

TS Healthcare Limited

TS Healthcare Limited

Inspection report

SUITE F3-9, Deansgate Offices
62-70 Tettenhall Road
Wolverhampton
WV1 4TH

Date of inspection visit:
08 March 2021

Date of publication:
13 May 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

TS Health Care Limited is a domiciliary care agency providing personal care to 12 people. The service supports, people living with dementia, people with learning disabilities or autistic spectrum disorder, mental health, older people, physical disability, sensory impairment, younger adults and children.

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

The providers systems had not ensured the service people received was safe and effective. The governance systems had failed to identify where things were not working effectively and drive improvements.

People were not consistently supported to manage risks to their safety. Guidance about managing risks to people's safety was not always followed by staff. Care plans lacked guidance for staff and in some cases was not in place to help staff manage risks to people's safety.

People were not safely supported with medicines administration as the provider had not ensured their policy was followed by staff. People were not consistently supported at the times they chose for their care to be delivered. The provider had not followed their policy to ensure safe recruitment practices had been adopted.

People had their needs assessed and plans put in place, but these were not always accurately and fully completed. People were not consistently supported to manage risks to their health and guidance was not consistently in place to support people with their needs around food and drinks.

Peoples preferences were not consistently recorded in their care plans and followed by staff. Peoples feedback was not being used to drive improvements.

People were safeguarded from abuse as staff understood how to recognise this and what actions to take. People were supported by staff that understood how to minimise the risks of cross infection. The registered manager had a system in place to learn when things went wrong.

Staff had been trained and received support from the registered manager in their role. 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.

People were supported by staff that understood how to protect their dignity and privacy. Complaints were investigated and responded to by the registered manager. There were systems in place to learn from other agencies and the provider demonstrated they worked in partnership with other health professionals.

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

Rating at last inspection

This service was registered with us on 10/10/2018 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicines, recruitment and staffing. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of risks to peoples safety, recruitment procedures and the governance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement



Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement



Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement



Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement



Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement



TS Healthcare Limited

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 inspection was carried out by one inspector and an assistant inspector.

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

This inspection was announced.

We gave a short period of notice of the inspection because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 05 March 2021 and ended on 10 March 2021. We visited the office location on 08 March 2021.

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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the administrator, care workers, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care records, training data and quality assurance records.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People did not always have risk assessment and management plans in place for identified risks. For example, one person was noted as living with epilepsy however, there was no epilepsy risk assessment or care plan in place to guide staff. This meant the person was left at risk of not receiving the support they needed.
- Staff were not consistently following peoples risk assessments. For example, one person's manual handling assessment stated they require two staff and a hoist to complete all transfers. However, we found evidence the transfers had been completed without the hoist and one member of staff supporting. This was raised with the local safeguarding team for investigation.
- Risk assessments and mitigation plans did not give staff enough guidance to staff to enable them to support people effectively. For example, one person had risks relating to distressed behaviours however, these had not been fully described for staff and there was limited guidance on how to support people to stay safe. This meant the person may be left at risk of harm
- We found no evidence people had come to harm, however the concerns we identified had left people at risk of not being supported to manage risks to their safety.

We found guidance was either not in place or not followed by staff to keep people safe and people were left at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Prior to our inspection commissioners of the service raised concerns about the providers approach to administering medicines they had given the provider advice on how to address these concerns.
- During this inspection we found the provider had not followed their policy and put in place guidance for staff and medicine administration records until the commissioners highlighted concerns.
- The provider had taken action to address these concerns by the time of the inspection site visit as these concerns had been raised with them following a visit from a local authority commissioner.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection there had not been any incidents reported to the safeguarding authority. During our inspection we found some concerns which could constitute neglect these were reported to the local authority safeguarding team for investigation. The registered manager told us they had not been aware of the incident and would investigate the incident and take the appropriate action.
- People and relatives told us they felt people were safe when using the service. One relative said, "The care

package is going well, I feel the staff are all safe with [person's name]."

- Staff could describe how they would recognise abuse and the process for reporting incidents. Staff had been trained in safeguarding procedures.

Staffing and recruitment

- People were not consistently supported by staff that had been recruited safely. For example, we found checks on staff employment history had not been carried out in line with the providers policy for four people who had been employed by the service.
- The registered manager told us this was an oversight and they would address the individual concerns with staff in a documented discussion and introduce a checking mechanism to ensure this did not happen again.

We found the provider had failed to ensure staff were recruited safely. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us there were occasions when people should have had two people arriving at a call and only one had been present. The registered manager told us they were not aware of this and would investigate how this had happened.
- People told us staff attended on time for their calls and where they were running late let them know.
- The registered manager told us there was a system in place to monitor staff arrival at peoples calls. Staff told us there was enough time in-between calls to travel.

Preventing and controlling infection

- People and relatives confirmed staff had been following government guidance on preventing the spread of infection.
- Staff told us they had access to personal protective equipment and had received training around infection prevention control. Staff were able to describe how they made sure they limited the risk of cross infection.
- The registered manager told us they were confident people were being supported safely from the spot checks carried out on staff and were able to describe how they used the government guidance on COVID-19 to protect people and their staff.

Learning lessons when things go wrong

- The registered manager told us they had a system in place to monitor accidents and incidents. However there had not been any incidents since the service had been in operation.
- The registered manager told us how they learned when things went wrong. For example, with the issues relating to medicines administration and how these were used to make improvements to the service.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs had been assessed however, there were gaps in information for staff on how people should have their needs met.
- Where people had been identified as being at risk due to a health condition there was no guidance for staff on what this would look like or what actions staff may need to take. For example, where people were living with diabetes.
- Assessments and care plans had considered some protected characteristics but not others. For example, where people had specific needs relating to their religion this had been considered but other aspects such as their gender or sexuality had not been explored.

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

- People's care plans were not consistently providing guidance for staff about people's needs and preferences for food and drinks. For example, there was conflicting information about people's preferences for breakfast.
- Where people needed support with a specific diet, the care plans lacked detailed guidance for staff. This meant people may not receive the support they needed with food and drinks.
- However, people told us they received the support they needed from staff to eat and drink. One person told us, "The staff come in to check I have had something to eat."
- Staff could describe the support people needed with meals and drinks; the registered manager confirmed they would update care plans to give more detailed guidance for staff.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide consistent, effective, timely care

- People and relatives told us staff had the skills they needed to support people. One relative told us, "The staff are well trained they know what they are doing."
- Staff told us they had received training and an induction into their role. We saw there was a training matrix in place which showed staff had recently updated their mandatory training and staff had copies of their certificates on file.
- People told us they were supported by a consistent staff group. Staff confirmed they worked with the same people and we could see from records people received consistent support.

Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us they had the support they needed from staff to help them with their health.

One relative told us, "[Person's name] is improving now, they had previously been cared for in bed, now they are much better they have really progressed."

- Staff were aware of the support people required with monitoring their health. However, care plans lacked detail of people's health conditions and what support they needed.
- The registered manager told us care plans would be updated to better reflect information about people's health 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.

- People were asked for consent to care and staff understood the importance of this and could describe how they followed the principles of the MCA.
- The registered manager had a system in place to assess people's capacity and record decisions taken in their 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not consistently supported to receive care in the way they wished. We found whilst people had been involved in making decisions about their care this was not always followed. For example, where people had expressed a time to get up in the morning or go to bed at night this had not been consistently followed.
- People's care plans did not consistently consider people's individual needs. Care plans often did not describe what people wanted as part of the care planning process, despite the plans having areas for individual views to be recorded.

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

- People's care plans lacked detail about their diverse needs. For example, there was limited information and guidance for staff about people's life history and information about their needs in relation to protected characteristics had not consistently been considered.
- People and their relatives told us staff were respectful and gave them the support they needed. One relative told us, "The staff seem to understand [person's name], they do everything they need to do."
- People and relatives told us staff were kind and caring. One relative said, "The staff are all lovely, they understand what [person's name] needs."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff supported people to maintain their independence. One relative told us, "The staff have helped [person's name] get better since they came home from hospital, they worked with [person's name] to get back their independence, initially they were supplied through the council and we continued with this because they were good."
- People and relatives told us staff were mindful of people's privacy and respectful when offering care and support in the home. One relative told us, "The staff respect [person's name] privacy they have been really good with checking with us before going into a different room."
- Staff could describe how they supported people in a dignified way and maintained their privacy.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

- Peoples care plans did not give staff specific guidance about their preferences for care and support details about how the person wanted to receive their support with personal care, meals and call times were either not in place or not followed
- However, people told us staff knew them well and staff could describe how people liked to be supported, to receive their care and support.

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 had their communication needs assessed; however, care plans lacked detail for staff on how to effectively support people. For example, one person's care plan required family to interpret there was no documented approach for if family were not available.
- The registered manager understood their responsibilities for following the accessible information standards.

Improving care quality in response to complaints or concerns

- People had received information about how to make a complaint. People and relatives confirmed they had not made any complaints but felt confident these would be addressed.
- The registered manager had a system in place to respond to any complaints and share the learning. We saw the registered manager had investigated a complaint received by the service and responded to the complainant in line with their policy.

End of life care and support

- Nobody was receiving end of life care at the time of the inspection. The provider had systems in place to assess people's needs for end of life care if required.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had failed to implement a system which checked to make sure staff were following peoples risk assessments and care plans. This meant people had been at risk of harm.
- The providers systems had failed to ensure risks to peoples were assessed and planned for in all cases this meant people were left at risk of harm.
- The provider had failed to follow their policies and procedures to ensure people were safely supported. For example, they had not followed their policy for medicines administration which meant people may not have their medicines as prescribed. This placed people at risk of harm.
- The provider had failed to ensure robust recruitment practices were followed. The provider had failed to follow their recruitment policy and procedures when recruiting staff which meant they could not be assured staff were safely recruited.
- The provider had not informed CQC in a timely way when the service became active and began providing people with support.
- The provider's systems had failed to ensure peoples individual preferences were fully documented in care plans and people had their preferred times for calls from staff. This meant people were not always supported in line with their preferences.

We found systems and processes had not been operated to keep people safe and ensure they had effective care and support which placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider told us they understood the duty of candour and could describe how they would inform relevant bodies when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The provider had systems in place to check peoples experience of the care they received but these were not consistently used to drive improvements in the service.
- The provider had failed to fully take account of peoples protected characteristics and improvements were

needed to ensure all aspects of people's lives were considered in assessments and care plans.

- The provider could demonstrate how they had learned from a recent quality process undertaken by the local authority commissioners and showed evidence of how they had made improvements to the service following this.
- The provider told us they had worked in partnership with other health professionals to support people with their recovery from periods of ill health.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks to people's safety were being assessed and planned for and medicines administration was completed in line with the providers policy.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure staff had been recruited in line with their recruitment policy.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers governance arrangements had failed to ensure people were receiving safe and effective care and support. Quality checks had not identified areas where improvements were needed.</p>

The enforcement action we took:

The provider was issued with a warning notice for failing to comply with Regulation 17, (1) (2), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.