TD Homecare Services Limited

TD Homecare Services

Inspection report

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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
TD Homecare Services is a domiciliary care agency registered to provide personal care for people who require this due to old age, illness or disability. At the time of the inspection the agency was providing care for 16 people living in the west of the Isle of Wight.

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 benefitted from a management and staff team who were committed to ensuring they received a service which was caring. We received positive feedback from people or their family members about the service they were receiving. Everyone spoke very highly of the care staff and the registered manager. People felt they were cared for with kindness and compassion.

People told us they felt safe and secure when receiving care. People were supported to meet their nutritional and hydration needs, medicines were safely managed and staff contacted healthcare professionals when required. Staff followed all necessary infection prevention measures.

People told us they had been involved in care planning and care plans reflected people's individual needs and choices. Staff were responsive to people's needs, which were detailed in care plans. People's risk assessments and risks relating to their home environment were detailed and helped reduce risks to people while maintaining their independence.

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 understood consent and were clear that people had the right to make their own choices.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were enough care staff to maintain the schedule of visits. Staff told us they felt supported, received regular supervision and training.

People had regular contact from the registered manager who undertook some care calls and completed all assessments and initial visits for new people. People and staff were confident the registered manager would listen to them and take any necessary action should the need arise.

A range of audits and quality monitoring processes were in place and the registered manager sought feedback from people through the use of a regular reviews and a yearly survey.

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 14/11/2019 and this is the first comprehensive inspection. A focused inspection was undertaken in September 2020 following which the key questions safe and well-led were both rated Good however an overall rating was not provided.

Why we inspected
This was a planned inspection based on the date the service was registered.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

TD Homecare Services

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 completed by one inspector and an expert by experience in the care of older people, who made telephone calls to people to gain their views about the service. 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 24 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 site visit activity started on 14 September 2021 and ended on 24 September 2021. We visited the office location on 14 September 2021 to see the registered manager and to review care and staff records.

What we did before the inspection
Before the inspection, we reviewed information we had received about the service, including registration reports, focused inspection report and notifications. Notifications are information about specific important events the service is legally required to send to us.

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.

We used all of this information to plan our inspection.

During the inspection
We spoke with seven people (or their relatives) about their experience of the care provided. We spoke with the nominated individual, registered manager and four care team members. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from three external health or social care professionals.

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

Good

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- Appropriate systems were in place to protect people from the risk of abuse.
- Everybody told us they felt safe. A relative told us, "Carers occasionally pick up bread and milk etc, they always pay with their own money and bringing receipts to be reimbursed." A person said, "They always call out. Give me warning [when they have arrived]."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "I've done safeguarding training. If I had any (safeguarding) concerns I would tell [the registered manager] immediately, but I also know I can go to you (CQC) or the (local authority) safeguarding team."
- The nominated individual and registered manager were clear about their safeguarding responsibilities and had attended additional safeguarding training.

Assessing risk, safety monitoring and management
- Risks to people were assessed, recorded clearly in their care plans and updated when people's needs changed. The electronic care planning system enabled risk assessments to be promptly updated meaning any new information was immediately available for care staff.
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. They confirmed they had received training to use any equipment people required.
- People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the person, including lighting, the condition of property and security. People's risk assessments included areas such as mobility; use of equipment; health and medicine; personal care and potential abuse that may occur due to their needs.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations. Care plans identified who else, such as a family member, may be able to support the person should the need arise, such severe weather preventing care staff attending at the usual times.

Staffing and recruitment
- There were enough staff available to keep people safe. The registered manager was clear that they would only accept new care referrals if they had enough staff available to ensure they would be able to meet people's needs.
- People said they had the same 'group' of staff, who came on time, and always stayed for the correct amount of time if not longer. One family member said, "The carers arrive on time and stay full time. There is one main carer and others whom she knows and always recognises." Another family member reported that

their relative has three calls a day, all of which require two staff. They told us the calls are, "always fully staffed, on time and phone if running late (rare)."
● The service had a small staff team which meant people received support from regular staff who knew them well. The registered manager told us that short term staff absences were covered by themselves or existing staff members.
● Recruitment procedures were robust to help ensure only suitable staff were employed. Staff members confirmed all necessary pre-employment checks had been completed which was reflected in the records we viewed.

Using medicines safely
● Safe systems were in place should people require support with their medicines.
● Where people were supported by care staff with their medicines, we were told this was managed safely. One person said, "They [care staff] give me my medication. They count the tablets so they don't make any mistakes." The person added that staff remembered to apply topical cream as required.
● Risk assessments identified the level of support people required with their medicines and who was responsible for ensuring medicines stocks were maintained.
● When staff were required to administer medicines, records were completed. These were returned to the office at the end of each month and were audited by the registered manager. The registered manager also undertook a range of care visits and said they checked medication records whilst completing care visits.
● Care staff described appropriate action they would take if they identified a change in a person's prescribed medicines or the failure of a previous staff member to administer medicines for a person. This included making sure the person was safe, seeking medical advice and informing the registered manager.
● Staff had been trained to administer medicines and had been formally assessed as competent to do so safely. Medicines administration training and formal competency assessment was updated yearly.

Preventing and controlling infection
● We were assured the service was taking appropriate action to prevent people and staff from catching and spreading infections.
● There were suitable arrangements in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control and suitable policies were in place. Staff told us they always had enough Personal Protective Equipment (PPE) and had not experienced a shortage during the COVID-19 pandemic.
● Feedback from people indicated that staff wore PPE appropriately and no issues were raised in respect of this. A person told us, "The carers all wash their hands and put on masks, gloves and aprons." Another person said, "They [staff] have been very good with wearing masks since Covid."
● The registered manager and staff confirmed they were accessing COVID-19 testing appropriately in line with government guidance.

Learning lessons when things go wrong
● There had been few accidents or incidents. However, should an incident or accident occur, there were systems in place to record, investigate the possible causes, learn lessons and take any identified remedial action to prevent a recurrence.

Good

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 comprehensive inspection for this service. This key question has been rated Good. 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 prior to the commencement of the service to ensure their needs could be met. The initial assessment included people's physical, social and cultural needs. People and family members if appropriate, were involved in the assessment process.
- Care plans were very detailed and clearly identified people's needs and the choices they had made about the care and support they received. People were happy with the care they received. One person said, "My daughter and some other people came to do the care plan." Another person told us, "I'm pleased with the care I get and I'm always looking forward to them [care staff] coming."
- Care staff told us that when they identified a change in people's needs, they would contact the registered manager for a review of the person's care plan. They said that if they felt more time was needed to complete a particular care visit the registered manager took prompt action to address this.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People and relatives made positive comments in relation to the competency of care staff. One person said, "The carers are very professional."
- Staff received an induction into their role, which included online and practical training. New staff also worked alongside more experienced staff until they felt confident and were competent to work directly with people. Newer staff members told us they had completed induction visits to everyone they subsequently attended.
- All staff completed training which included: moving people, infection control, medicines, and safeguarding and additional training in relation to specific needs, such as diabetes management. Staff confirmed training had been received and demonstrated an understanding of this training and how to apply it in practice.
- The registered manager described their commitment to training which was provided by a mix of online and in person training, such as for moving and handling and first aid. Records viewed confirmed staff had completed all relevant training which was refreshed when required.
- New staff completed an induction to their role which included a blended learning program of training and a period of shadowing an experienced staff member. One family member said, "I know [registered manager] is quite fussy about the staff she employs. She took on one during the pandemic and dismissed her soon after."
- Staff received regular one to one supervision and monitoring of their work performance. This enabled the

registered manager to monitor and support staff in their roles and to identify any concerns or additional training required.
● Staff told us they felt supported in their role and that they could approach the registered manager with any concerns or questions.

Supporting people to eat and drink enough to maintain a balanced diet
● Where required staff ensured people were supported to have good levels of hydration and nutrition.
● Care plans and assessment records identified and described the level of support people required in relation to eating and drinking. Daily records completed by staff demonstrated this support had been provided as detailed in the care plans.
● People told us they were happy with the arrangements in place to support them with food and drinks. One person said, "I get the food in and sort out what I'm having, and they [care staff] prepare it." A family member told us, "I do the [food] shopping and the carers offer from what is available." They added that the care staff informed them which meals the person enjoyed and which they did not like. This meant the family member was able to ensure they only purchased food the person enjoyed.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support
● The service worked well and effectively with external health and social care professionals.
● People told us that staff would support them to access medical support if required. A family member said, "They [care staff] had concerns about pressure sores when they noticed changes in skin and they called the district nurse. After her visit they left a topical cream, instructions for carers re positioning and a note saying: 'My compliments to all staff. Skin in excellent condition and all pressure areas are intact. No mean feat.'
● People had care plans in place, which contained essential information, including information about their general health, current concerns, social information and level of assistance required. Additional information was maintained in each person's home for any medical or emergency staff. This included essential information about the person's health, medicines and their wishes or decisions about the level of emergency care they should receive. This allowed person centred care to be provided consistently.
● Care staff had been provided with health monitoring equipment such as for temperature, blood pressure or blood oxygen levels. This meant they were able to provide appropriate information to medical staff should the need arise.

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 and relatives told us they had been involved in discussions about their care planning. Before providing care, staff sought verbal consent from people. A family member said, "My relative gets asked what he wants."
● Staff had received training in the Mental Capacity Act 2005 (MCA) and showed an understanding of the

MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. They said they would encourage people to allow all necessary care to be provided but would never do this without the person's consent. Where care was refused, they would seek further support from the registered manager and the person's family.

● Care plans included consent forms which people had signed to show they agreed with the care which was planned to be provided.

Good

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 comprehensive inspection for this service. This key question has been rated Good. 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 family members told us that staff were kind and caring and knew their individual preferences. A family member said, "I think the carers should be given a medal. They go in and they treat [my relative] with care. They're very compassionate. They've offered to take her out in her wheelchair [until she's regained more mobility]. They give her lots of support and reassurance. If she's unhappy they'll sit with her and give her a bit of time." A person said, "They're [care staff] very kind to me. We have a chat and a good laugh sometimes. I'm pleased with the care I get and I'm always looking forward to them coming." Other people and family members made similar positive comments.
- Staff had built up positive relationships with people. Staff spoke about people warmly and all said they enjoyed their work. Care staff told us they had a regular rota meaning they generally visited the same people and had therefore had the opportunity to get to know people and people had the chance to get to know them. People confirmed they had a regular team of care staff.
- Care staff told us that before visiting a new person they were always introduced to the person by the registered manager who had undertaken the initial assessment and care calls themselves. Staff also said they were provided with the person's care plan on the computer app. Care plans included information about the person's life history and preferences around food or drinks. This meant they would know important information about the person, such as any information about equality and diversity or protected characteristics, before attending and therefore be better able to meet people's individual needs.

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

- People were involved in all aspects of the service they received from initial assessment, care planning, day to day decisions and reviews of care. People had signed their assessments, care plans and reviews showing they had had the opportunity to read these.
- People were also included in day to day decisions. For example, one person said, "We talk about what I'm going to have done [preferences for the day]."
- People were provided with information about the service, what it could and could not do in the form of a service users guide. This also included information about care plans and what people or family members should do if they had any concerns or complaints.
- The registered manager and care staff considered ways they could enhance people's lives in addition to the provision of care tasks. One family member said, "The staff understand. They talk through everything and have new ideas. My relative only has 10% vision and we've got some new equipment [for partially sighted people suggested by the registered manager] coming to try and break some of the boredom of the day." Another family member told us, "If they're passing sometimes the carers will pop in just to say hello."

Respecting and promoting people's privacy, dignity and independence

● People told us they were treated with dignity and respect. One person told us, "When washing the bathroom blind is always down." A family member said, "The front door is right opposite the bathroom door. They lock the front door whilst providing personal care." Other people and family members made similar comments confirming care was provide with consideration to privacy and respect for the person.

● Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.

● Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was important and described how they assisted people to maintain this whilst also providing care safely.

● People confirmed they were encouraged to be as independent as possible. A person said, "I always do my face and upper body and they do the rest. They ask me if I want my feet washed."

One family member told us, "The carers are supporting [person] with extra care to learn to walk with her frame again following loss of ability in hospital." The family member added that "progress is slowly being made. The carers are doing better than the rehabilitation service [person] stayed at for a month."

Good

Is the service responsive?

Our findings

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

This is the first comprehensive inspection for this service. This key question has been rated Good. 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 received individualised care which met their needs. One family member told us, "I've got the App [access to electronic care planning and recording system]. If anything is wrong, they put it in the notes in the App where I can see it." Another family member said, "They phone up and say, 'We're doing a care review' to let me know. We [person and family member] just did one with a senior staff member. They were encouraging person to join in. I felt totally involved."
- People confirmed that care staff would do what was required and asked of them. A person said, "They do little things that I forget and will put laundry in the washing machine."
- People told us the service responded promptly when people's needs changed and family members said they were kept informed of any important information. A family member said, "They [care staff] feedback any concerns they may have for example, if he seems drowsy or chesty, they will call the practice nurse. They also monitor his skin."
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, dressing, medication, meal preparation, health issues, shopping and information about the person's life history. Care plans reflected people's individual needs and were not task focussed. Care plans were reviewed at regular intervals or when a person's needs changed.
- A family member told us how the service had responded promptly to meet people's individual needs. They said, the person, "Recently had a minor fall back onto bed whilst alone. No injury had occurred however they could not get up. The person used their emergency call button and an off-duty carer who lives nearby came to help."

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.

- The registered manager confirmed that they were able to tailor information in accordance with people's individual needs and in different formats if needed. Documents such as care plans and policies could be offered in larger print and could be translated into different languages.
- People's communication needs were identified during their initial assessment and well documented within the care records. The care records provided detailed information about what people's communication requirements were and any additional equipment such as hearing aids that may be required.

Improving care quality in response to complaints or concerns

● People and family members told us they knew how to make a complaint. They said they would speak to the registered manager if they had a concern or complaint. One family member told us, "They ask me if I've got any worries. I discuss any concerns with [registered manager]. I know she'll listen."

● The provider had a complaints policy. Written information about how to complain was available for people and family members within the information pack provided when people commenced using the service. People and family members were also asked if they had any complaints when service reviews were undertaken. Discussions with the registered manager confirmed no complaints had been received in the past year. The registered manager and nominated individual described how they would investigate complaints including responding in writing to the person who had raised the complaint.

End of life care and support

● No people using the service were receiving end of life care at the time of our inspection. Some staff told us they had attended end of life care training and this had been helpful previously.

The registered manager shared with us family members comments which had been placed in the local paper following the service having provided end of life care for a person. This stated 'We [family] would like to acknowledge the kindness, care and love shown by [named staff] of TD Homecare.'

● The registered manager provided us with assurances that people would be supported to receive good end of life care and to ensure a comfortable, dignified and pain-free death. They told us they would work closely with relevant healthcare professionals, provide support to people's families and other people who used the service and ensure staff were appropriately trained.

Good

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 family members felt the service was well-managed and told us they would recommend TD Homecare to a friend or relative. One person said, "Being a small company is lovely." Another person said of the registered manager, "She always listens and that is what I need. If I need her, I can phone her."
- Staff also felt the service was well managed. All were positive about the support they received from the registered manager and felt they could go to them with any issues or concerns. One staff member said, "[Registered manager] works with us but I know I could contact her at any time." Care staff also said they had contact details for the nominated individual and felt able to go to them if necessary.
- The registered manager had a clear vision for the service. They said, "We don't want to be the biggest, but we want to be the best and to provide a person-centred service." They added that this meant providing quality individual care for people, whilst promoting independence and choice.
- The registered manager often worked alongside staff which they identified meant they could oversee how staff provided care and treated people. The registered manager also undertook formal supervision and support sessions with staff. This meant they could ensure staff were working in the way they should be and address any issues promptly.

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

- There was an open and transparent culture within the service. People, relatives and staff were confident that if they raised any issues or concerns with the registered manager, they would be listened to and these would be acted on.
- The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- Staff understood what their role was, in achieving personalised support. They understood what was expected of them and were motivated to provide personalised care, which treated people with dignity and respect.
- The registered manager had an excellent oversight and knowledge of all aspects of the service.
- Effective governance was in place. There were systems and processes to assess, monitor and improve the quality and safety of the service. The registered manager monitored complaints, accidents, incidents and

near misses and other occurrences. They told us they would, "check for patterns or themes," although as there had been few incidents none had been identified.

● The provider's investment in a digital care planning system had increased the responsiveness of the care planning process. Staff had the ability to instantly see any updates to people's care plans and the management team were able to monitor in real time staff work. This meant any issues could be followed up for people immediately.

● Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and infection control.

● Providers are required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events as required. Providers are also required to display previous CQC ratings and information about their service. This information was included on the provider's website and within the office.

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

● There were opportunities for people to provide feedback. A person told us, "We get a questionnaire every six months and [registered manager] is constantly monitoring. I've nothing negative to say about them." Another person said, "[registered manager] checks I'm alright. She takes her turn on the rota so I often see her."

● People had regular individual reviews during which they could provide feedback about the care and the service received. Family members and people all felt able to contact the management team and were confident they would get a positive response to any issues or questions.

Working in partnership with others

● The service worked well with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision. Specific information had been provided within people's homes to ensure any visiting health professionals were aware of essential information about the person. This would help ensure people received the care they required and any pre-existing wishes or decisions, for example emergency resuscitation would be known and followed.

● The service had developed links with resources and organisations in the local community to support people's preferences and meet their needs.