

THC Care Ltd

Tipton Home Care Limited

Inspection report

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04 December 2019

05 December 2019

09 December 2019

10 December 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Tipton Home Care Limited is a domiciliary care service providing personal care to older people with a mixture of needs including, dementia and physical disabilities. People are supported in their own homes, at the time of the inspection 174 people were receiving personal care.

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 were not effective for monitoring medicine records. The registered manager had not told the local authority or CQC about a safeguarding concern. Audits of care plans did not identify people were being restricted of their liberty. Staff told us they received the opportunity for constructive feedback. Staff understood whistleblowing.

People were restricted of their liberty without legal authorisation. There was a lack of understanding of how to restrict people lawfully in their best interest in order to keep them safe, by the registered manager and provider. People were given choices and the right to refuse by staff. Staff understood their responsibilities and what was expected of them.

Staff did not always record people had received their medicines as prescribed. People did not receive their calls at the times they were expecting. People felt regular staff knew them well but often they were supported by staff who did not know them as well. Staff had good knowledge of safeguarding processes.

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

People did not have regular staff and felt their support was not always provided in a consistent way. Some people felt calls were rushed. People's privacy and dignity was maintained.

People and their relatives knew how to complain but didn't always feel listened too. People did not always have regular staff, so felt care was not always provided in a personalised way. People's communication needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 December 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified breaches in relation to safeguarding people and governance 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 for 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Tipton Home Care Limited

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 carried out over four days. The first day consisted of two inspectors. The second day consisted of three inspectors. The third and fourth day was an Expert by Experience making telephone calls to people and their relatives.

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.

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. The registered manager was available at this inspection, and we were supported by a manager that we refer to as the manager throughout this report.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 04 December 2019 and ended on 10 December 2019. We visited the office location on 04 and 05 December 2019.

What we did before the inspection

We reviewed information we had received about the service since it opened. We sought feedback from the local authority and Healthwatch about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and nine relatives about their experience of the care provided. We spoke with 12 members of staff including the nominated individual, manager, care coordinator, quality and compliance office, HR advisor and care workers. The registered manager was not available for the inspection.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

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

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Using medicines safely

- There were numerous gaps on people's medicine administration records (MAR) that had not been identified by the manager. This meant there was no way to identify if people, who had prescribed creams, received them as directed as some people would be unable to share this information.
- The manager had implemented a new medicines training program in response to medicines errors identified. They told us nearly all staff had completed this. Staff confirmed this to us and said it had been beneficial. However, at the time of the inspection ongoing issues had not been resolved.
- People who could talk to us, told us they received their 'as and when required' (PRN) medicines when needed. The manager was in the process of implementing protocols to give staff details of how and when to give PRN medicines. Staff told us they followed instructions on the medicine boxes, instruction leaflets and the MAR.
- Staff told us how they followed good practice before giving people their medicines. For example, checking the dose of the medicine and checking there has been a safe time gap since the last time it was administered.

Staffing and recruitment

- People said staff did not always have the time needed to provide them with compassionate support, they felt staff rushed them. A person told us, "If I'm honest, I sometimes feel as if I am being rushed."
- Some people told us their calls were regularly outside of the time they were expecting staff, they had raised this, but nothing had happened. One person said, "Nobody ever calls to let me know what's going on and I find myself just sitting waiting for somebody to come." The manager had recently spoken to all people who used the service to identify if the call times they received were what they wanted. The manager was working to rectify any issues people had with call times but there were still improvements needed.
- People told us they often had new staff and did not know which staff were supporting them each day. They were not given a list of who would be coming into their homes. Comments included, "It's always different carers coming through the door and I get so tired of having to explain everything." Another person said, "I haven't got a clue who will be coming next or even at what times really. I never get sent a list from the agency." This meant people did not know who was coming into their home to support them on a day to day basis.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers.

Assessing risk, safety monitoring and management

- People and their relatives told us their regular staff knew them well, but they often had different staff who

did not know them as well. One person said, "The staff are reassuring but when staff don't use [my hoist] so often they do it differently, I don't feel as safe because I'm not keen on [using the hoist] and I'm frightened in case they don't put the straps on properly." The person told us there had been one occasion where a strap had been put on incorrectly, but this had been quickly rectified and there had been no harm.

- Care plans and risk assessments contained information about people's support needs and associated risks. Staff understood how to support people safely and people and their relatives told us they felt safe with staff who they were familiar with.
- Staff and the manager were proactive when people's needs changed and would contact health professionals on people's behalf.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training.
- Staff could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "I would contact the manager and report the concern, or I would ring 'on-call'. If I had a concern about the manager or if it was not dealt with, I'd report my concerns to CQC."

Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment was available to them.

Learning lessons when things go wrong

- The manager evidenced how lessons had been learned in relation to previous incidents that had occurred in the service. Systems were in place for all accidents and incidents to be reviewed. The manager identified any patterns and trends to ensure people were safe and any future risk was reduced.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider could not show they had acted in accordance with the requirements of the Mental Capacity Act 2005. There was a lack of understanding of how to apply deprivation of liberty safeguards, by the registered manager. This meant decisions were being made for people without the necessary legal steps being taken.
- Some people were being deprived of their liberty without the appropriate legal authorisation. One person was been restricted from accessing parts of their own home. This was written into the persons care plan. The registered manager had not recognised this as a potential deprivation of the persons liberty and had not alerted the LA that the person was being restricted
- Another person was being locking in their home by staff, due to potential risks of them accessing the community. This had not been reported to the local authority as the person was being deprived of their liberty.
- While these actions had been taken by staff to keep people safe the registered manager had failed to recognise that they had a responsibility to alert the local authority to these restrictions.

Restricting people without legal authorisation was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities)

The nominated individual and manager responded during and after the inspection. They confirmed the local authority and relatives of the people had been informed of any deprivations of liberty following our inspection. The nominated individual confirmed the local authority and relatives had agreed for restrictions to remain in place, to keep people safe, until formal assessments had been carried out.

- Staff told us, and records confirmed, people were given choices and the right to refuse their care and treatment. For example, some people refused to have support with personal care and staff respected this. One staff member told us, "We always ask people what they want and don't want, we can't force them." A person told us, "Certainly no one's ever forced me to do anything that I wasn't happy about."
- People's needs were assessed prior to them accessing the service. Care records showed people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People told us some staff knew their needs, and preferences well but sometimes they were supported by less familiar staff. A person said, "My regular carers will always warm up the shower for me and put my towel onto my heated rail ... Some of the carers that I see only once in a while, have to be reminded to do that for me, they don't seem to think about it for themselves unfortunately."
- Staff had completed training necessary for their role however this had not been refreshed in line with the providers policy. For example, the training matrix said staff should update their DoLS training every year, but we saw over half of the staff team had not completed a refreshed in the last 12 months.
- Staff understood their responsibilities and what was expected of them. They told us they received training that was relevant to their roles. One staff member said, "We are just updating all of it now, we have just done moving and handling training and it covers everything we needed to know. We do medication training face to face at the office. We have a questionnaire at the end of the training."
- Staff had completed an induction process and the care certificate where needed. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- Where people needed support with meal preparation, they told us staff involved them and they choose what they ate. One person said, "[Staff name] makes sure I am fed, I pay for my own food but [staff name] does all the preparing and cooking if I want it cooked."
- The nominated individual told us one person's needs had recently changed and they required support with eating and drinking. Appropriate referrals had been made to speech and language therapists. This showed the provider made sure people had appropriate professional input to ensure they could eat and drink safely and maintain a healthy balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where needed, staff would support people to access community healthcare professionals such as the GP and district nurses. This enabled people to have their health needs met by external professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People said when they did not have regular staff, their support was not always provided in a consistent way. One person said, "Unfortunately, it's very hit and miss [with staff]. Two or three of my carers will always do everything possible to make sure everything is clean and tidy before they leave, whilst others don't. Another person said, "I would just like to see a small number of regular carers most of the time, who I could get to know and who would get to know how I like things to be done."
- People's records included details of life histories, religious beliefs and wishes and preferences. People and their relatives felt the regular staff knew their preferences and were good, caring and always willing to do extra jobs where needed. One person said, "[Staff member] is great, yes nothing is too much trouble for [staff member]."

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

- People were encouraged to make day to day decisions about their care and support. Staff told us, and records confirmed, staff offered people choices.
- The manager told us people and relatives were going to be provided with questionnaires, so they could express their views about their care. This had not yet happened so people and their relatives had not yet had the opportunity to formally feedback and provide their views of the service, and how it could be improved.

Respecting and promoting people's privacy, dignity and independence

- People did not always feel staff respected their homes. People and relatives told us staff did not always tidy up after themselves and left their homes untidy. A relative said, "The carers will make all of [person's] meals ... some of them don't seem to understand the concept of tidying up."
- People and their relatives told us staff maintained their dignity when they were being supported. A relative said, "The carers treat [person] with dignity and respect at all times."
- People and their relatives told us staff respected their privacy. A person said, "The carers do always make sure my curtains are shut in the morning until I'm dressed." A relative said, "They [staff] close the bedroom door so that [person] can have some privacy, it doesn't get opened until [person] is ready for the day."
- People and their relatives felt staff encouraged them with independence. One person said, "I do like to try and wash my top half myself and then my carer will help with other areas."
- People's records were stored in a locked cabinet in the office. This ensured people's personal information was secure and confidentiality was maintained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. We received mixed feedback from people and relatives about how complaints were dealt with. Whilst the provider were able to show a written record of their response, people felt the outcomes could be better communicated to them and give them opportunity to discuss the outcomes with the management team.

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

- People's care plans contained detailed information about how they liked to be supported. However, people told us they did not always have regular staff, so felt care was not always provided in a personalised way. One person said, "I usually have to remind them about what else I need help with. I suppose if I had a few more regular carers that are here most of the time it might be different, but unfortunately, at the minute I haven't."
- People's care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preference but due to inconsistencies in staff, people did not always feel these were upheld.
- The manager told us everyone's care plan had recently been reviewed. Not everyone could recall being involved in this process. One person said, "A lady came out and did a review, they did it every six months, they show you [your care plan] and talk to you and you sign it to say you're happy with it." Whilst another person told us, "I have got a care plan here in the folder and I think it was all put together when I started with the agency earlier last year. I don't recall anyone having come to go through that since then though."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information was made available to people in different formats where needed. A staff member told us, "We suggested [to the manager] someone may need to use paper [with printed letter] to spell words as a communication tool, and we have input it and it has worked."

End of life care and support

No one was receiving end of life care at the time of the inspection. As and when people may require end of life care, the management team would make appropriate referrals to community teams so that people's end of life wishes, and preferences were adhered to.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- System to audit medicines had not been effective in identifying gaps in medicine records. Some audits of medicines had taken place and concerns had been identified, with actions taken. However, the provider only audited 10% of medicine records each month. This meant concerns about people's medicines would not always be identified and actioned.
- Medicine administration records (MAR) were not always completed. We found numerous gaps where staff had not signed to say people had received their medicines. The people we spoke with told us they received their medicines as prescribed. Staff told us they always checked if people's medicines had been given on the previous call and would inform a manager if there were any concerns people had missed their medicines. However, the manager told us, and their system confirmed, staff had not always informed the manager when there was a missed signature and there was no record the medicines had been administered.
- 'As and when required' (PRN) medicines did not have protocols to clearly show what the medicine was for or when staff should give it. We discussed this with the manager who said they were working on getting these protocols in place.
- Systems to monitor the safety of the service, did not identify where a safeguarding concern had not been raised with the local safeguarding team and notified to CQC, in line with the provider's legal responsibilities. In addition, the provider has failed to follow their own policy in relation to safeguarding concerns. An internal investigation had been completed and the staff member had been removed from supporting the person.
- The provider had not identified, during care plan reviews and audits, that people's care plans did not contain up to date and accurate information about their capacity and restrictions were placed on people without legally authorisation.

We found no evidence that people had been harmed however, systems and processes were not robust enough to demonstrate quality and safety were 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.

- The registered manager was not available for the inspection. The manager in post was applying for registration and was available throughout the process.
- Staff told us they received the opportunity for constructive feedback. This helped staff to have a good knowledge and understanding of their responsibilities and what is expected of them. We saw development

plans were in place, where it had been identified staff needed additional support.

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

- The manager had implemented a new system to enable them to monitor practice, culture and attitudes of staff. The manager was working through this to ensure staff underwent an annual face to face meeting and spot checks. This would better enable the manager to monitor the staff team and ensure the delivery of good care.
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.
- Staff said they felt involved and were able to make suggestions to improve the service. One staff member said, "They [management] listen, we have the opportunity to suggest changes. If we have a concern about a client, they listen."

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 manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Where people requested, the staff would communicate with external professionals on their behalf. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

Continuous learning and improving care

- The manager told us since they started they had been a lot of work to do. They had recruited staff that were dedicated to call monitoring and felt this had improved peoples experience of the care provided to people. The nominated individual told us they had stopped taking on new people to enable them to focus on improving quality. The manager had implemented new quality and audit systems and felt they had a better oversight of the service. The plan was to sustain the systems and improvements that had already been implemented and grow the business at a pace they could cope with.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were being restricted without legal authorisation.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not robust enough to demonstrate quality and safety were effectively managed. This placed people at risk of harm.