

TLC Community Services Limited

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Inspection report

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Date of inspection visit:

29 June 2023

03 July 2023

11 July 2023

13 July 2023

Date of publication:

11 August 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

TLC Community Services Limited is a domiciliary care service providing personal care to people in their own home. At the time of our inspection there were 32 people using the service.

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

The content and accuracy of care records, risk assessments and medicines records were not always sufficient. We have made a recommendation about improving risk assessments. Management audits had not always identified errors and omissions in records and as a result people were placed at risk of harm.

People were happy with the way care was delivered and told us they felt safe. The provider had effective safeguarding systems in place. Staff received regular safeguarding training and felt confident to report concerns. There were enough staff to care for people safely. People said staff spent the right amount of time with them during visits and no missed calls were reported. The provider completed pre-employment checks on new staff prior to employment and new staff completed a comprehensive induction. The provider had a robust infection prevention and control system in place and staff had training in this area.

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 delivered care in a person-centred way. People were supported by the same regular team of staff wherever possible. People told us communication with the provider was good. Staff were happy in their work and understood the importance of their role. The provider sought the opinions of people using the service and staff. People felt confident in the management of the service and staff felt well supported.

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

Rating at last inspection

The last rating for this service was good (published 4 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for TLC Community Services Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to the management oversight at the service, including quality checks and accurate record keeping at this inspection.

We have made a recommendation about improving risk assessment details.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

TLC Community Services 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 activity started on 29 June 2023 and ended on 13 July 2023. We visited the location's office on 29 June 2023.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 10 relatives about their experience of the care provided. We spoke with or gathered feedback via email from 7 members of staff including the registered manager, deputy manager, supervisor and care staff.

We reviewed a range of records. This included 6 people's care records and medication records. We looked at 3 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 reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Using medicines safely

- Medicines were not always managed safely. Medicine records were not always completed correctly and this was not always identified by management checks. We found gaps in medicine administration records (MAR). As staff had not always signed these it was not possible to say whether medicines had been administered as prescribed.
- MAR charts had been handwritten but were not signed by two members of staff in line with best practice guidance. Information on MAR charts was not always sufficiently detailed, and some entries were difficult to read. This meant that accurate guidance on how medicine was to be administered was not always available to staff.

The provider had failed to ensure robust systems were in place to safely manage medicines. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately, during and after the inspection. They confirmed new systems were being introduced for medicines audits and the way MAR charts were produced. We will review how well these changes have been embedded into working practice at our next inspection.

- People told us they were happy with the way staff supported them with their medicines. One person said, "They give me my tablets. Staff get them for me, 11 on a morning and 11 at night. They always write it down."
- Staff were trained in how to administer medicines and their competencies were regularly checked.

Assessing risk, safety monitoring and management

- The provider had not always ensured risk assessments were in place for all identified risks. Some records did not set out enough information for staff about how to mitigate risks to people. Whilst regular staff were familiar with people and their support needs, any new staff would not have robust records to rely on to ensure risk to people was minimised. Following our feedback, the registered manager began to address this immediately.

We recommend the provider ensures risk records are in place for all identified risks. They should include risk-reduction strategies and sufficient detail to guide staff in a consistent approach.

- People were happy with the way care was delivered and told us they felt safe and comfortable when staff were supporting them. One person told us, "Oh yes, I feel safe with the carers". A relative said, "We definitely

feel safe with the [staff]. We've been with other companies before now and we are very surprised by the improvement in standard of care with TLC."

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Concerns were appropriately reported and actioned.
- Staff received regular safeguarding training and felt confident to report concerns. One member of staff told us, "If I was worried about anyone I would go straight to the management, I'd have no concerns whatsoever in doing that. It's our responsibility to look out for people."

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 MCA 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 Mental Capacity Act (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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff to care for people safely. People said staff spent the right amount of time with them during visits and no missed calls were reported.
- The provider completed pre-employment checks on new staff prior to employment. Whilst a minimum of 2 references were always sought, we found not all staff had provided a reference from a previous employer in line with best practice. We fed this back to the registered manager who assured us this would be improved going forward.
- New staff completed a comprehensive induction and shadowed more experienced staff until they were confident to work alone. One member of staff told us, "They gave me a great induction. I was a nervous wreck when I first started. I did lots of shadowing. Before they even suggested I went on my own they sat me down and asked if I felt ready."

Preventing and controlling infection

- People were protected from the risk of infection by trained and competent staff.
- Management carried out spot checks to ensure staff followed the provider's infection prevention and control policies and procedures effectively.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager. Lessons had been learnt when things went wrong and, where necessary, actions had been taken to reduce future risk. Managers shared lessons learnt in team meetings or supervisions with staff.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always ensure records were of the appropriate standard to 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; Continuous learning and improving care

- The registered manager had not ensured records were accurate, comprehensive and up to date. We found some care records contained outdated or inaccurate information and some medicines records were not completed in line with best practice guidelines.
- Care plans did not contain sufficient information about people's likes, dislikes and preferences when it came to how their care was delivered. We were reassured by feedback from people and conversations with staff that this was just a recording issue and care was being delivered in a person-centred way.
- Quality assurance and governance systems were in place but were not always effective. Audits had not always identified the issues we found with care plans and medicines records. We raised this with the registered manager who acted immediately to introduce more detailed checks.

The provider had failed to ensure records were complete, accurate and up to date. Quality assurance systems had not been effective in identifying concerns. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguardings and deaths.

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

- Staff delivered care in a person-centred way. People were supported by the same regular team of staff wherever possible. Staff were able to describe people's support needs without referring to paperwork. One relative told us, "Due to the level of care and attention they provide, we now think of carers more like family than staff."
- People told us communication with the provider was good. For example, where staff were running late due to unforeseen circumstances this was communicated to people by staff in the office.
- Staff were happy in their work and understood the importance of their role in achieving positive outcomes for people. One member of staff told us, "I'm proud every time I go to work. We help not only with the medication and the general care and support but also assist people to stay in their own home where they feel safe and comfortable."

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 registered manager was aware of the requirements under the duty of candour, there had been no incidents reportable under this regulation recently. People and their relatives were kept informed of issues when needed.

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

- The provider sought the opinions of people using the service and staff. Feedback was collected via surveys, meetings and as part of staff supervisions and people's reviews. One relative told us, "They do keep in touch but there's really no need for a survey because they know we would tell them straight away what we think."
- People felt confident in the management of the service and able to contact them whenever necessary. One relative told us, "We have so much confidence in them, we know they will deal with us sympathetically. They are most approachable and easy to contact."
- Staff felt well supported and were happy that their ideas and opinions would be listened to.

Working in partnership with others

- Staff worked effectively with other healthcare professionals. People were supported to access healthcare services in a timely manner.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to keep complete, accurate and up to date records. This included records relating to medicines management.</p> <p>The provider's quality assurance system had failed to identify the concerns found during inspection.</p>