TLC Homecare Limited

TLC Doncaster

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 25 and 27 September 2018 and was announced in line with our current methodology for inspecting domiciliary care services. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

This was TLC Doncaster first inspection since registering at the location with the Care Quality Commission (CQC) in March 2018. TLC is a domiciliary care provider based in Mexborough, South Yorkshire. TLC provide personal care and support to people in their own homes. At the time of our inspection there were 39 people using the service. The service offered includes personal care such as assistance with bathing, dressing, eating and medicines.

At the time of our inspection the service did not have a registered manager. The previous registered manager had left and needed to apply to be removed as registered manager. A registered manager is a person who has registered with the 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. The new manager has begun the registration process with CQC.

The provider had a procedure in place to ensure any safeguarding concerns were addressed and reported. People we spoke with felt safe using the service.

The service had a recruitment system in place which was used effectively when they employed new staff. This process included obtaining pre-employment checks prior to people commencing employment.

There were systems in place to ensure that risks to people's safety and wellbeing were identified, monitored and reduced.

People received a personalised service that was based on their personal needs and wishes. Care plans were detailed and personalised. Care workers felt they had enough information to meet people's needs, and get to know them. Changes in people's needs were identified and their care packages were amended to meet their changing needs.

People spoke highly of the quality of care provided by the care workers. Some people expressed concerns about their care not being provided on time.

Care workers were trained and competency assessed to administer medicines to people. People told us they were receiving their medicines when they needed them. However, we found medicines records were not fully completed to show that people had received their medicines on time. More information was required to instruct staff how to administer 'as and when required' medicines to people.

Records showed complaints had been managed appropriately; we saw the provider had oversight of complaints made and they were responded to within policy timescales.

People who used the service felt they were treated with dignity and respect.

Care workers said they felt supported by the training they received and they were well supported by the office team.

The provider had launched a set of vision and values for the service developed by consultation with people using the service and staff.

The providers had a quality assurance process in place but it had failed to pick up and respond to some of the issues we found on inspection. This process needed to be developed to cover all the areas needed to be checked.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe. Care workers had a good knowledge of safeguarding and how to act on concerns.

Medicines were not always managed and recorded safely.

Is the service effective?

Good

The service was effective.

Processes were in place to find out about people's individual needs, abilities and preferences.

Care workers told us they were well supervised and trained to do their role.

Is the service caring?

Good

The service was caring.

People told us care workers treated them with kindness.

Care workers respected people's privacy and dignity and people were supported to be independent.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning and review of their care.

Complaints made were investigated and resolved.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were shortfalls in the system of audits which meant which meant improvements and changes were not quickly identified and actioned.

People were given the opportunity to give their feedback of the service.	

TLC Doncaster

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 25 and 27 September 2018. The first day of inspection was unannounced. The inspection team consisted of one adult social care inspector who visited the registered office on one day and made phone calls to people, relatives to get their feedback about the service, on the second day.

The registered provider had not been asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we reviewed the information we held about the service and requested feedback from other stakeholders and professionals. During the inspection we spoke with the nominated individual, who is an appropriate individual nominated by the organisation, who is responsible for supervising the management of the regulated activity which is provided. We also spoke with the manager, a care coordinator, the training officer and four care workers. Over the telephone we spoke with four people who used the service, and three people's relatives.

As part of the inspection we looked at four people's care plans. We also inspected four care workers recruitment records, and the supervision matrix, the training matrix, four people's medicines administration records and medicines care plans, complaints, and various policies and procedures related to the running of the service.

Requires Improvement

Is the service safe?

Our findings

People we spoke with, who were supported with their medicines, told us they had no concerns with receiving their medicines. As part of the inspection we checked records to see how medicines were administered for those people who needed medicines support. We saw people's care plans included a section on medicines, which described what medicines they took and what support they needed to take them. Some people were independent with medicines and others needed either prompting to self-administer their medicines, or full support from care workers to take their medicines.

We looked at a sample of medicines administration records (MAR) along with individuals medicine support plans. We found people medicines weren't signed for, as care workers were not always completing MAR's after giving people their medicines. It was unclear if these gaps were recording errors, or if the medicines hadn't been given to people as prescribed.

The new manager had completed audits on some of the MAR's to check that medicines were being appropriately administered. The audits had identified the gaps; however, they had failed to show why the medicines had been missed, or what action had been taken to address the errors. Some MAR charts we looked at from previous months had not been audited so gaps had not been investigated to show whether medicines had been administered as prescribed. However, the new manager told us they had a system in place to improve this moving forward.

We found people were prescribed medication to be taken 'as and when' required, known as PRN medicine. For example, for pain relief, and laxatives. The medicines care plans contained no guidance to instruct staff when to administer PRN medicines, what the medicine was used for, or the signs or symptoms of when a person may need the medicine without being able to ask for it. The provider recognised during our inspection that the company policy didn't sufficiently cover the administration of PRN medicines, specifically when people lacked capacity. They took immediate action to amend and update their policy following best practice guidelines and told us they would address the shortfall.

Care workers had completed medicines training and been assessed as competent to administer medicines. We found that they had not correctly recorded when medicines had been administered meaning the training may not have been effective.

This is a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Safe care and treatment.

People were safeguarded from abuse. Care workers could tell us how to recognise and respond to signs of abuse. Care workers had all received training in safeguarding. People told us they felt safe. One person said, "I do feel safe with the staff and I'm safer because they come to me," a second person told us, " I am very safe." Relatives we spoke with agreed that care workers supported their relative to be safe in their own homes.

We received mixed feedback from people about the punctuality and consistency of care workers. Some people told us that care workers were occasionally late, but it didn't matter to them. Other people told us they didn't always receive their care calls on time and staff had, on occasions, arrived when they had been in bed and the call was too late, this had led to the person having to rely on their relative to assist them with getting ready for bed. Staff recorded when they started and ended their care call and we saw that some calls had been over an hour late and many of the calls care workers had not stayed for the required time. Care workers we spoke with said sometimes there weren't enough staff to cover all the calls to people. One said, "The impact of being short of staff is people may not get their allocated time slots to receive the care they need. Another care worker said, "Time can be an issue and can happen when we are short staffed." However, other care workers told us there were enough staff to cover the calls that were needed to people. We found that the provider had checked the records that showed call times but had not picked up and addressed that some of the calls were not made in a suitable time to meet people's needs, or the impact this had had on the person.

We looked at a sample of care plans and found that people had an individual assessment of risk in place to reduce risks. We found people's care plans included assessments for a range of risks which could impact on them, for example, from personal care, showering, medicines and using the kitchen. We saw one care plan had detailed descriptions of how to assist a person with moving and handling and had details of how to use a sling and configure the sling loops with the hoist. The plan also contained information on how to safely transfer from a hoist to other equipment such as a shower chair. We also found the provider had assessed the environmental risk so care workers were protected whilst at work. Care workers were knowledgeable about people's risks and were flexible with the support they provided.

The provider had a staff recruitment system in place. Pre-employment checks were obtained prior to staff commencing employment. These included at least two references, and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check provides information about criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

We saw evidence in the files we reviewed there was regular 'spot checks' being carried out on staff. Spot checks are visits which are carried out by senior staff to observe care workers carrying out their duties to monitor the quality of their practice and to ensure the safety of the people who are being supported.

People were protected from the risks of infection. Care workers told us there was an ample supply of personal protective equipment available always. One care worker said, "There is always plenty of gloves and aprons available. We carry them at all times and share them if we run short and don't have time to call to the office where they are kept."

Good

Is the service effective?

Our findings

People's care and support was planned and delivered effectively. The manager told us they carried out regular visits to people so they could understand their needs, likes and dislikes and respond accordingly. People told us they had visits about the care they received. One person said, "The care co-ordinator has been twice to check everything's going alright."

Care workers received regular supervision and an appraisal each year. Supervision is a way in which staff are monitored and supported in their work and appraisals gave care workers an opportunity to review their progress and agree future training and development goals. One care worker said, "I feel well supported and there's always someone I could go to. I wouldn't wait until I had a supervision, if I needed to talk to someone I would do it straight away."

Care workers were fully trained in mandatory and service specific subjects and their knowledge was tested. A large proportion of the staff team were new and had just completed or were completing their induction. They told us they were provided with good quality induction and training, they felt confident they could meet the needs of people they supported safely and effectively and they had the training they needed to enable them to meet people's needs, choices and preferences. One care worker felt that they would benefit from more training on dementia, to help their understanding. We discussed this with the training manager who said this could be arranged

The records we saw confirmed this. For instance, a training matrix had been established to make sure staff received training and any regular updates in a timely way. The records we saw, including certificates in staff files, showed they had been provided with the necessary core training in subjects such as infection control, food hygiene, health and safety, safeguarding, and moving and handling.

Care workers who had recently joined the team had started the Care Certificate. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. Staff also learned about people's needs through a shadowing period and by working alongside more experienced staff. The competency of care workers was checked before they worked alone and through regular spot checks on their practice.

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We saw people's ability to consent had been assessed as outlined by the MCA. Care workers had received training in the MCA and described how they would promote people's choices whilst providing care in the least restrictive way. They were confident in how they should respond respectfully and appropriately when

people declined care.

Where possible care plans were signed by each person and showed consent to care and treatment had been obtained. Care workers told us they gained consent from people before carrying out personal care and respected people's choices by asking them what they wanted.

Where people were supported by care workers to eat and drink they were involved in decisions about this. This meant that any dietary, cultural or religious needs were respected. People were encouraged by care workers to have a balanced diet that supported their health and well-being whilst respecting their rights to make unwise decisions. We saw that one person wanted to follow a vegetarian diet and was allergic to lactose, the care plan gave care workers the details about this. Care workers we spoke with explained how they prepare meals and offered drinks and snacks to people when needed. They confirmed that they would contact the manager or the care co-ordinator if they felt someone was unwell or required support from health care professionals.

Good

Is the service caring?

Our findings

We found care workers to be kind and caring and when we spoke to them they spoke about people with warmth and compassion. We spoke to one person's relative who told us staff were kind and caring. They said, "They are doing a good job, they're caring." Another person said, "They're (care workers) are doing a fantastic job, they're just great."

The service promoted people's dignity and care workers were respectful towards people. Care workers told us they treated people with dignity and respect and gave examples about how they would never share people's confidential information as it was private. One person told us that care workers would encourage their independence when they provided personal care and were, "Very respectful." Care workers told us, "I speak up so people know I'm there, I give a knock on the door and remember that I'm in their home." One person said, "They (care workers) always ask me what I want and listen to what I say. They're good in that way."

People and their relatives were listened to and felt involved in making decisions about their day to day care. One person told us that had informed the provider they didn't want male carers coming and the provider had listened and acted on this and had only sent female staff. Another person said, "Staff always make me feel comfortable, they get my things and leave them just where I can get them."

We looked at people's care plans and found that people were involved in developing the plan which told care workers about people's likes, dislikes, choices and preferences. This helped to build up a picture of the person's life and help to form relationships. Care workers said they built relationships with people by getting to know them and asking them how they are. One care worker said, "If my call is done early, I ask to see if they (the person) want's anything else, like a drink. I will have a chat with them to give them company. I am aware I might be the only person they see all day."

People's confidentiality was respected and all personal information was kept in a locked office in a locked cabinet. Care workers were aware of issues of confidentiality and did not speak about people in front of other people, or share personal or sensitive information.

Good

Is the service responsive?

Our findings

People's and their relatives, where appropriate, were involved in the assessment of their needs, before they began receiving care and support from the service. This was followed up by regular care plan reviews to check the agreed care arrangements were appropriate.
Each person had a care plan, which we found to be tailored to meet their individual needs. These plans described the support people needed to manage their day to day needs. This included information such as their personal care, guidance about how to meet people's nutritional needs, cultural and spiritual needs and other information including practical support. For example, making a hot drink like a cup of tea.

Care workers wrote a log of their calls to deliver care to people. The records were consistent and clearly written to show what care people had received, the times they had been visited and anything that needed to be passed on or noted.

The service was able to provide this information to comply with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. TLC had a service user guide which said it could provide information in different formats to suit people needs should they need it. For example, easy read, or large print formats.

We had a mixed response from people about whether the service would respond well to any complaints or concerns they might raise. Some were confident their concerns would be taken seriously. However, two people felt that their complaints would not be listened to. One person said, "A few days ago they (a care worker) rang because a new girl had forgotten to come to me. Another person said," They could be better, they don't always listen or come when they should, I've stopped complaining, it pointless." People said they knew how to make a complaint. One relative said, "I know how to complaint I would ring the office and I know they would do something." We found that from the formal complaints the service had received they had investigated and responded to within the companies' policy timescales.

Care workers told us that they weren't currently caring for anyone who was at the end of their life. However, they felt confident that people's needs and wishes would be accessed and communicated to support them at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

The manager was in the process of registering with the CQC, but had not yet undergone their 'fit person' interview. 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.

Management oversight of the service required strengthening. We found the provider had quality monitoring systems to provide quality checks of the service. Monthly audits were completed by the management team and included medicines, care plans and spot checks. However, during our inspection we found that although audits had taken place, they had not always identified the errors which we had found. For example, daily records showed that on two occasions in the previous month a person's call times were an hour late which resulted in the person going to bed without receiving their care call. Also, care workers were unable to sign for medicines because the MAR had been already signed incorrectly.

We discuss these issues with the manager who explained they were developing the audit process so it was more thorough. We found systems needed to be further developed to be more robust to fully identify and address areas that needed improving. We felt that the audits needed to be further embedded into practice and developed over time as the business grew.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had been given the opportunity to feedback their views of the service in an annual satisfaction survey. All the feedback from people receiving the service was used to look at ways to drive improvement. This showed that the service looked at ways of moving the service forward.

Care workers were also able to give their views of the service which had been used to drive improvement. Staff had found that communication could be better so the provider had looked at ways of improving this and had employed an employee engagement officer whose role was to provide support to new employees during their induction and beyond. We asked care workers about this and they told us they felt that the employee engagement officer role was very useful and had helped at work.

The manager shared information with care workers in a variety of ways, such as face to face, phone calls, and more formally through meetings. The manager and care workers discussed people's care and support needs, shared information, and identified any training needs. Care workers knew their roles and responsibilities and told us they were treated equally, fairly and TLC was a good employer to work for.

The provider was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008, and we could see that we had been informed about incidents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 provider did not have suitable systems in place to ensure the proper and safe management of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not always ensure that quality and safety assurance systems and processes were established and operated effectively.