

T & D Homecare Ltd

T & D Homecare

Inspection report

244 Kilburn High Road
Kilburn
London
NW6 2BS

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

Summary of findings

Overall summary

T & D Homecare is a small domiciliary care agency registered to provide personal care and other support to people living in their own homes. At the time of this inspection, 3 people were receiving personal care. The Care Quality Commission (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

The service ensured people's safety was fully assessed and managed. Potential risks to people had been identified and the provider ensured people's risk assessments were regularly reviewed and updated where there were any changes. Staff were provided with guidance to ensure potential risks to people were minimised.

The provider had ensured there were enough staff in post to meet people's care needs. Pre-employment checks had been carried out to ensure new staff were safe and suitable for the work they were required to undertake.

The provider had systems in place to help protect people from the risk of infection. Staff were provided with personal protective equipment. Staff had received training in infection prevention and control. The provider's spot checks of care practice in people's homes included checks of infection control practices.

People's care needs, wishes and preferences were assessed before they started using the service. People's care plans contained detailed guidance for staff on how to ensure their cultural and personal needs and preferences were sensitively and effectively met.

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

Staff respected people's choices, including those relevant to protected characteristics, for example, due to disability, cultural or religious needs and preferences. The provider had ensured people were supported by staff who were familiar with their cultural and language needs and preferences.

Staff members had received training to ensure they had the knowledge they required to meet people's needs. All new staff received an induction before they started to support people. The provider had a system in place to ensure training was refreshed annually or as required. Staff received regular supervision from the registered manager to support them in their care practice.

People's nutritional support needs were met. People's care plans included guidance and information for staff on their preferences in relation to eating and drinking.

The provider had processes in place to report, monitor and learn from accidents and incidents to people. Immediate actions had been taken to reduce risks arising from incidents and accidents.

The provider had systems in place to monitor and assess the quality of the care and support provided to people. Policies and procedures which reflected current best practice were in place to underpin this.

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

Rating at last inspection

This is the first inspection of the service. This service was registered with us on 1 September 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

T & D Homecare

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

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care and practical supports 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included feedback we had received about the service and any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We used the information the provider sent us in the provider information return. This is

information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and the care co-ordinator. We reviewed 3 people's care files, 3 staff records, policies and procedures and a range of records relating to the management and quality monitoring of the service. Following our visit to the office, we received feedback from 2 care staff and 2 relatives of people using the service.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from the risk of harm or abuse
- Staff had received training in safeguarding adults. They understood their roles and responsibilities should they suspect any person was at risk of harm or abuse.
- The provider's policies and procedures reflected best practice in safeguarding people from abuse.
- This is a relatively new service and there had been no safeguarding concerns raised at the time of our inspection. The registered manager showed us a recording and monitoring template they had developed for use should any safeguarding concern be raised in the future,

Assessing risk, safety monitoring and management

- People had personalised up to date risk assessments. These included risks associated with their personal safety, mobility, and home environment. People's risk assessments were linked to their care plans and contained guidance for staff on safely managing identified risks while ensuring people's choices and preferences were respected.
- The registered manager and care co-ordinator maintained an 'on call service'. This enabled people, relatives and staff to contact them out of office hours if they had questions or concerns.
- Information about health professionals and key contacts were included in people's care records. Staff told us they knew what to do in the event of an emergency.

Staffing and recruitment

- The provider ensured there were enough staff in post to meet people's needs. The registered manager told us they were capacity building to ensure the care and support needs of any new referrals to the service were met.
- People's relatives told us they had no concerns about staff punctuality or reliability.
- The provider's recruitment systems were robust. Pre-employment checks had been carried out, including references, proof of identity and Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. Staff references were verified to ensure they were genuine.
- Newly recruited staff were required to complete induction training and time shadowing a more experienced staff member before working alone with people.

Using medicines safely

- At the time of our inspection the service was supporting one person with their prescribed medicines. We saw the person's medicines administration records had been correctly completed with no gaps. A medicines

care plan and risk assessment was in place.

- All staff had received training in safe administration of medicines. Competency checks had also been carried out for staff supporting people to take their medicines.
- The provider's policies and procedures on safe administration of medicines reflected current best practice.

Preventing and controlling infection

- The provider had systems in place to ensure the risk of infection was prevented and controlled as much as possible. The service's policies and procedures were up-to-date and reflected current government guidance.
- Staff had received training in infection prevention and control.
- Staff were provided with the personal protective equipment (PPE) they required to minimise the risk of infection. The provider maintained a stock of PPE and staff collected new supplies when they visited the office.
- The provider's records of spot checks of staff practice in people's homes, showed there had been checks of staff use of PPE and other infection control practices, such as appropriate hand hygiene.

Learning lessons when things go wrong

- We looked at the service's accidents and incidents log. This showed that all incidents and accidents were immediately reviewed, and appropriate actions were taken to improve people's safety following incidents. For example, the service arranged to replace a person's cooking facilities from gas to electricity following an incident where they had forgotten they had left the gas on.

Is the service effective?

Our findings

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, choices and preferences were assessed before they started to use the service.
- Personalised care plans and risk assessments developed from the initial assessment included guidance for staff on meeting people's needs and preferences. People's dietary, cultural, religious, mobility, sensory and health needs were included in the assessment. Care staff had access to the information and guidance they required to provide people with effective and responsive care.
- People's assessments and care plans were regularly reviewed. The registered manager told us these would be immediately updated if there were changes in people's needs.

Staff support: induction, training, skills and experience

- New staff received an induction. This included core training, understanding the provider's policies and procedures and other information about the service. The induction training was mapped to the outcomes of the Care Certificate. 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 15 minimum standards that should form part of a robust induction programme.
- Staff spoke positively about their training which provided them with the information needed to provide people with personalised, safe care.
- Staff received ongoing support and supervision in their role. The registered manager met regularly with care staff to review their work and to identify training needs. The registered manager and care co-ordinator also carried out unannounced 'spot check' observations of staff practice whilst they were carrying out care in people's homes.

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

- The provider ensured staff had the information they required to support people with eating and drinking.
- People's care plans contained information about their dietary needs and preferences, including religious and cultural needs, and requirements associated with individual health conditions, such as diabetes
- At the time of our inspection, staff had limited involvement in supporting people with eating and drinking. However, people's care plans included information about people's personal and cultural dietary preferences, along with guidance for staff on meeting these. Staff had received training in nutrition and hydration and food hygiene.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about their health needs and professionals involved in their health care and other support.
- People's care records showed staff had engaged with other professionals and relatives regarding their health and care needs.

- The registered manager told us staff would always work with people to engage with relevant health and care professionals and attend appointments should this be required.

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.

- The provider was working within the principles of the MCA. The registered manager understood their responsibilities in seeking consent and acting in line with the principles of the Mental Capacity Act 2005. They knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.
- People's care plans included information about their capacity and ability to make decisions. These included guidance for staff on how best to support people to make choices about their care and support.
- Staff had received training on the MCA and understood their roles in ensuring people were enabled to make positive choices.

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's care plans included information about how they wished to be supported. Guidance was provided for staff on meeting people's equality and diversity needs, such as cultural, religious and disability-related needs.
- The registered manager understood the importance of providing a consistent and reliable service. They were flexible in changing the agreed times of care visits if this was required, for example, when people needed to attend healthcare appointments.
- People received care and support from the same regular staff members. This was confirmed by the relatives we spoke with. There were enough staff to ensure that staff annual leave and other absences were covered by a staff member already known to people. The registered manager and care co-ordinator covered care calls when there was an unplanned staffing shortage, for example to sickness.
- The provider's values, policies and procedures promoted an inclusive culture across that respected people's rights, dignity, equality and diversity. Staff had a good understanding of the importance of respecting people's differences and providing care and support with dignity and respect.

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

- Relatives told us they and the person receiving care were fully involved in decisions about their care and support.
- Staff spoke about involving people in making choices and respecting these. A staff member told us, "I always tell them what I am doing and check they understand and agree."
- The registered manager and care co-ordinator maintained regular contact with people and their relatives through telephone calls and visits. This gave people opportunities to provide feedback about the care they received

Respecting and promoting people's privacy, dignity and independence

- People's care plans included guidance for staff on supporting people with dignity and respect. This included information on people's preferred name and how to provide support that was respectful of their religious and cultural needs. The care plans included information about the things people could do for themselves and the tasks they required support with.
- People's relatives told us care staff treated people respectfully and understood their wishes and preferences. One relative said, "I can't fault the staff and [relative] really likes them."
- Staff described how they supported people's privacy and dignity, for example, by ensuring they were covered when personal care was being carried out.
- The provider's spot checks of staff carrying out personal care in people's homes included a review of

whether staff provided care in a professional and respectful manner.

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's care plans and assessment information showed the provider had involved people and their relatives in planning people's care. People's personal care routines were clearly specified in their care plans. This helped staff deliver consistent care and support in a way which people were familiar and comfortable with.
- People's care plans included a summary about the person's life history, which included information about their family and other important people, previous careers and hobbies and interests. This helped staff understand the person more fully and provide personalised care.
- Staff were knowledgeable about people's individual needs and preferences. They told us they got to know about the care people needed by reading people's care plans and speaking with people and their relatives.
- Staff were immediately informed via electronic messaging about any changes in people's needs. People's care plans were regularly reviewed to ensure they were always up to date.

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 provider was meeting the requirements of the Accessible information Standard.
- People's care plans were written in a clear and easy to read format. The provider's service user guide and complaints procedure were provided in a picture assisted easy to read format. The registered manager told us they would ensure information was provided in other languages and should this be required by any person using the service.
- People's care plans included information about their information and communication needs. The provider had recruited staff who were able to communicate with people in their preferred language where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans included information about their social and cultural needs and interests. The care plans included guidance for staff on how to support these.
- At the time of our inspection people using the service lived with others and staff did not have a major role

in supporting people socially. The registered manager recognised this may not always be the case for people using the service in future. They understood the role care staff play in supporting the social needs of people living alone. For example, they described matching care staff to people where there was a shared interest.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People's relatives told us they had been provided with this when their family members started using the service.
- This is a relatively new service and there had been no complaints at the time of our inspection. The registered manager told us that they would ensure that every complaint would be responded to immediately, actions would be taken to address concerns, and any lessons learnt would be shared with staff.
- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others needed to be recorded and reported to the registered manager.

End of life care and support

- At the time of this inspection there was no one receiving end of life care. The registered manager told us that, should any person require end of life care and support in future, they would always ensure they liaised closely with people's relatives, healthcare professionals and others to ensure people received the care they needed.
- People's care plans included information about their end of life wishes and preferences where they chose to share this.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had systems in place to ensure a positive culture was in place. People's care plans were person-centred and people and their relatives had been involved in their development.
- People's relatives spoke positively about the service. They described how they and their family member had been involved in planning care and support. Relatives told us the registered manager was approachable and responsive.
- Staff spoke highly of the support they received from the registered manager. They confirmed they received the information and guidance they needed to provide people with the care and support they required.

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 registered manager understood the need to report incidents to the local authority and the CQC where appropriate. They recognised the importance of being open and honest when things go wrong.

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

- The registered manager and care staff were clear about their roles and responsibilities in meeting regulatory requirements and providing a high-quality service to the people they supported.
- The provider had systems in place to assess, monitor and check the quality of the service provided to people. Regular spot checks of staff carrying out their care duties in people's homes were carried out by the registered manager. This helped to monitor the performance and competency of staff and the quality of the service people received.
- Checks of care plans, care records, staff training, and other areas of the service were also carried out. The service is new, so these were limited. However, they included information about how the registered manager addressed concerns or shortfalls. The registered manager showed us how they planned to develop quality assurance monitoring as the service grows. For example, we saw templates for monitoring and auditing service activities.

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

- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010 and understood the importance of ensuring people, the public and staff received consistent and

equal treatment from the service.

- The service sought verbal feedback from people and those important to them and used the feedback to inform service quality and development. People, relatives and staff thought the service was well run.
- The registered manager gained feedback about the service through regular visits and telephone calls to people. The records we reviewed showed a high level of positive feedback.

Continuous learning and improving care

- The registered manager demonstrated a commitment to continuous learning and improving care.
- The service is relatively new, but we saw from their accident and incident and other records that actions had been taken to ensure people's care and safety was improved. This reflected the policies and procedures we reviewed.

Working in partnership with others

- We were provided with evidence the service maintained a good working relationship with people using the service and families. The registered manager and staff demonstrated that they knew when to seek professional health and social care advice and support and how to obtain it.