

## TLC Homecare Services

# TLC Homecare Services

### Inspection report

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29 March 2019

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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: TLC Homecare Services is a domiciliary care agency. At the time of the inspection it provided personal care and support to 34 people aged 65 and over.

People's experience of using this service: People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people.

Incidents and accidents were managed effectively. Risk assessments had been completed. They provided detailed guidance for staff to follow and were reviewed regularly.

Medicines were managed safely and people told us they received their medicines as prescribed. Health and safety checks were carried out to ensure people remained safe in their homes. Staff used personal protective equipment to prevent against cross infection.

There were enough staff to meet the needs of people who used the service. Recruitment checks were robust and new staff completed an induction and training programme.

People and their relatives had positive relationships with staff and told us they were caring. Staff treated people with respect and dignity. People were involved in decisions about their care and encouraged by staff to be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Initial assessments were carried out to ensure people's needs could be met and personalised care plans followed. Staff understood people's preferences and people told us they were offered choices about their care. Regular reviews were carried out with people using the service to gather their views.

People were supported with their nutritional needs. People were supported to live a healthy life and staff supported people to access health care professionals when required.

A complaints system was in place and these were managed effectively. People and staff told us they felt confident to raise any concerns and felt these would be managed.

The provider had embedded quality assurance systems to monitor the quality and safety of the care provided. The provider worked in partnership with other services to support people's care and quality of life.

The management team were open, honest and supportive. People told us the management team were approachable and staff said they felt supported.

Rating at last inspection: At the last inspection the service was rated Good (published 6 July 2016). The overall rating has remained good.

Why we inspected: This was a planned inspection based on the previous rating of good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good. If any concerning information is received we may inspect sooner.

More information is in the full report below. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well led.

Details are in our Well led findings below.

**Good** ●

# TLC 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one inspector.

**Service and service type:** TLC Homecare Services is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using TLC Homecare Services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, eating and medication. Where they do we also consider any wider social care provided.

The service had two managers 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 four days' notice of the inspection visit. We needed to be sure the registered manager would be available to facilitate this inspection.

Inspection site visit activity started on 18 February 2019 and ended on 29 March 2019. We visited the office location on 21 March 2019. On 18 February and 29 March 2019, we spoke with people using the service, their relatives and staff by telephone.

**What we did:** Before the inspection the provider completed a Provider Information Return (PIR). 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 looked at information we held about the service including notifications they had made to us about important events.

We also reviewed information sent to us from other stakeholders including the local authority and members of the public.

We spoke with three people during our visit, and one health professional on the telephone. We also spoke

with one staff and two registered managers during our visit.

We reviewed three people's care records, policies and procedures, documents relating to the management of the service, training records and three staff recruitment records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe when staff came to their home. Some people had a pendant which staff ensured they had with them at each visit so they could access support if needed. One person said in a recent care review, 'Yes I feel safe.'
- The service had appropriate systems and procedures in place, which sought to protect people who used the service from abuse. Staff were aware of the different types of abuse and understood how to report their concerns.

Assessing risk, safety monitoring and management.

- Risk assessments were in place for those people that required them or when people's needs changed. For example, one person was at risk of urine infections and staff encouraged the person to have fluids to prevent such occurrences. Another person had a recent fall and due to their poor mobility now used a walking aid to mitigate future falls.
- Risk assessments were very detailed and instructed staff of how and when to use specific equipment. Staff checked equipment used within people's homes to make sure this was safe. One staff member said, "We always follow procedures. We are aware of people who may be at risk of falling and what support people need."

Staffing and recruitment.

- Staffing levels were sufficient and the rota's confirmed this. People told us they had regular staff visiting them to ensure consistency of care. One person said, "I see two or three regular carers that I prefer. They come on time and they have never been late."
- One staff member said, "The staffing is good. If people are on holiday its always covered. I see the same people. It's nice for them and for us because you build a relationship, and this helps people to feel safe."
- Staff continued to be recruited safely. We checked three staff records which showed relevant checks had been completed.

Using medicines safely.

- Medicines were managed safely and people told us they received their medicines as prescribed. Medicine administration records were audited monthly to identify any issues and actions taken to prevent medicine errors.
- There was no record of medicines within peoples care files. Some people's medicines were in blister packs however, there was no record of what medicines were in these. The registered managers said they would implement these records immediately, so staff knew what medicines people were prescribed.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of cross infection.

Learning lessons when things go wrong.

- Staff were aware of the reporting procedures for accidents and incidents. For example, one person had fallen in the night, they were found by staff at a visit and immediately contacted emergency services for a response and then the management team.

- Lessons had been learnt from incidents. We found a staff member had been hit by a car coming out of a person's home. To ensure this did not happen again the provider acted and addressed the matter with the highways department to ask for a mirror to be put on the road to be able to see what traffic was coming to prevent a reoccurrence.

## 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

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.

- Initial assessments were completed to inform staff of people's preferences for care before they used the service. This was then regularly reviewed by the provider to ensure people's needs were being met. We found one person had started with one call during the day but due to deterioration in their medical condition over time this was increased to four visits daily to ensure their needs were met.

Staff support: induction, training, skills and experience.

- People told us staff were competent in their job roles and that their needs were being met. One person said, "They are professional people and you can tell. They are organised and know their stuff."
- All staff received initial training, which provided them with the skills and knowledge to care for people accessing care. However, staff had not received refresher training. The registered managers told us they had arranged a contract with a training company, so staff could receive regular training which followed best practice.
- Staff continued to receive an induction, and supervisions which supported them to carry out their roles.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People were supported with their nutritional needs and care plans contained information about people's needs and preferences. One care plan stated, 'Support me with preparing breakfast, I like porridge with sultanas.'
- The service worked with general practitioners, occupational therapists, district nurses and social workers when people required additional care. The registered managers used contact sheets to record all communication with other services. For example, one person was given the wrong hoist and there was evidence of this being followed up with an occupational therapist to ensure the person had the right equipment. One health professional told us, "They do communicate with us if there are any issues with people. We provide advice for the staff and they are pretty good at following it."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People living in their own homes can only be deprived of their liberty to receive care and treatment with appropriate legal authority from the court of protection.

- Staff were knowledgeable about the MCA. One staff member said, "We look at people's wellbeing. We look out for any signs that someone is deteriorating. It could be a deterioration in mood or change in habitat. I would report it to the management and follow it up." The registered managers told us no person currently lacked capacity to make their own decisions.
- People told us they were asked for their consent and agreed with their care. Staff understood the importance of seeking consent. One person said, "It's all down to me and what I want and they ask me."

## 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives provided positive feedback about the service. Comments included, "The care is outstanding. I had another provider before and they made me worse. Since having these guys, I have come on so much", "I can't fault it, it's remarkable. I couldn't wish for a better life. I like having the visits as it gives me someone to talk to and its nice. I get on well with all of them (Staff)" and "I like the fact staff are confident and have regular staff. You develop a good relationship with them."
- Staff treated people as individuals and made sure their diverse needs were met. One person said, "I think my care is personalised because I have the same carers who know what I need. It's very important to me. We have a good enough relationship (with staff). The staff talk to me about what I want."

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

- People told us they were involved in making decisions about their care and were included in their care planning. One person said, "I have my care plan in my house, I'm happy with that." One staff member said, "We accept what people want and always ask them what they want and involve them. We explain if there is a change in care and make sure people are aware of this. The person is the priority."
- The registered managers told us that should anyone wish to have an advocate they would support people to find a local service. No person using the service had an advocate. An advocate is a person who can support others to raise their views, if required.
- When people wanted relatives involved in their care this was arranged.

Respecting and promoting people's privacy, dignity and independence.

- Staff understood the importance of respecting people's privacy and dignity. One person said, "The staff wash me while I stand up and no one is embarrassed which is good. At the beginning it was difficult because it's so personal but now I enjoy it."
- People were encouraged to remain independent. One care plan stated, 'I would like encouragement to enable me to complete all tasks myself whilst you oversee and support me. Promoting my independence always.' Staff knew what people's levels of independence was and enabled them to carry out personal cares. One person independently showered with the support of staff. Staff would enable this independency by ensuring they gave the person their washing products and a towel when they needed it.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans clearly identified people's preferences for care.
- People were offered choices about daily decisions. People told us staff always asked them what they wanted to ensure their preferences and wishes were carried out. One person said, "It's all down to me and what I want, they ask me." Care plans instructed staff to ask people about their choices for food, daily clothing, choice of care worker and care needs.
- People had signed their care plans agreeing to their care and told us they were involved in regular reviews of their care.
- People were encouraged to participate in activities within the local community to prevent social isolation. The registered managers said they had positive links with local day centres which they informed people about. One manager said, "There was a knitting club on and I informed one person that I knew enjoyed knitting to attend." One person regularly attended a day centre and the service ensured their visits worked around when they visited them at home so that they could still participate in the activities they enjoyed.

Improving care quality in response to complaints or concerns.

- People told us they felt confident complaints would be fully investigated and knew how to complain. One person said, "I would be comfortable complaining. I feel confident it would be investigated and resolved."
- Complaints were managed effectively in line with the providers policy and actions were taken to address concerns.
- The provider had received compliments about the care received by people. One person said, 'I am so happy with TLC providing my care. I can't fault them, and I feel more confident and content. People have commented that I am like a different person! The carers are great. The service is well organised and compassionate.'

End of life care and support.

- The service did not support anyone who was approaching the end of their life. There were no care plans in place to show people's preferences and wishes. The registered managers said they would discuss end of life care with people should they wish.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Staff told us the management team were approachable and supportive. One staff member said, "The management are supportive. If I have a problem they work with me. They are understanding." The registered managers were honest, open and caring. They told us, "We deliver care how we would want to have our care delivered."
- Staff were supported with supervisions and appraisals. This meant the registered manager could supervise staff performances and communicate any changes within the service. One staff member told us, "We have regular supervisions and appraisals. We have a lot of supervisions."
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service and the provider was compliant in sending these to the CQC.
- There were effective systems and processes in place to monitor and improve the service. Audits were carried out on a regular basis which provided an insight into the service and if any improvements were needed.

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

- People told us they fully trusted the registered managers, felt confident to raise any concerns and that these would be investigated thoroughly. One person said, "I trust the management. The registered managers are everything that care should be. Management are just lovely people. They are trustworthy."
- The provider used questionnaires to seek people's views about the service. The last survey was completed in 2017. However, the registered managers said they were planning to send the next one shortly.

Continuous learning and improving care; Working in partnership with others

- The provider encouraged staff to continue their learning. One staff member told us, "They regularly tell us about training and opportunities we can do."
- The provider worked in partnership with other services to support people's care and quality of life. The registered managers attended Staffordshire's managers quality networking events which focused on care and updates about legislations and regulations. The registered managers told us this also helped them to build links with other services in the local area. For example, they met a manager who was opening a dementia café and had planned to go and meet with them.
- Following the last inspection, the provider introduced audits to drive improvement and had recently

identified the need for staff to complete refresher training to ensure staff followed current best practice.