

TLR Health Care Services Ltd

180 Surrey Street

Inspection report

180 Surrey Street
Leicester
Leicestershire
LE4 6FH

Tel: 01162166362

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20 April 2022

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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

180 Surrey Street is a domiciliary care service. It provides care for people living in their own houses and flats. 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. At the time of our inspection, 16 people were receiving personal care.

People's experience of using this service and what we found

Risk assessments in relation to people's care needs were inconsistently detailed and had not been reviewed at the frequency the provider had identified as required. Medicine administration records had not been audited regularly as per the provider's audit process and records reviewed showed there were missing staff signatures.

Care calls were not effectively monitored, and shortfalls were identified in how care calls had been provided.

The complaints log had not been kept up to date. However, people told us they knew how to make a complaint and complaints, or concerns had been acted upon by the management team.

We received a mixed response about people's experience of being advised if care staff were running late. Some people told us they were informed and others not.

Staff had received training on infection prevention and control and wore personal protective equipment. Some people raised concerns that staff did not always wear masks or wore them correctly. This was shared with the registered manager who agreed to follow up with staff.

There were sufficient staff available, however, the registered manager and office manager covered staff shortfalls, and this impacted on the monitoring of care calls. Staff were overall recruited safely and received an induction, training and ongoing support.

Overall, people were positive about the staff competency and approach to care. Positive feedback was received about the management team and support.

Staff spoke positively about working for the provider and felt well supported, valued, and listened to. Staff received ongoing training and opportunities to discuss their work.

Staff were aware of their responsibilities to protect people from abuse and avoidable harm. People felt they received safe care and support. The provider had systems and processes to manage incidents and incident records were reviewed for any learning opportunities.

People were involved in decisions about their care. Review meetings had been conducted and spot checks completed to check staff's competency and to gain feedback from people who used the service.

Staff worked with external professionals to support people's needs and outcomes.

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 3 April 2019).

Why we inspected

We received concerns in relation to the quality and safety of care provided.

As a result, 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.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements.

Please see the Safe and Well-led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 180 Surrey Street on our website at www.cqc.org.uk.

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 monitor the service and will take further action if needed.

We have identified a breach in relation to governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 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 safe findings below.

Requires Improvement ●

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. 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. 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, they were also the provider.

Notice of inspection

We gave the service 24 hours notice of the inspection. This was because the service is small and we wanted to make sure the management team were available. On the day of the inspection the registered manager was not available, however, we had contact with them post the inspection site visit.

Inspection activity started on 19 April 2022 and ended on 20 April 2022. We visited the office location on 20 April 2022.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We reviewed a range of records including the relevant sections of four people's care records and medicines records. We looked at four staff files in relation to recruitment, supervision, spot checks and training. We reviewed other records related to the management of the service, including the provider's policies. We spoke the office manager.

What we did after the inspection

We spoke with five care staff and the registered manager.

We continued to seek clarification from the provider to validate evidence found.



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.

Assessing risk, safety monitoring and management

- Guidance for staff about how to manage and mitigate risks to protect people was inconsistent. Whilst we saw some good examples of detailed risk assessments, we also found examples of limited information or risks had not been sufficiently assessed.
- A risk assessment for the safe care of a catheter had not been completed. However, staff were able to advise of the possible signs of an infection and the action they would take if an infection was suspected. A person's hoist risk assessment detailed how to use the sling safely, whilst another person's lacked specific details. Written guidance is important to support consistent safe care.
- The provider had not consistently met their own performance targets. For example, risk assessments stated they were to be reviewed monthly, we saw some had been reviewed at this frequency and others had not. This meant there was a potential risk that staff did not have up to date guidance.

Using medicines safely

- Medicine administration records for three people during March 2022 showed missing staff signatures. The office manager told us people's medicines were provided in blister packs and therefore medicines would have been administered and this was a recording issue. However, the management team had not identified this shortfall or taken any action to investigate the missing signatures. We were therefore not sufficiently assured people had received their prescribed medicines as required.
- Staff had guidance of the person's prescribed medicine such as name, dosage, and administration time. This included details of medicines prescribed as when required such as pain relief and how to safely administer these.
- Staff had received training in the administration of medicines, this included observational and competency assessments. The provider also had a medicine policy and procedure to support staff.

Staffing and recruitment

- At the time of the inspection, there were sufficient staff employed to provide care. The management team covered any staff shortfalls and staff recruitment was ongoing. Staff received an induction and training before they commenced. People confirmed new staff completed shadow shifts with experienced staff before they worked independently.
- Feedback about staff competency and approach was overall positive. A person said, "They [staff] know [relations] needs very well." A relative said, "We get the same carers and thank goodness, it's a blessing." Two people who used the service reported they had different care staff. The management team told us, and records confirmed, staff were divided into two groups and they were allocated regular care calls.
- Staff recruitment checks such as criminal records and reference checks were completed before staff

commenced. This supported the provider to make informed decisions about the suitability of staff to care for vulnerable people.

Preventing and controlling infection

- Staff had received infection prevention and control training. Care staff told us they had access to adequate supplies of personal protective equipment (PPE) and we saw stocks were available in the office to keep staff supplied.
- People confirmed staff wore PPE during visits. However, some relatives told us how staff would at times, wear their face mask under their chin or not at all. We reported this to the management team who agreed to follow this up with staff.
- Staff completed regular COVID-19 testing. The provider had a COVID-19 contingency plan and an infection prevention and control policy and procedure.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their role and responsibilities to protect people from abuse and avoidable harm. This included the possible indicators of abuse. A staff member said, "I've not had to report anything, but if I have any concerns, see something that is wrong, I would contact the management team and report."
- Staff had received safeguarding training and the provider had a safeguarding policy and procedure to support their practice.
- People told us they felt staff provided safe care. A person said, "I'm very safe and nothing goes missing." Another person said, "Safe? Oh yes, yes, they [staff] are very friendly and we have banter. They are like one of the family, amicable, if you want anything doing, they do it."

Learning lessons when things go wrong

- The provider had systems and processes to record, investigate and monitor incidents and accidents. This supported the provider to learn and reduce the risk of further incidents.
- Staff gave examples of action taken when a person had experienced an incident such as a fall. This included ensuring the person's safety, requesting medical assistance, reporting to the person's relative or representative and reviewing care plans and risk assessments.

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 and the culture they created did not always 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The providers governance audits and checks had not been consistently completed at the frequency the provider had stated they were required. This included a monthly review of risk assessments and Medication Administration Records (MAR's) as described in the Safe question of this report. This meant the provider had not followed their own systems and processes and had failed to identify the shortfalls identified during this inspection.
- The provider's electronic care call monitoring system was not fully effective. There was no evidence care calls were being effectively reviewed and monitored to ensure people received their care as expected and assessed for. The electronic care call system flagged missed calls and late calls but required this system to be continually monitored. The management team also covered care calls at times, impacting on their ability to monitor care calls. This had impacted on people receiving consistent and safe care.
- Care plans and risk assessments were inconsistent in the level of guidance and detail for staff. Whilst we saw some good examples that demonstrated person centred care and detailed information, this was not consistently provided as described in the Safe question in this report.
- Two people's care records for April 2022 showed they had not consistently received care calls and support as expected. For example, on two occasions, one care staff member attended a call when this should have been two care staff. We saw two examples where the care call duration was shorter than the expected time by 15 minutes.

Whilst no person had been harmed, a lack of governance and oversight with medicines, risk management and effective monitoring of care calls, placed people at potential risk. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The management team sought feedback from people and relatives about their care via review meetings and attending care calls to complete spot checks on staff's performance. Whilst the provider had not sent a survey or questionnaire inviting people to share their experience about the service, they had plans to do this.
- Assessment processes took account of people's diverse needs and considered their equality characteristics.

- Staff told us they felt well supported by the management team. One staff member said, "The registered manager is really very good, they are supportive, always answer the phone if you call them, always available to provide support, explanation." Staff had received a mix of supervision meeting and spot checks, this is an observation by the management team of their practice during 2021. Supervision meetings for May 2022 were planned and spot checks were ongoing. Staff meeting records confirmed online meetings had been held in 2021 and 2022.

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 provider had taken action when things had gone wrong. However, actions were not consistently recorded. The provider's complaints log showed one complaint was received in 2021, this confirmed the management team had taken action, investigated and resolved the concern.
- A recent complaint about a missed call had not been logged. The registered manager post inspection advised this was an oversight and told us it should have been recorded. Whilst the management team advised they had taken action, this included meeting with the family, they had provided an apology and disciplined staff, these actions had not been fully recorded. Recorded information of actions is important and shows an open and transparent culture.
- Positive comments were received from people about the support and management of the service. A relative said about the management team, "They have shown care, patience and diligence. Yes, I'm perfectly happy with them, they have become a stable part of [relations] life."

Working in partnership with others

- From speaking with staff and reviewing care records, it was evident staff worked with external agencies to support people to achieve positive outcomes. This was confirmed by an external health care professional who reported how well staff had worked with them to support a person.
- Staff gave examples of engaging with health care professionals when a person was found to be unwell. The provider also used a 'grab sheet' to share important information about a person with external health care services. This included the ambulance and hospital A&E departments, to ensure people received consistent care.

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 did not have robust systems in place to effectively monitor and improve the quality and safety of the service. This placed people at potential risk of harm.</p> <p>Regulation 17 (1) (2)</p>