

TLC Care At Home Limited

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Inspection report

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 11 January 2017 and was announced.

TLC Care at Home Limited (TLC) is registered to provide personal care to people living in their own homes. There were 37 people using the service on the day of our inspection.

A registered manager was in post and was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who understood how to recognise and report abuse. The risks connected with people's care and support needs had been individually assessed and plans introduced to manage these. People were involved in decisions about the risks affecting them. The provider assessed, organised and reviewed their staffing requirements based upon people's care needs. The provider followed safe recruitment practices. Systems and procedures were in place to ensure people received their medicines safely.

Staff had the necessary skills and knowledge to meet people's needs. They received effective induction, training and support from the provider. People's rights under the Mental Capacity Act 2005 were protected by the provider. People received the level of support they needed with eating and drinking. Staff helped people to access healthcare services.

Staff adopted a caring approach towards their work, and took the time to get to know people as individuals. The provider encouraged people's involvement in care planning and decision-making. Staff protected people's dignity and privacy. Staff and management had gone beyond their duty to provide a person centred care service to people.

People received care and support that was tailored to their needs and preferences. Staff had the time to read and followed people's care plans. People and their relatives knew how to complain about the service and felt comfortable about doing so.

The provider encouraged an open, on-going dialogue with people, their relatives and the staff team. Staff felt well supported and were clear about what was expected of them. The provider had quality assurance systems to reflect on and drive improvement at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood how to recognise and report abuse. The risks associated with people's care and support had been assessed and plans put in place to manage these. The provider assessed and planned their staffing requirements based upon people's care needs. People received safe support and assistance with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills and knowledge to meet people's individual needs. Staff supported people's decision-making and respected their wishes. People had the level of support they needed with eating and drinking. Staff monitored people's health and sought medical advice and treatment where necessary.

Is the service caring?

Outstanding ☆

The service was caring.

Staff adopted a caring approach towards their work and knew the people they supported well. People's involvement in decision-making was encouraged. Staff and management were committed to understanding support needs from the person's perspective. Staff protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was tailored to their needs and preferences. People knew how to complain about the service, and felt comfortable doing so.

Is the service well-led?

Good ●

The service was well-led.

The provider encouraged an open and inclusive culture within the service. Staff were clear what was expected of them and felt well supported. The provider had developed systems to monitor and improve the quality of the service provided.

TLC Care at Home Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned 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.

This inspection took place on 11 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has had experience of caring or living with someone who would use this type of service. The expert made telephone calls to ten people and their relatives.

As part of our inspection, we reviewed the information we held about the service. We looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five members of staff, including care staff, office staff and the registered manager. We looked at two people's care plans and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

All of the people we spoke with said they or their relative were safe when the care workers were assisting them. They considered there was no abuse, neglect or tension felt when staff were present. One person told us, "Once a week I have a bath with their help and they keep me safe then. It is done very safely." Another person said, "We have one care worker per visit except when (person) has a bath to make it safer." A third person had commented in their care plan, "Staff stay with me at all times and ensure there are no risks or hazards and that I am comfortable in the slings, as I do not enjoy being in them." People said the provider encouraged them to voice any concerns they may have about their safety or care support. People and their relatives told us they would bring any issues to the provider's attention.

The provider had trained staff on how to protect people from harm and abuse. The staff we spoke with understood the forms and potential signs of abuse. They gave us examples of the kinds of things that would concern them, such as changes in a person's mood, behaviour or appetite and any unexplained physical injuries. Staff recognised the need to report any abuse to the provider immediately. One staff member explained, "I would ring the manager and explain the situation to them and they would contact the relevant people. If they didn't then I would take it further. I wouldn't give up until the person was safe." Staff said that they discussed safeguarding issues at their monthly meetings as it was a set agenda item. The registered manager demonstrated a clear understanding of the need to report any allegations of abuse to the relevant external authorities. We saw that the provider had worked well on two occasions when an external safeguarding issue had been identified. They gave the person support and explanations and increased the visits to check on the person and ensure they were safe while working with the local authority.

We saw that the individual person centred plan in place recorded the assessed risk of a person of self-neglect if they did not receive support from staff. Staff assessed the support required and what may be needed if the family were unable to help them, for example, with shopping and where they preferred this to be done.

The provider had a contingency plan to support people in case of an unforeseen emergency. Each individual had written information about what was to happen, for example, in adverse weather. Details were provided as to who and how people would still receive safe care.

The provider had carried out an assessment of risks for each person's care and support. They had put plans in place to enable staff to care for people as safely as possible. We saw these plans covered important aspects of keeping people safe, such as minimising the risk of pressure ulcers, managing people's medicines safely and maintaining the security of their homes. People and their relatives told us the provider involved them in these decisions when they started using the service and at their regular reviews of care. We saw environmental risk assessments had been done to keep people safe. For example, one person had been advised to have a carbon monoxide alarm to alert them of any dangerous fumes within their home.

One person told us, "Yes, they use a hoist and they've had no accidents." Staff told us they had the time to read people's risk assessments such as those for moving and handling people. They were conversant with

these and said they always followed them. In the event that the risks to individuals changed, the provider had procedures in place to make the relevant staff aware of these changes. The staff we spoke with confirmed they had access to the up-to-date information needed to keep people and themselves safe.

Staff described how they read through each person's daily care notes recorded by all staff involved in their care when they started each visit. One staff member told us, "Communication is good. As carer workers, we all understand the importance of sharing relevant information." We were told that these daily notes were regularly collected and analysed by the office staff as part of the audit of records to see if any changes were needed. Staff also understood the importance of making the provider and their colleagues aware of any new hazards they identified when caring for people in their homes. If people were involved in any accidents or incidents, staff understood the need to report these events to the provider without delay. The registered manager explained that they would analyse any such reports to protect people and reduce the risk of events happening again. One staff member described the action they had taken after finding a person had had an accident. They had dealt with the situation and informed all necessary people involved in the person's care.

People confirmed that staff were on time and that missed calls were not a concern. People told us they tended to have the same care workers who got to know their needs well. People knew who to expect on any given day because the provider sent a weekly rota out to them.

The registered manager explained that they assessed and planned their staffing requirements in order to provide a reliable and consistent service. In the event of unexpected staff absence, they and the care coordinator provided cover, where needed, to ensure continuity of care. Before any new staff started work, the provider carried out checks to ensure they were suitable to work with people. These consisted of an enhanced check by the Disclosure and Barring Service (DBS) and the taking up of three employment references. These were followed up by a telephone call to check their validity. The DBS helps employers to make safer recruitment decisions. The staff we spoke with confirmed that they had undergone these checks before they started work.

People recalled when staff helped them with their medicines. One person said, "They do (person's) tablets and they note down what they have had." Another person told us their medication was given according to procedure, on time and without mistakes. The provider had developed systems and procedures to ensure people received safe assistance and support with their medicines, where they needed this. The registered manager explained that all staff involved in the handling or administration of people's medicines had received appropriate assessment, guidance and training. The staff we spoke with confirmed they felt confident in supporting people with this aspect of their care. We saw records that listed people's medicines and what they were for. People had also given signed consent for when medicines had to be administered to them as they were unable to take them themselves.

Is the service effective?

Our findings

People felt staff had the right skills and knowledge to provide the care they needed. People described how they were assisted by competent staff. They felt their service was reliable and regular staff were on time and able to carry out the care well on arrival. One person told us, "They do sometimes send new staff but they are not completely raw and they have always been introduced well." A person also explained, "They call in the mornings and help me with a wash. They arrive in the evenings when they help me to bed. I can get in touch with them enough and communication is good." Another person said, "They alert us to any medical problems they spot and the district nurses check for skin problems."

Staff we spoke with felt the provider had given them the guidance and training needed to provide the assessed care and support to people. Staff completed the provider's induction when they started work at the service. During this period, staff had the opportunity to get to know the people they would be supporting, and to work alongside, and learn from, more experienced colleagues. One staff member told us, "I did a lot of shadow shifts to get used to the clients."

Following initial induction, staff participated in a programme of further training and the Care Certificate. The Care Certificate is a nationally recognised training programme for care staff. Staff spoke positively about the training they had received to date and confirmed that they had completed the Care Certificate. One staff member described how their first aid training had given them greater confidence to deal with medical emergencies. Another explained how the dementia training they had attended had helped them to care for people living with this condition. The provider also issued all staff with a detailed staff handbook as a reminder of their key duties and responsibilities and how to meet these.

The training manager kept an up-to-date training matrix that was reviewed weekly. Staff were encouraged to obtain a nationally recognised qualification within two years of working for the agency. We were told the senior care workers changed work patches from time to time so that they got to know all the people who used the service. Staff reported good communication with staff at the local GP practice which facilitated access to local health professionals such as district nurses and chiropodists.

The registered manager informed us they spoke to each member of staff on a regular basis to identify any additional support or guidance staff may need. They held structured one-to-one meetings with staff to discuss training and development needs. The staff we spoke with confirmed they felt able to approach the registered manager and other key staff at any time for any additional advice or training required. The registered manager and office staff also provided on-call management support, outside of office hours, to respond to any urgent requests for assistance or advice from staff.

We looked at how the provider was protecting people's rights under the Mental Capacity Act. The Mental Capacity Act (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.

The registered manager understood the need to protect people's rights under the MCA and its implications for the service provided. The staff we spoke with recognised the need to support people's decision-making and to respect their choices. They confirmed they would seek advice from the provider in the event that people were unable to make decisions for themselves. We saw in care files where consent had been obtained to share information, hold details on a computer and use of a person's telephone in their home by staff.

People told us when they needed support from staff to prepare meals or drinks they were satisfied with the help provided. One person described how staff always took the time to check what they wanted to eat or drink and stayed around in the home until they had eaten. A relative told us, "They were good at what they did and knew how (person) was. It was very good and if (person) was not eating they would let me know." We saw that people's food-related likes and dislikes had been recorded in their care plans. People confirmed staff did their best to prepare food and drinks the way they liked. We saw that any specific nutritional or dietary requirements people had were recorded in their care plans. Staff also recorded where people required adapted crockery in order to eat their meal in a dignified way. The registered manager confirmed that, where possible, they encouraged people to have a healthy, balanced diet.

People and their relatives told us staff monitored people's health and helped them seek professional medical advice or treatment when needed. We saw that information about people's health needs had been recorded in their care files to ensure staff understood the support people needed in this area.

Is the service caring?

Our findings

People we spoke with consistently referred to the way that staff respected their home and family life as 'very good' or 'excellent.' People told us they were involved in their care and support that was sensitive to their disabilities, age and gender preferences. One person said, "They kept us involved during the year they helped (person) and they often spoke with me". A relative said, "They have been an absolute delight to use and it's been a real help for (person) and us". "They are very good. Yes, they've been very good with me. Look after me well." Another person said, "I did have a young lad and he was fine but (person) did not want that so it's just ladies."

Relatives told us that staff went above and beyond their caring role. One relative said, "They are very helpful and they go above and beyond. They are on time and they don't rush away and they will do little extras even like a bit of ironing. You couldn't wish for better carers. They do care." The provider and staff cooked a lunch at Christmas for all the people who used the service and their partners and included a gift. They delivered it to the people and assisted them where necessary.

Staff spoke compassionately about the people they supported and how they supported them to remain independent. They talked about people being in control of their lives and how they encouraged them to be independent. One staff member said, "Every client is different. We treat everyone differently and help them to do what they can first before we intervene. We take the lead from them." Staff spoke with a positive regard for people and it was clear they put people first. One staff member told us, "We are passionate about our work and we are always looking ahead, thinking forward to anticipate and prevent issues. We are a brilliant team."

The service had a strong, visible person-centred culture. Staff had developed positive relationships with people. A person said, "I don't get out very much so it's very pleasant when they call and there isn't one that I haven't taken to. We have a chat and a little laugh. I'm treated more like a friend. I Very much like that." The staff we spoke with described how they supported people in a caring and respectful way. They were proactive and patient and put people at the centre of everything. One person said, "Yes they give me my wash with dignity and it gets done properly, I get fully dried. And they ask me if it's all ok." Another said, "The service has been in place for about 18 months. It was set up and they call regularly or the boss calls round and they do a form. It was all agreeable with us at the start and they have fine-tuned it since. They are on the ball."

Staff understood that people lived in their own home and they could make decisions about their daily lives, such as how they liked staff to support them with moving and handling or what they wanted to do or eat. A person said, "Yes, they met us and it was agreeable to us and what we preferred and they have kept to it." The provider, through their care assessment and planning, was exceptional at helping people to express their views. This was so they understood their care provision fully. For example, we saw in one person's plan a section stating; 'Having considered the things that are important to you, think about the help that you need from (provider) to help you achieve your outcomes.' This meant people stayed in control of their independence.

There was information in the care files about what was important to people, so staff were able to chat about their family and interests. Staff supported people to make decisions. They were kind and considerate and were flexible around people's changes to their routines. The agency was flexible to re-arranged people's schedules because they considered that it was their choice and they could change their minds whenever they wanted to. For example, one staff member told us how one person loved a certain type of music and rearranged the care visit so that they could watch a television programme about this. Another time the person was shown how to listen to the music through the radio channel on the television so they could continue their enjoyment. Staff were exceptional in promoting people to be independent and supporting people to remain independent. For example, where a person did not have relatives living locally the provider was creative with how they used the available care hours to ensure that the person was settled after coming out of hospital and was safe at night.

People's privacy and dignity was respected. Staff described how they were discreet in the way in which they supported people, such as standing outside the shower whilst making sure the person was safe. One person told us, "They were able to encourage (person) to change and to wash and they were very discreet for (person) which (person) liked." Staff told us how they ensured people's privacy and dignity was respected by closing doors and curtains when providing personal care. One relative told us, "Personal care is done with dignity from what I can see and they limit how many carers so (person) does not get confused. It's mainly regular staff, the same faces."

People had access to advocacy services if they needed impartial support to make decisions about their care. The registered manager was knowledgeable about local advocacy services that could be contacted to support people if they required. An advocate is a person who is independent of the service who can support people to make decisions about their lives or to raise concerns about their support. However, no one at the service was receiving this support at the time of the inspection. Staff were aware of the need for confidentiality and kept records securely.

Is the service responsive?

Our findings

People and their relatives felt the provider shaped the care and support staff provided around people's individual needs and wishes. They felt listened to by the provider and in control of their day-to-day care. The care plans were person centred and included people's preferred choice of gender of the care worker that visited them. The provider had also recorded what would happen if they couldn't supply this preferred gender and this had been communicated to the person. Two people commented that the evening call was a 'bit too early' but they said that the provider was responsive when they commented about this. One person described how staff had always been willing to adapt their care to what they needed on a given day. They explained, "We are very satisfied. We live right out and the ladies who call are very social and ask if they can do anything else like a bit of shopping. They bring a receipt but it's just a pint of milk or a paper."

We saw how the provider responded to people who were at risk of self-neglect or social isolation and were assessed as needing more support but had the capacity to refuse this. The provider raised these concerns with the GP, Power of Attorney and the local authority. They worked in partnership to introduce a local 'befriending service' run by volunteers and they were working with the person to accept this.

One relative said, "(Person) has been with the agency about 18 months and they and we have done the care plans with them and they visited (person) before doing this. The care plan was comprehensive. There's been one review and it covered everything following a very full care plan." We saw that people's care plans detailed the specific support each person wanted and needed from staff during each of their visits. The registered manager reviewed these plans on a monthly basis, involving people and, where appropriate, their relatives in this process. Staff confirmed that they understood the purpose of and followed people's care plans. However, they also emphasised the importance of getting to know people well, as individuals, in order to more fully understand how they liked to be supported. One staff member explained, "We get to know people as human beings not just clients." Another said, "We re-assess the care of people and see if the care worker allocated has been the right match for them. We always change this if we feel another person with different skills is required." This showed the provider was responsive to changing needs of individuals.

People and their relatives did not have any significant concerns about the care and support provided. They knew how to raise any complaints or concerns with the provider, should they need to, and felt comfortable about doing so. We saw the provider had developed a formal a complaints procedure to ensure they dealt with any complaints received appropriately. The registered manager explained they gave people a copy of this procedure to ensure they were clear about the process of raising concerns. This could be available in large print if needed. People also had a contact number to be able to reach them or the care coordinator at any time. The care coordinator had visited everybody and met with them face to face so that they knew who they were.

Is the service well-led?

Our findings

People and their relatives described a culture within the service in which they were able to speak openly with the provider. They said they could get in touch with the office and that the staff were easy to talk to. They felt the provider valued and listened to their opinions and was approachable. People felt their communication with the provider was generally good and that they were kept up-to-date with any information affecting their care.

The registered manager had a clear understanding of the duties and responsibilities associated with their post. Staff felt well supported and directed by the registered manager. One staff member told us, "We are always kept informed of any changes to the care and support we give." Staff told us they were clear about what was expected of them, and felt able to approach the registered manager for any additional day-to-day support and guidance needed.

Staff felt their opinions mattered to the provider, with whom they had a sense of shared purpose. One staff member told us, "One of the values this agency has is about giving 100% care and to be the best we can." Another staff member said, "There is a great team spirit and we all work together to help people individually." We saw that the provider had given staff information on whistleblowing in the staff handbook. The staff we spoke with understood the purpose of whistleblowing, and said they would challenge the provider's working practices or decisions if they needed to. One member of staff was a whistleblowing champion who was the first point of contact for any members of staff to go to.

The provider had developed quality assurance systems to assess, monitor and address the quality of the service provided. The provider also distributed regular feedback surveys and conducted telephone interviews to further capture people's views about the service. The registered manager explained that they reviewed and acted upon any feedback received. We viewed a sample of returned surveys and all had positive comments.

The registered manager and senior staff also had a programme of unannounced spot checks. This was to assess the success of the care and support provision in achieving the goals of people's person centred plan. In addition, the registered manager and care coordinator carried out regular checks on the daily care records maintained by all staff. Any issues were fed back to care workers at their monthly meetings. The registered manager told us they kept abreast of best practice through, amongst other things, accessing health and social care resources on the internet. This helped them measure the quality of the service provided, and incorporate new ideas within the service.