

# TLR Health Care Services Ltd

## 180 Surrey Street

### Inspection report

180 Surrey Street  
Leicester  
Leicestershire  
LE4 6FH

Tel: 0116261362

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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: 180 Surrey Street is a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. At the time of our inspection the service supported three people.

People's experience of using this service:

- People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.
- People's risks were assessed and strategies put in place to minimise the identified risks.
- People's needs and preferences were assessed and care packages met people's desired expectations.
- Recruitment procedures ensured only suitable staff worked at the service.
- People and their relatives provided positive feedback about the care, staff and management.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were treated with kindness, respect and understanding.
- People's care was person-centred. Staff provided care designed to ensure people's independence was encouraged and maintained.
- Staff received training that enabled them to deliver the support that people needed. Staff received support from the registered manager.
- People and their relatives were involved in the care planning and review of their care.
- The service had a stable management structure. The provider had implemented systems to ensure they continuously measured the safety of people's care and quality of the service.

Rating at last inspection: This was the first comprehensive inspection carried out at 180 Surrey Street since they registered with CQC in December 2017

Why we inspected: This was a scheduled inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received we may inspect sooner.

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 

# 180 Surrey Street

## **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: One inspector visited the service to carry out the inspection.

Service and service type: 180 Surrey Street is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults and children.

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: The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available at the office.

What we did: This was the first comprehensive inspection since the service was registered.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, and spoke with other professionals who work with the service.

Due to technical problems, the provider was not able to complete a Provider Information Return. 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 our inspection visit we spoke with the registered manager, the business manager and two care staff. The service was providing care to three people. We also spoke with two people, and one relative. We

checked three people's care records, and health and safety records. We also examined other records relating to the management and running of the service. These included three staff recruitment files, training records and supervisions. We looked at the complaints and quality monitoring information.

# 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 were protected from the risks of harm, abuse and discrimination.
- A relative told us they felt their loved one was safe. They said, "I am able to go to work and sleep at night knowing the carers are going in."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- Staff and management, we spoke with had a good understanding of their responsibilities. One member of staff said, "If I had any concerns I would tell my manager and if they didn't do anything I would report it to the local safeguarding team."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect.

Assessing risk, safety monitoring and management

- The provider had yet to carry out risk assessments identifying risks to staff. We discussed this with the registered manager and they told us they would ensure these were completed. Staff spoken with did not feel they were at risk when they entered people's homes.
- People's care files included risk assessments which had been conducted in relation to their support needs. Risk assessments covered all identified risks and what action staff should take to minimise the risk.
- Risk assessments were reviewed on a regular basis, demonstrating that staff were aware of the risks that each person might be susceptible to.

Staffing and recruitment

- Through our discussions with the registered manager, staff, people who used the service and their relatives, we found there were enough staff to meet the needs of people who used the service.
- The provider had a recruitment policy in place and staff told us they had completed a range of checks before they started work. We reviewed the recruitment process and saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with people who require care.

Using medicines safely

- The registered manager told us they currently only support people by prompting them to take their medicines. People we spoke with confirmed they could take their own medicines and staff reminded them to take them.
- The registered manager told us they were arranging for staff to attend suitable medicines management training. This meant staff would be able to support people with their medicines should their needs change

or potential new people using the service who needed support with their medicines could be cared for safely.

#### Preventing and controlling infection

- Staff received infection control training and there was an infection control policy.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people with personal care and the application of creams. People we spoke with confirmed staff always used gloves and aprons when providing personal care.

#### Learning lessons when things go wrong

- The provider had a policy for when accidents and incidents occurred. In discussion with the registered manager and staff they told us there had been no accidents or incidents.
- Staff told us if anything did occur they were confident the registered manager would share learning through team meetings.

# 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

- Before care delivery started the provider undertook assessments to establish if people's needs could be fully met by 180 Surrey Street.
- Assessments also included the commissioning bodies assessment and information provided by the person's family where possible.
- Staff knew people's preferences, likes and dislikes, including meal choices, and personal hygiene routines. One person told us, "They know my routines and how I like things to be done."
- One relative we spoke with was very satisfied with the care their loved one received. "Now [person] is used to them coming in they are happy with the care they receive and they are consistent."

Staff support: induction, training, skills and experience

- All staff had completed an induction programme which included all the basic training a carer needs to be able to carry out their role. One staff member told us, "The training was very good and prepared me for the work."
- Training records showed staff had undertaken a variety of training courses to enable them to carry out their care duties.
- The registered manager told us they were hoping that all the care staff would undertake their national vocational qualification in health and social care as part of the continual improvement of the service.
- Staff felt supported and received regular supervision. One staff member said, "I feel very supported by the manager. We have regular meetings and if [registered manager] works alongside me with a client then they will talk about how I can improve."
- One person was unsure about the training staff received. They told us staff did not understand technical aspects of special equipment they used and this had caused problems. We informed the provider, who followed this up and ensured staff were able to understand the equipment.

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

- Where required, staff supported people to have enough to eat and drink throughout the day. One person told us, "They help me with my breakfast and bring me a hot drink."
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meals.
- Staff recorded, when needed, what people ate and drank in the daily care logs to enable them to monitor their food and fluid intake.

Staff working with other agencies to provide consistent, effective, timely care



- Staff and management worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people`s best interest.
- Staff and management knew people well and could identify when people`s needs changed and seek professional advice.

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

- Staff recognised the importance of working with people to maintain their health.
- Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact people's GP or phone for an ambulance as necessary and inform people's next of kin.
- Care plan's contained information about the person's health needs, what they needed to do to remain healthy, how they expressed themselves when unwell and who was involved in their health care support.

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. We checked whether the service was working within the principles of the MCA.
- Staff understood people they worked with had capacity to make decisions and staff were able to give examples of how they supported people's choice and independence. One staff member told us, "I always ask clients what help they need or if I can do something."

# 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; respecting equality and diversity

- People and their relatives told us that staff were caring. One person said, "They are always courteous to me. I cannot fault them."
- Staff demonstrated a caring attitude to people. Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way.
- In discussion with one person they told us how they felt the service was good at recognising diversity and ensuring people's rights were respected.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People were, where possible involved in developing and reviewing their care plan.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity were respected.
- Staff were able to describe how they provided support to people and promote their dignity. Staff members told us how they would ensure curtains and doors were closed when providing personal care. A staff member told us, "We get the clients consent before we do anything."
- Staff also told us how they promoted people's independence. One staff member described how they supported a person to remain independent. "I know [person] can do certain things so for example, I would offer the flannel for them to wash their face."
- The provider ensured people's confidentiality was respected. People's care records were kept confidential, electronic records were password protected.

## 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 received personalised support specific to their needs and preferences. Staff had a good understanding of seeing each person as an individual, with their own social diversity, values and beliefs.
- People's care and support plans gave staff information on their healthcare needs, routines, how they would like to be supported and preferred care visit times.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements. The provider had arrangements for the service user guide to be provided in larger print or when required translated into the appropriate language of the person.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. Not all people using the service were fully aware of who they could complain to. However, in discussion with one relative they told us they had raised an issue with the business manager and the matter was dealt with promptly. Another person told us they would speak with the registered manager if they had a problem. They told us, "I know to speak to [registered manager] and I am confident they would deal with it. I have never needed to complain though."
- The registered manager told us, and staff and records confirmed, that checks were made at quality care visits to ensure that people continued to be satisfied with the care and support provided.

End of life care and support

- No people received end of life support at the time of our inspection.

# 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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives told us they felt the service was well run and responsive to their concerns and needs. A relative said, "I am happy with the care, I can continue to work and I now sleep at night. I don't have to worry about [person] as I know the carers are going in."
- People knew who the registered manager was and who they could talk to if they wanted. One person told us, "I have had several agencies in the past. These are by far the best. I can't fault them." They continued, "They are genuinely lovely people. We have a good relationship."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. For example, one staff member told us, "I work with [registered manager] and we have regular time to discuss things. We will have our lunch together and we talk about how people are and any changes. We are a small but good team."
- The registered manager was aware of their duty to inform relatives and stakeholders of accidents and incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a clear understanding of their role and the organisation.
- The registered manager and business manager were aware they were a small service but planned to develop and grow and recruit staff as they increased the number of people they provided a service to. However, they knew they did not want to do this at the risk of reducing the quality of care.
- The registered manager had a quality assurance system in place. These included, audits of medicine records where needed, care records and spot checks.

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

- 180 Surrey Street is a small service and has only recently started providing care to people. The registered manager told us they have not yet carried out a formal quality survey amongst people using the service but planned to do this in the next few months.
- The registered manager told us they had gathered people's views about the service during reviews and spot checks. The registered manager told us as they were a small service they were actively involved in providing support to people. This meant they were able to understand people's views and needs on a daily basis.
- There were regular meetings where staff teams discussed people and their support needs and identified

areas where changes to support may be needed.

- The provider was aware of the cultural diversity of the area and the need to ensure staff recruitment reflected this.

Continuous learning and improving care

- The provider used the regular audits and monitoring to drive improvements in quality in the service.
- The registered manager told us they planned to undertake national vocational qualification level 5 in health and social care to ensure they remained up to date with current practices within the care sector.
- The registered manager and business manager also told us they liaised closely with other small care agencies within the area to learn and develop best practice.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision. For example, the registered manager told us the service had worked with the local authority to ensure people received a seamless transfer of care when care was changing from one agency to another.