sent to people using the service every year and the registered manager was reviewing the format used to see if response rates could be improved.

We received mixed feedback from people when asked if they felt the service was effective and well-led with both positive and negative comments relating to when they contacted the office.

We found a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the management of medicines. You can see what action we told the provider to take at the back of the full version of this report.

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?

Some aspects of the service were not safe. The medicine administration record (MAR) charts did not provide the care workers with appropriate guidance on how medicines should be administered.

The provider had processes in place for the recording and investigation of incidents and accidents. A range of risk assessments were in place in the support folders in relation to the care being provided.

The provider had an effective recruitment process in place and the number of care workers required to provide appropriate care for a person was based on the assessment of the person's needs.

Requires improvement

Is the service effective?

The service was effective. Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers received training on the act and understood the importance of supporting people to make choices. The registered manager would refer the person using the service to the local authority if they felt the person's ability to make decisions about their care had changed.

People using the service and relatives gave mixed feedback relating to the punctuality of care workers. Some people told us they had no problems with punctuality while other people had experienced issues.

There was a good working relationship with health professionals who also provided support for the person using the service.

Good

Is the service caring?

The service was caring. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The support plans identified how the care workers could support the person in maintaining their independence.

Good

Is the service responsive?

The service was responsive. Initial assessments were carried out before support began to ensure the service could provide appropriate support. Care workers completed a record of the care provided after each visit.

People using the service were sent questionnaires every year and the registered manager was reviewing the format to improve the response rate.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led. The provider had a range of audits in place to monitor the quality of the care provided.

People gave mixed feedback in relation to the administration of the service. Some people had a positive experience of the service and when communicating with the provider, while other people gave negative feedback.

Care workers felt they received appropriate support from the managers to carry out their role and the service was well-led.

TC Care - Premier House

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 the 28 and 29 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

One inspector undertook the inspection. An expert by experience carried out interviews with people using the service and their relatives. 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 had expertise in relation to home care services for older people.

During our inspection we went to the office of the service and spoke with the registered manager and the care manager.

We reviewed the support plans for six people using the service, the employment folders for six care workers, the training and supervision records for 31 care workers and records relating to the management of the service. After the inspection visit we undertook phone calls to 12 people who used the service, two relatives and three care workers.

Requires improvement

Is the service safe?

Our findings

We saw the provider had a policy in place in relation to the administration of medicines but the medicine administration record (MAR) charts did not provide care workers with appropriate information as to how to administer medicines as prescribed. Care workers would prompt the person to take their medicines or they would administer them from blister packs. There were occasions when medicines were not provided in a blister pack for example when a person had been discharged from hospital or had been prescribed a short term course of medicine such as antibiotics. If this happened the care workers would administer the medicines from the original boxes. During the inspection we looked at the MAR charts for six people using the service. These MAR charts had sections for the person's address and the name of their general practitioner and pharmacist. Care workers initialled the form when they administered the medicines. The registered manager explained there was one section on the form for care workers to record when they administered the medicines in the blister pack. The form did not indicate the details of each medicine that was prescribed and provided in the blister pack. There were also sections on the MAR chart for the daily recording of pain relief that had been prescribed to be taken when required as well as for short courses of antibiotics. The manager explained that they did not write the details of the medicine including its name, how these should be taken, the dosage and frequency of administration as indicated by the pharmacist on the packaging. The care workers were expected to read the information on how to administer the medicine from the label on the box to know how and when these should be administered. This meant that the information on safe and appropriate administration of medicines was not clearly provided for care staff.

We saw one MAR chart where care workers had not initialled to confirm they had administered the medicine on up to five occasions over a month. The registered manager explained that a relative of a person using the service often gave them their medicines but this was not recorded on the MAR chart. In relation to medicines that were not provided in blister packs there was no system in place to monitor the stock levels so any administration errors could not be identified or if a new prescription needed to be requested. When we discussed this issue with the registered manager they told us they would be adding a section on the back for the form for care workers to record if they had been unable to administer the medicines or if it had been done by a family member and would add a section to record the stock levels.

The above paragraph demonstrates a breach of Regulation 12 (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the care workers had received training and annual refresher courses in relation to medicines management. The support plans clearly identified if the person using the service would self-administer their medicines or of the care worker would need to carry out this task.

All the people using the service we spoke with said that they felt safe when their care workers were in their home and they had no concerns about their safety. One person told us "They are not abusive in any possible way." We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. The provider had the local authority multi-agency safeguarding vulnerable adult's policy in place which also included information on whistleblowing. There was also a safeguarding procedure which identified the responsibilities of managers and care workers if a safeguarding concern was identified.

Care workers were aware of what to do in case of emergencies. They also had a telephone number they could use to contact a senior staff member at any time if they had any concerns. One care worker told us "I would call an ambulance if needed and contact the office to let them know what had happened. I would never leave the person I was visiting until they were safe."

The provider had a procedure in place for recording and investigating incidents and accidents. We saw care workers completed an incident and accident recording form which included the details of the incident, who was involved and what action was taken by the care worker at the time. The actions taken by the registered manager following their review of the information were also recorded. The registered manager explained that care workers were encouraged and supported to complete the record forms. The daily records made by the care workers were also reviewed monthly to see if anything had occurred that should be reported. This ensured that any incidents or accidents were identified and investigated so people received safe and appropriate care.

Requires improvement

Is the service safe?

We saw that risk assessments were in place in the support folders we looked at. Each person using the service had a risk assessment based upon a schedule of tasks which identified the different aspects of the care and support provided. The risk assessment included a description of the activity, what the issue was, who was at risk and what measures had been put in place to reduce this risk. These measures included appropriate equipment, processes and training for care workers. The risk assessments included personal care, medication and infection control. There was a separate risk assessment for moving and handling. The registered manager told us the risk assessments were reviewed annually or sooner if a change in the person's care needs was identified. We looked at the risk assessments for six people using the service and we saw they were detailed, identified any actions to be taken and were up to date.

The registered manager explained that the number of care workers required for each visit was based upon the person's care needs which were identified during the initial assessments and in discussions with the person who would be receiving care and their relatives. When allocating care workers to provide care for a specific person the registered manager told us they considered the staff member's skill set, interests, background and any preferences identified by the person using the service for example gender or language.

People we spoke with told us they, generally, had the same care workers during the week and different ones at the weekend. Some people told us they thought that providing cover if the care worker was unavailable was sometimes a problem and one person said "My normal care workers are great but I don't think they cover very well when they are off. It is really hit and miss" and another said "I never know who is going to turn up at weekends."

We found that the provider had an effective recruitment process in place. The registered manager explained that when the service was contacted by a person wishing to apply for a care worker role they would discuss the expectations of the role and the person's previous care experience. Once a completed application form was received an interview was arranged. As part of the recruitment process two references were requested and the new staff member could not start their role until a Disclosure and Barring Service check had been received to see if they had a criminal record. We looked at six staff folders and saw the provider had received two suitable references for each member of staff, notes had been taken during the interview and a check for any criminal records had been completed. This meant that checks were carried out on new staff to ensure they had the appropriate skills to provide the care required by the people using the service.

Good

Is the service effective?

Our findings

We saw people were being cared for by care workers that had received the necessary training and support to deliver care safely or to an appropriate standard. The provider had identified 16 training courses as mandatory which included health and safety, food hygiene and infection control. The registered manager explained that they expected all the care workers to complete refresher courses annually. The training was provided through a combination of face to face sessions, DVDs and online courses. We looked at the training records for 31 care workers and we saw all the staff had completed the various refresher courses during the previous 18 months.

The registered manager explained that as part of the induction programme all new care workers completed the training courses identified as mandatory by the provider before they started to provide care. The new care worker would then carry out a number of sessions shadowing either the registered manager or the care manager. They would then work with an experienced care worker until they were assessed as competent and confident in the role.

During the inspection the registered manager told us that all care staff would have three supervision sessions with the registered manager, an observation carried out while they were providing care and an annual appraisal. Records we looked at for 31 care workers showed that all staff had received regular supervision sessions with their manager, been observed when working and a current appraisal. The care workers we spoke with told us they had regular supervisions sessions with the manager and they found them very useful. This meant that care workers had access to the necessary support to enable them to carry out their role.

The provider had a procedure in place in relation to the Mental Capacity Act 2005 (MCA) which was part of the safeguarding policy. The MCA is law protecting people who are unable to make decisions for themselves to maintain their independence. The support plans clearly identified people's choices and how they wanted their care to be provided. The assessments information received from the local authority identified if the person was able to make decisions about their care or not. The registered manager explained they would inform the local authority if the care worker had concerns that the person's capacity to make decisions had changed so they could carry out an assessment. Care workers we spoke with told us they encouraged people using the service to make choices and to be as independent as possible. The care workers also told us they understood the importance of gaining a person's consent when providing care. The registered manager explained that care workers received training on MCA as part of the induction programme and through annual refresher sessions. We saw all the care workers were up to date with this training. Care workers we spoke with told us they had received MCA training and understood the principles of the act.

There were mixed comments in relation to the care workers arriving at the agreed time. Some people said it was not a problem but other people told us "No they are not always on time. They are not allowed travelling time", "Sometimes it seems a chaotic situation" and "They are quite often late arriving". We looked at the rotas for 11 care workers and we saw that travel time was structured into each rota. People said that they sometimes received a call to say care workers would be late, but not always. However, people did not raise any concerns that care workers were not staying for the full allocated visit time and one person told us "They actually stay longer than they should and always ask if there is anything else they can do for me".

The registered manager explained that care workers used timesheets to record their arrival and departure times. These timesheets were signed by the person using the service and the care worker to confirm the information. Guidance on how to complete the timesheets and the importance of accurate recorded was included in the care workers guide. The timesheets were checked each week by the registered manager. We saw that when the registered manager or care manager carried out an observation or monitoring visit to a person's home they checked with the person using the service that the care worker's arrival and departure times were correct and as agreed in the support plan. If there was any discrepancy with this information it was discussed with the care worker.

We saw there was a good working relationship with health professionals who also supported the person using the service. The support plans we looked at provided the contact details for the person's General Practitioner (GP). We saw when care workers identified any concerns with a

Good

Is the service effective?

person's heath they informed the office and the relevant healthcare professional would be contacted. This was recorded in the records made by care workers following each visit.

The registered manager explained that the care workers did not help the person using the service to eat but they did prepare food for them. We saw detailed information in the support plan which explained the person's preference in relation to where they ate their meal and if they required specific cutlery and plates to help them eat their meal. The support plan also included reminders for care workers to ensure food hygiene standards were maintained, people were supported and that food was served at the appropriate temperature. Care workers recorded in the daily record of their visit if they provided food and drink for the person using the service.

Good

Is the service caring?

Our findings

People using the service and relatives we spoke with were happy with the care provided. People told us "Yes I am quite satisfied. They are very good carers", "I am very happy with the care workers, no problems at all", and "I am highly delighted with them".

The people we spoke with thought the care workers were well trained, capable and conscientious when providing care. People spoke very highly of the care workers and said they looked forward to their visits. People told us "The girls are good and one in particular is brilliant", "They are lovely girls, they treat me very well" and "Yes they are fabulous." People told us they had no concerns in relation to care workers not completing all the activities on the support plan scheduled for during their visit.

We also received mixed comments regarding the care workers. People felt they were well treated by the care workers and their respect and dignity were paramount at all times but one relative did say "There are care workers for whom English is not their first language and they sometimes speak to each other in their own language. This confuses my relative as they are elderly and I think it is rude and ignorant" and also one relative commented on the issue of privacy and confidentiality saying "I have heard care workers speak about other clients and this is not right". One person said "They are ok, but are sometimes too rushed. I think they are short staffed but try to do their best" and a relative told is "They always seem to be in a hurry to get to their next call."

We asked staff how they maintained the dignity and privacy of the person they were providing care for. They told us "I always ensure the person is covered with a dressing gown or towel and close the curtains when they have personal care." We saw care workers received training on how to maintain a person's privacy and dignity as part of their induction training.

We were told by some people that we spoke with that they felt they were involved in their care and for example could ask for different visit times. Other people said they were not involved but they told us they felt this was not a problem. One relative told us "I always keep informed about my relative's care and make sure I know what is happening".

The support plans identified the person's cultural and religious needs. We saw that each person had a cultural needs assessment carried out as part of the initial needs assessment. This assessment included if the person required a care worker who spoke a specific language and if the person had any religious or cultural needs that may impact on the way their care was provided.

The support plans identified how the person maintained their independence by identifying when the person receiving care required support and when they were able to complete tasks on their own. As part of the support plans the aims of providing the care were identified which included promoting independence and dignity, to support other family members who provided care and to ensure people using the service were encouraged and supported to make choices in relation to their day to day care.

Good

Is the service responsive?

Our findings

The registered manager explained she carried out detailed assessments when a person was initially referred to the service. Information regarding the care needs was also provided by the local authority as part of a referral. She told us she would visit the person on the first day care was to be provided and would work alongside the allocated care worker to identify the support required. The registered manager would also discuss the person's care needs and how they wished their care to be provided. They would then produce a draft support plan from the assessment notes and the registered manager would return to discuss the plan with the person before it was finalised.

We saw that each person using the service had a support plan in place. The registered manager told us that the support plans were reviewed annually or sooner if the person's care needs had changed. The support plans we looked at were up to date. The support plan had a summary section which included if any equipment was used such as a hoist or walking frame, the contact details of the person's next of kin and their General Practitioner (GP). The summary also included if the person had any medical conditions, if the care worker was required to administer medicines and a table showed the various tasks such as personal care or house work and the schedule of visits during the week. The support plan provided care workers with detailed information for each visit during the day and identified how the person wanted their care provided. The main care activities were identified with step by step guidance provided for care workers. We saw detailed information relating to personal care and food and drink. The registered manager explained that when the initial support plan was developed they asked the person to sign a service plan agreement form to confirm if they agreed or disagreed with the plan. We looked at six support folders and saw that the form had been completed by the person using the service when the support plan had been initially developed. The registered manager explained that when the support plans were reviewed she would visit the person and discuss if they were happy with the care they received and if any changes were required.

Care workers completed a record for each visit to the person they provided care for. We saw copies of completed daily record forms were collected each month and were stored in the office. The records were reviewed by the registered manager or care manager to ensure they were appropriately completed. We looked at the daily records for six people and we saw these were appropriately detailed and reflected the needs outlined in the support plan.

People we spoke with did not comment on the complaints process but they did say that they knew who to contact at the office, if they had a problem. We saw there was a complaints policy and procedure in place. Information on how to make a complaint was included in the information pack given to people when they started using the service. The registered manager explained that complaints forms were available in the support plan folder in the person's home. We looked at the records for two complaints received by the service and we saw there was a detailed response to each complaint with all the associated paperwork on file.

The registered manager explained that questionnaires were sent out each year to people using the service to gain their feedback on the care provided. They told us questionnaires were sent out in 2014 but they only received three completed forms. We saw the feedback from people using the service was positive in relation to the care they received. We saw the results of the survey were summarised in the annual newsletter that had been sent to people using the service. The registered manager told us they were reviewing the format of the questionnaire to see if there were any improvements that could be made which could increase the number of completed forms returned. People using the service and their relatives could also comment on the care provided when the registered manager carried out monitoring visits and observations of the care workers. The information from people was used to identify areas of good practice and those requiring improvement.

Good

Is the service well-led?

Our findings

The provider carried out a number of different types of audits to review the quality of the care provided. As part of the six week, six month and 12 month reviews during the first year of care being provided, the completion of daily care records and the accuracy of timesheets was analysed and recorded. The registered manager explained that if an issue was identified during these reviews it was discussed with the care worker and additional support was provided if required. The reviews we saw did not identify any issues with recording of information or the care provided.

The care manager explained they carried out telephone spot checks with the people using the service. They would call the person at the time the carer worker was due to attend to see if they had arrived. The care manager told us they aimed to carry out up to 15 spot check telephone calls per week and these were recorded on a form. The form included the person's name, when the call was carried out, the outcome of the call and any action taken. We saw the records for the spot checks carried out over the two months before the inspection.

A quality monitoring review was carried out by the registered manager or the care manager whenever they visited a person using the service. This review included checks on the records of daily care, timesheets as well as if the care worker was wearing their uniform and protective clothing while providing care. The person using the service was also asked for feedback on the care they received. If any concerns or issues were identified we saw the registered manager recorded any required actions on the form and when these had been completed. When we looked at the support folders we saw that each person had a number of completed quality monitoring forms on file. The registered manager explained there was no central record to show when each monitoring review had been carried out. This meant that the registered manager could not ensure that each person was having regular monitoring reviews of their care carried out. This was discussed with the registered manager who confirmed a system for recording the dates when quality monitoring reviews were carried out would be put in place.

When we asked people using the service and relatives if they thought the service was effective and well-led we received mixed feedback. A relative said "You can't get hold of anyone in the office and the calls go through a number in Manchester and then they have to ring you back. This is not good" and a person using the service told us "I sometimes have to leave a message and they get back to me". People told us "No it is not well run – they don't have enough carers for the amount of clients", "I have an on-going problem with receiving invoices and I should not be paying" and "I think communication could be better with the care workers. They expect too much from them". We also received some positive comments regarding the service. People said "Yes the management is very good", "Yes it must be well run as I have no complaints", and "Yes they care about their clients." One person told us "They were very good when I needed an earlier call because of an appointment and made sure my carers arrived on time" and another said "I had a problem with a carer I didn't trust and they dealt with it very well."

We asked care workers if they felt supported by their manager and if the service was well-led. They told us "I feel very supported by my manager", "I feel confident in going to talk to the managers if I have any concerns or issues" and "The service is definitely well led."

New carer workers were given a staff handbook as part of their induction. This included information on the aims and objectives of the service in relation to the provision of care. The care worker's handbook included a code of conduct for staff. This described the standards of professional conduct and good practice the provider expected from the care workers including promoting a person's independence, privacy, dignity and choice.

People using the service were given an information booklet which included a summary of the organisation's statement of purpose, what the person could expect from the service and the care workers code of conduct. It also clearly explained what activities the care workers could or could not do when providing care.

The registered manager told us they arranged team meetings but they found that care workers found it difficult to attend due to their working hours. They explained a new system had been introduced where a specific topic was selected each month and information sheets were produced. These information sheets were given to the care workers and discussed when they visited the office to hand in their timesheets. We saw examples of information sheets

Good

Is the service well-led?

given out which included health and safety and safeguarding adults and the care workers signed to confirm they had received the information sheet and they had discussed it with the registered manager.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not ensure the proper and safe management of medicines.** **Regulation 12 (2) (g)**