

TNC Healthcare Limited

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Inspection report

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Date of inspection visit:
30 January 2023

Date of publication:
28 February 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

TNC Healthcare Limited is a domiciliary care service providing the regulated activity of personal care. At the time of our inspection there were 13 people using the service. 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

Safe recruitment practices had not always been used to recruit new staff. There were enough staff who had been trained and supported to carry out their role and felt confident in the management of the service.

Risk and medicine management plans did not always contain the necessary detail. This meant staff did not always have access to guidance on how to support people to manage their medicines and reduce people's risks.

The provider had identified effective quality monitoring systems were needed to manage and monitor the service. A dedicated staff member had been identified to train and assess staff and the provider was implementing a new data care management system. However, more time was needed to identify if these improvements would be effective in assisting the registered manager in monitoring the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, the provider's processes to record and manage people's mental capacity were not clear when using their current care management platform. We have made a recommendation about the assessment of people's mental capacity using the principles of the Mental Capacity Act 2005 (MCA).

The views from people and their relatives were valued by the registered manager. Any feedback helped them drive improvements. Lessons were learnt and improvements were made when incidents occurred.

People and their relatives praised the caring nature of staff. They told us they were supported by regular staff who were reliable and familiar with their needs. Staff understood the importance of reporting any safeguarding concerns, incidents or changes in people's health and well-being.

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 15 December 2021 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration; therefore, this inspection was carried out to gain

assurances about the quality of care and systems used to monitor and manage the service.

Enforcement and Recommendations

We have identified breaches in relation to safe recruitment and the management of people's risk and medicines and have made a recommendation in relation to the assessment of people's mental capacity.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

TNC Healthcare 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 Health and Social Care Act 2008.

Inspection team

This 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

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 6 January 2023 and ended on 30 January 2023. We visited the location's office/service on 30 January 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 5 relatives about their experience of the care provided. We spoke to the registered manager, nominated individual, care coordinator and received feedback from 2 staff who deliver care to people. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, this included 4 people's care records. We looked at staff files in relation to recruitment, training and a variety of records relating to the management of the service, including policies and procedures.

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 of 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.

Assessing risk, safety monitoring and management; Using medicines safely

- People's support needs and personal risks were assessed and identified before the service started to support them. However, we found comprehensive risk management and escalation plans had not always been completed for all people who required specific support requirements such as catheter care and moving and handling. This meant staff did not always have access to detailed guidance for them to follow when supporting people with their risks. This placed people at risk of not receiving appropriate care to meet their needs.
- When support was required, people told us they received their medicines as prescribed. People's prescribed medicines were listed in their care plan and people told us they received their medicines as prescribed. However, staff would benefit from further guidance around the management and preferred administration of people's medicines and application of barrier creams. This would ensure staff were fully informed of their responsibilities in relation to people's medicines.

Comprehensive risk and medicine management plans had not been put into place to guide staff which placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt confident in supporting people with complex needs and had received training to support people safely and to administer their medicines. This was confirmed by people and their relatives who told us they felt staff understood their support needs.
- The registered manager and care coordinator continually monitored people's risks and medicines through auditing systems, spot checks of staff practice and reviewing people's support needs.
- We were assured the provider had processes in place to ensure that all methods of administration would be managed safely, such as covert and 'as required' medicines.

Staffing and recruitment

- People were not always protected from staff that had been safely recruited. Safe recruitment practices were not always being used when recruiting staff from other countries.
- Whilst we found no negative impact on people, the registered manager had not always considered how they had assured themselves that staff were of good character when staff had not always lived full time in the UK.
- We found health, right to work in the UK and DBS checks had been obtained. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However,

complete references and background checks had not always been obtained to evidence the good character of staff.

The provider had not always ensured fit and proper staff had been employed to provide the regulated activity of personal care. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider was passionate about ensuring that staff with the right attitude and values were employed to support people.
- Sufficient numbers of staff had been recruited to support people. People told us they were mainly supported by a core staff team who were familiar with their needs.
- Effective systems were used to plan and manage people's care visits. This enabled staff to travel between care calls and to deliver care to people without being rushed.
- The managers provided care when unplanned staff absences occurred. This also enabled the managers to monitor the accuracy of people's care call times.
- People and their relatives told us staff were generally punctual and often stayed longer than the allocated time.
- Staff could request additional support and advice from managers using the out of hours on call team.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse.
- Staff had been trained in safeguarding and had access to the provider's safeguarding and whistle blowing policies.
- There had been no safeguarding concerns since their registration with CQC. However, we checked the managers and staff understood their responsibilities to report and manage any concerns and take action to safeguard people in line with their policies.
- People and their relatives confirmed that they felt safe being supported by staff. One relative said, "We feel very safe with them [staff] in our home. They are very kind."

Preventing and controlling infection

- We were assured that the provider was minimising the spread of infection to people as safe infection control practices were being maintained. Staff had been trained in infection control and had access to PPE.
- The registered manager and staff were aware of the current changes in COVID 19 and infection control government guidance.
- Infection control practices were checked as part of the registered managers spot checks of staff practice.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents, incidents and near misses.
- Records of incidents would be reviewed by the registered manager and actions taken, such as referrals to health care professionals and reviews of people's care needs.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service. The assessment, and people's support preferences enabled the registered manager to develop a care plan for each person.
- Care plans were held on a care data management system at the time of the inspection. However, the provider had identified some limitations with the current system and had subscribed to a new care data management system. They were planning to migrate all the data relating to people and staff on to the new system. This would enable the provider to more effectively monitor the running of the service.
- The provider kept themselves updated with national guidance in delivering care to people in their homes.

Staff support: induction, training, skills and experience

- Staff told us they felt supported and trained to carry out their role.
- Staff received induction and on-going health and social care training from a variety of sources including online, virtual and classroom training.
- Plans were in place to further develop the monitoring and skills of staff by developing a range of competency assessments including medicines and moving and handling. A staff member had been identified to train as an inhouse trainer and assessor (in health and social care subjects) to assist the managers to monitor the training needs of staff. The registered manager currently completed spot checks to check staff practices, attitude and approach to care until these developments were implemented.
- The provider was aware of the practice to assess staff against the care certificate. However, they had not considered how this would be achieved when employing experienced staff. We sign posted the service to the care certificate self-assessment tool to enable them to tailor the staff induction and training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People's relatives confirmed that staff were skilled in their role and were knowledgeable about different aspects of people's care.

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

- People were supported to prepare their meals and support people to eat when required.
- Staff said they would report any changes in people's appetite or hydration to people's families and the registered manager so action could be taken.
- Staff were not currently supporting anyone at risk of choking. However, we discussed the importance of monitoring changes in people's eating and having choking risk assessments and management plans in place for those people who may be at risk.

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

- People's care needs were regularly reviewed.
- Staff supported people to monitor their health and well-being. They informed family members of any changes and referred people to relevant health care professionals in a timely manner for advice and support. Recommendations made by health professionals were recorded and implemented by staff.
- The registered manager said they worked closely with other agencies and people's families when supporting people.
- Staff told us good communication from the managers ensured they understood changes in people's support requirements and provided them with a good level of support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

- People were provided with a service user guide and a consent agreement form when they started receiving support.
- Relatives told us they always heard staff giving people choice and involving them in decisions about their daily support requirements.
- Staff had received MCA training and were able to describe how they would support people who may lack mental capacity or refuse care.
- The service did not currently support anyone who lacked mental capacity about specific decisions relating to their care. However, we reviewed the provider system to assess people's mental capacity on their current care data management system and found the format was not comprehensive in demonstrating how people's mental capacity would be assessed. The provider told us their new data management system would address this issue.

We recommend the provider consider current guidance on assessing people's mental capacity using the principles of the Mental Capacity Act 2005 (MCA).

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 Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind and caring staff. Relatives praised the staff and told us staff treated them and their family member with respect and kindness. One relative told us, "They [staff] are lovely people."
- Information of what was important to people and their likes and dislikes were recorded to help staff understand and respect people's wishes, beliefs and needs.
- The provider's recent customer survey and recorded compliments showed that people were satisfied and pleased with the care they received.

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

- People and relatives told us they were involved in making decisions about their care. Relatives said they felt confident to inform staff or the managers if they required changes to their care call and their wishes would be acted on.
- People told us they felt listened to in relation to their care. Relatives said they heard staff informing people how they were going to be supported and always checked people were comfortable and asked if any further support was needed before they left.

Respecting and promoting people's privacy, dignity and independence

- People's care plans prompted staff to support people with dignity when supporting them with their personal care and hygiene. People and their relatives confirmed they were consistently treated with dignity and respect.
- Where possible staff supported people to maintain their independence. When required, staff encouraged people to carry out aspects of their care for themselves and observed people's safety from a distance only intervening when necessary.

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 Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives complimented the staff who cared for them and explained staff were attentive and responsive to their needs.
- People said they received personalised care which was focused on their needs, preferences and routines.
- People's care plans reflected their backgrounds, levels of independence and the support people required by the service. Their physical and mental needs and protected characteristics, such as their religion, were identified and recorded.
- Staff could access people's care plans and documented how they supported people on an application (app) on their mobile device which linked to the providers care data management system.
- Staff were supported to deliver care which focused on people's individual needs through shadowing experienced staff and ongoing training.
- We were provided with examples of how the service and staff responded to people's changing needs. For example, providing staff with additional training when people's support requirements, such as continence, changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager had ensured people's communication needs had been identified and met, such as ensuring people were supported to wear their glasses and hearing aids.
- Relatives told us people's communication needs were being met. One relative said, "The carers speak to [name] very clearly, they never rush and always make sure he has understood them."

Improving care quality in response to complaints or concerns

- People were provided with information of how to raise a concern
- The provider had received no complaints since their registration with CQC. However, they were able to describe how they would manage a complaint in line with their policy and their duty of candour responsibility if something went wrong.

End of life care and support

- Most staff had received end of life training as part of their staff development plan.

- The registered manager explained, where it was assessed as safe, they would support people who wished to receive end of their life care in their homes. They said they would work closely with people, their families and other professionals to ensure they always delivered appropriate care and people remained comfortable.

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

- The provider welcomed the feedback given at this inspection and took immediate action to address the concerns raised.
- Through their own assessment of the service, the provider had identified further work was needed around the governance of TNC Healthcare Limited. For example, the provider had recognised that their current data management system did not meet their organisational needs. They had identified a new data management provider and was planning to migrate all relevant data to the new platform.
- Whilst the service did not currently support people who lacked mental capacity, we found the provider's system to manage and assess people who may lack mental capacity around specific decisions relating to their care were not clear. We were told this would be addressed on their new care management platform.
- The provider was developing a senior staff team to help them train and assess the skills of staff.
- However, further time was needed to assess if the new systems and senior team would be effective in monitoring the quality of the service and identifying gaps in people's care records and staff recruitment.
- The registered manager had developed a matrix which monitored the frequency of staff supervision and training. Staff practices including their infection control practices and the management of people's medicines, were monitored through spot checks, supervision, and feedback from staff and people using the service. Any concerns had been addressed.

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

- The registered manager and nominated individual led by example. They were passionate about providing a service which was personalised and caring. People's relatives said the managers were approachable and found all staff friendly and kind.
- The culture of the service was to deliver care and support which focused on providing person-centred care that met people's needs.

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 management team had developed clear processes to follow when there were any incidents. The registered manager was aware of their responsibility to be honest with people, investigate when things went wrong and to take action and learn from any mistakes.
- Staff were aware of the importance of reporting any concerns, accidents and near misses promptly. The

registered manager explained all incidents would be reviewed by themselves and action taken to help prevent further incidents. Any lessons learnt were shared with staff.

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

- People's relatives and staff told us they felt the service was well-led. Staff told us they were able to discuss any concerns and share ideas.
- The registered manager engaged with people and actively sought their views of people through quality surveys, when providing care and working alongside staff.

Working in partnership with others

- The provider and staff worked in partnership with people's relatives, key organisations and health care professional to support people to safely live in their own homes.

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 12 HSCA RA Regulations 2014 Safe care and treatment Comprehensive risk and medicine management plans had not been put into place to guide staff which placed people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not always ensured fit and proper staff had been employed to provide the regulated activity of personal care.