

TLB 24/7 Healthcare Ltd

TLB24/7 Healthcare Ltd - DCA

Inspection report

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16 July 2021

18 July 2021

23 July 2021

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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

TLB 24/7 Healthcare Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection it was providing services to around 68 people.

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

Systems in place to monitor the service were not always effective. Audits in place had not always identified the concerns we found on inspection. Where some issues had been identified, action had not always been taken to resolve them.

The management team did not have a system in place to ensure staff were taking part in the testing programme for COVID-19 in line with government guidance. This led to staff not testing on a frequent basis. We were not assured staff received adequate training to carry out their role. Risk associated with people's care had not always been identified or actions taken to reduce them. Care plans did not highlight how support should be provided to ensure risks were minimised.

The provider ensured sufficient staff were available to support people in line with their assessed needs. Accidents and incidents were recorded, but the provider could not evidence lessons learned or action taken to mitigate future incidents.

Staff we spoke with told us they would report any safeguarding concerns to the management team. However, some staff told us concerns were not always addressed effectively.

The provider had a recruitment system in place which helped them recruit staff safely. This included pre-employment checks.

People we spoke with and their relatives were complimentary about the care they or their family member received.

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 8 April 2019).

Why we inspected

The inspection was prompted in part due to concerns received in relation to management of medication,

staff training, and carers not staying full allocated time of call or not turning up. A decision was made for us to inspect and examine those risks.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

Enforcement

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

We have found evidence that the provider needs to make improvement. We have identified a breach of regulation in regards to governance. Please see the safe and well led key questions sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for TLB 24/7 Healthcare Limited on our website at www.cqc.org.uk

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?

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 ●

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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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had been absent for approximately two months. Other members of the management team were leading the service at the time of our inspection.

Notice of inspection

We gave the service 48 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 15 July 2021 and ended on 23 July 2021. We visited the office location on 16 July 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send to us to give some key information about the service, what the service does well and the improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, operations manager, care co-ordinators and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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.

After the inspection

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- Risk associated with people's care had not always been identified or actions taken to reduce them.
- Where risks had been identified, risk assessments were not always completed fully to ensure risks were managed.
- We looked at one person's care records and found they required a hoist for all transfers, however, there was no information to guide staff to carry out this task safely. Following our inspection, the provider took action to address this concern.
- Staff we spoke with were knowledgeable about risks and how to support people safely. People and relatives did not raise any concerns about how their risks were managed. One relative said, "It's a relief that they [staff] are there. I can settle at night knowing [relative] is safe and in good hands. We have a number to ring if I have any concerns and I know they would be helpful and try to resolve any issues."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff told us they received training in safeguarding, felt confident they would recognise abuse and would report any concerns to the management team without delay.
- People we spoke with felt safe when supported by the carers. One relative said, "[Relative] is always laughing and joking with the carers, so [relative] must feel comfortable and safe."
- Some staff we spoke with felt the provider had not always taken appropriate action when safeguarding concerns had been raised. The provider assured us they acted on issues brought to their attention.

Learning lessons when things go wrong

- Accidents and incidents were reported to the local authority. However, it was not always evident that lessons had been learned to prevent issues reoccurring.

Staffing and recruitment

- The provider ensured sufficient staff were available to support people in line with their assessed needs.
- The provider had a call monitoring system which raised alert when carers had not arrived at their call. The provider then took action to ensure people received their care and support.
- The provider had a recruitment policy which helped with the safe recruitment of staff. We saw the policy was followed.

Using medicines safely

- The provider had a medication policy and procedure to ensure people received their medicines as prescribed.
- Medication records were regularly reviewed to ensure people received their medicines safely.
- Staff we spoke with felt confident supporting people to access their medicines.

Preventing and controlling infection

- We were not assured that the provider was accessing testing for staff. Following our inspection, the provider took action to address this concern.
- We were assured that the provider was using PPE effectively and safely. People we spoke with told us staff always wore appropriate PPE. Staff told us PPE was always available.
- We were assured that the provider's infection prevention and control policy was up to date. The provider carried out spot checks on staff which included checking they were wearing PPE and abiding by the company's policy.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The management team consisted of the registered manager, operations manager, care co-ordinators and senior care staff. In the absence of the registered manager, CQC had not been informed of the plan in place to manage the service. This is a requirement of their registration.

Continuous learning and improving care

- The provider did not always constantly learn and improve care. The provider had a system in place to monitor the service, but this did not identify the concerns we found on inspection. For example, spot checks carried out on staff had not identified staff were not always testing for COVID-19 in line with government guidance. The provider completed audits on service user files, but these had not identified the lack of recording about risks associated with people's care.
- We were not assured staff received adequate training to carry out their role. The provider sent us a copy of the training record which indicated staff training was out of date. One staff member said, "We did all the training in one day and it included safeguarding, moving and handling, first aid, medication management. I learned a lot but had to concentrate really hard, it wasn't ideal." Some staff commented that they had not done any training in relation to COVID-19.
- Staff we spoke with commented that while spot check were carried out, they had not received any feedback about how they could improve. One staff member said, "Spot checks are done but we don't get feedback we are just asked to sign the form."

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to ensure safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Prior to our inspection we had received concerns which indicated people were not always receiving person-centred care. However, people who used the service and their relatives, gave positive feedback about their care, such as, "Lovely, consistent staff. Usually same staff but they are all equally as nice and

friendly. Good communication, they [staff] rang the GP when [relative] was ill and they couldn't get hold of me." And, "They [staff] are very nice caring people and they arrive on time too. They always do what I ask of them and if I need help with my relative, they are very good. I like them because they are so nice and they don't intrude, they respect my home."

- There had been a recent change in the management team and the provider was also looking to recruit more care co-ordinators. This had impacted on people's care, however, where concerns had been highlighted actions had been taken to address them.

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

- The provider could evidence they obtained feedback from people using the service, their relatives and staff.
- The provider carried out a quality assurance questionnaire in June 2021. Areas identified for action were considered and actions taken to address them.
- Staff we spoke with did not always feel they were communicated with frequently. However, they felt able to contact the office if they needed to.

Working in partnership with others

- The provider worked in partnership with other professionals. We asked two professionals for feedback about the service and their comments were positive.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to ensure safety was effectively managed. This placed people at risk of harm.