

T.L. Care (NW) Limited

T L Care (NW) Limited

Inspection report

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Date of inspection visit:
07 December 2018

Date of publication:
20 December 2018

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

This inspection took place on 07 December 2018 and was announced as this is a domiciliary care company and we needed to be sure there was someone in to see us.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and it provides a service to adults. This service also provides care and support to people living in a supported living setting so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

T.L. Care (NW) Limited provides a domiciliary service on the Wirral and at the time of our visit, the service was providing support to 30 people. There were 26 staff employed including the registered manager, a deputy manager, a senior carer. During our inspection visit, the provider was also in attendance.

Not everyone using T.L. Care (NW) Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service requires a registered manager. 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. The service had a registered manager in post.

We had previously carried out an inspection on 16 August 2017 where we had identified breaches of Regulation 9 and 17. Some staff had started work prior to their references being received and the provider had not ensured records were systematically audited. This meant they had not ensured there was an effective system in place to monitor the service provided identify shortfalls in the records and drive improvement.

At this inspection we found that the service was 'good' and was no longer in breach of regulations. This was because improvements had been made regarding recruitment and quality assurance processes.

Audits had been introduced and had been useful in ensuring the quality of the service. Quality monitoring systems were subject to ongoing development and review to enable improved oversight and scrutiny of the service.

Robust recruitment procedures had also been established to ensure the suitability of prospective staff was checked prior to employment. For instance, previous employment references that were verified by the service had been sought and a criminal conviction check undertaken.

A programme of staff training and development had been developed which was subject to ongoing review. Staff had received access to a range of induction, service specific training and qualification level training in addition to formal supervision and informal spot checks. This helped to equip staff with the necessary knowledge and skills to ensure people received appropriate care.

There was an infection control policy in place to minimise the spread of infection, all staff had attended infection control training and were provided with appropriate personal protective equipment such as gloves and aprons.

We found that people's needs had been assessed and planned for and that a range of risk assessments had been completed to ensure staff were aware of how to keep both them and people using the service, safe. The provider had developed a policy and obtained guidance for staff relating to the Mental Capacity Act 2005. The registered manager understood the diverse needs of people they cared for and the action that should be taken in the event a person lacked capacity. People told us that they were empowered to exercise choice and control over their lives and valued the opportunity to live independently in their own homes.

Staff supported people with their medication when necessary and assisted people to maintain good nutritional intake and hydration to safeguard their health and well-being.

Sufficient numbers of staff were deployed to provide people's care and support. People told us they were very happy with the staff and felt that the staff understood their care needs. People confirmed that staff stayed for the length of time allocated and arrived on time for the majority.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. Staff received regular training and supervision to enable them to work safely and effectively. There was a complaints policy in place which people felt comfortable using if they had concerns.

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.

Recruitment processes had been improved and were robust.
There was enough staff to meet people's needs safely.

The provider had appropriate safeguarding processes in place
and all staff received training in safeguarding vulnerable adults.

Appropriate risk assessments were in place for people and their
environment.

Is the service effective?

Good ●

The service was effective.

An up-to-date policy in place regarding the Mental Capacity Act
2005 was in place and care plans held peoples documented
consent to their care.

Nutrition and hydration information was available in people's
care plans and people confirmed to us that they were supported
to eat and drink.

The service had worked in partnership with other teams and
services to ensure the delivery of quality care and support for
people using the service.

Is the service caring?

Good ●

The service was caring.

People we spoke with told us they were treated with dignity and
respect.

We were told by people that communication was good between
the service, people and their families.

People's information was held according to confidentiality
policies and guidelines.

Is the service responsive?

Good ●

The service was responsive.

Suitable processes were in place to deal with complaints. People told us they felt comfortable raising a complaint or a concern.

The information contained in people's care files was up to date, personalised, detailed and thorough.

People who used the service and their relatives said the service provided was responsive to their individual needs.

Is the service well-led?

The service was well-led.

Quality assurance processes had improved and robust processes were in place.

The provider had up to date policies in place for staff guidance.

The service had a manager who was registered with the Care Quality Commission.

Good ●

T L Care (NW) Limited

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 07 December 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is a domiciliary care service. We needed to be sure that they would be in.

Inspection site visit activity started on 07 December 2018. It included speaking to people face to face and speaking with people who used the service via the telephone. We visited the office location to see the registered manager and office staff and we reviewed four care records; three staff recruitment files; staff training records; complaint and safeguarding information; policies and procedures and audit documentation.

The inspection team was made up of one adult social care inspector and an assistant inspector.

Prior to our inspection, we requested 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. This was returned prior to the inspection.

We reviewed all the information which the Care Quality Commission already held on T.L. Care (NW) Limited, such as intelligence, statutory notifications and/or any information received from third parties. We also contacted the local authority to obtain their view of the quality of care delivered by the service. We took any information provided to us into account.

During the inspection, we spoke with the registered manager and three care staff. We met two people receiving support from the service and we also contacted a further three people and one relative via the telephone to seek their feedback on the service.

Is the service safe?

Our findings

During our previous inspection we had identified that the provider had not ensured that references verifying the conduct of new staff in their previous employment had always been received before they were deployed to work. At this inspection we found that improvements had been made and there was now a robust recruitment in place. The registered provider had also worked closely with the local authority to improve their processes.

Staff had been recruited in a way that helped to ensure they were safe to work with vulnerable adults. There was appropriate information in new staff member's files to demonstrate that they had been safely recruited. Checks were made on candidate's work history, identification conduct in previous employment and character was checked by references. Checks from the Disclosure and Barring Service (DBS) were sought. DBS checks are carried out to help ensure that staff are suitable to work with vulnerable adults in health and social care environments.

The registered manager identified that they had not been verifying references prior to the commencement of new staff. They showed that learnt from this and implemented new checks to make sure safe recruitment practices were followed.

We asked people and their relatives if they felt safe receiving a care service from T.L. Care (NW) Limited. Each person we spoke with said that they did. Comments included "Yes I feel safe and secure, definitely" and "Definitely feel safe, yes I can speak to anyone about anything. It's very open."

The service had an appropriate safeguarding policy in place, this contained information on how to raise a safeguarding concern. This information was available to staff. Staff had received training in safeguarding vulnerable adults. The registered manager had followed appropriate processes, had documented all actions and outcomes.

We saw evidence that the registered manager managed accidents and incidents well. We saw how accidents had been actioned and audited. The service had a policy in place giving staff guidance on what to do if accidents occurred.

We looked at the files of four people who were supported by the service. We noted that individual, environmental and moving and handling risk assessments had been undertaken. This helped to identify risks and hazards and any actions necessary to mitigate risk and safeguard people's health and safety.

The provider had developed an infection control policy for staff to reference. We saw that staff had completed training in infection control and had access to personal protective equipment for the provision of personal care. We noted that spare supplies were also stored at the registered office.

The provider had developed a policy on the management of medicine, for staff responsible for administering medication to reference. Medication training was also completed by staff and periodic checks

on their competency were undertaken by senior staff. We looked at the arrangements in place for the management of people's medication within the service. We noted that medicine administration records (MAR) were completed by staff to record the administration of medication. Medication administration charts viewed during the inspection were found to be correctly completed. We also saw that appropriate guidance was in place if a person needed topical medicines applied (creams and ointments).

Packages of care varied according to each person's needs. We were told by the registered manager that wherever possible the service endeavoured to deploy the same staff to support people using the service to ensure continuity of care. We asked people if staff were on time and if they stayed the time expected and each person we spoke to said 'yes'. Comments included "Everyone come in on time and if late they would apologise" and "Staff always stay for time but sometimes they stay for more time because we are having a chat." We asked if people knew their care workers and who would be coming. Each person said that they did. Comments included "Yes I know every one of them. Yes. I know day by day" and "I have three or four on a regular basis. It doesn't matter who comes in because they are all good. The staff tell me every morning who come in. Very friendly and honest."

Is the service effective?

Our findings

People we spoke with told us that their care needs were effectively met by the T.L. Care (NW) Limited. Comments included "Yes they support me well" and "No I didn't know what to expect. The care is very good. Loving every minute of it. Can't complain at all. They support me to get up and get dressed and have breakfast and lunch."

T.L. Care (NW) Limited had an up-to-date policy in place regarding the Mental Capacity Act 2005. The provider and registered manager were aware of their responsibilities and were able to give staff guidance when providing care for people who may not have capacity to make some of the decisions needed in relation to their support. Everyone we spoke to told us their choices were respected. One person commented "Yes, they respect my choices."

We saw that care plans held peoples documented consent to their care and that this was regularly reviewed. We also saw that the registered manager had ensured that the service held proof that others were legally able to make decisions on behalf of those receiving care.

A programme of staff training and development had been produced for staff to access which covered a range of areas such as induction, national vocational/diploma level qualification and what the provider deemed mandatory training. Staff who had recently joined the team had started the Care Certificate. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector.

Staff also learned about people's needs through a shadowing period and by working alongside more experienced staff. The competency of staff was checked before they worked alone and through regular spot checks on their practice and staff underwent a three-month probationary period that was reviewed.

The registered manager had accessed additional training from external sources such as epilepsy awareness and the 'House of Memories' which is a museum-led dementia awareness programme based in Liverpool. There was evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

We saw that information about nutrition and hydration was available in people's care plans and people confirmed to us that they were supported to eat and drink. We asked people if they were satisfied with the care and those who were supported with this were happy with the support received. People told us what the staff did for them and that it was to their satisfaction.

Staff we spoke with confirmed they monitored people's food and drink intake if needed and recorded any changes in the wellbeing and needs of people they cared for on an on-going basis via daily visit logs. We saw how one person was diabetic and had their sugar intake monitored and that they also had a healthy eating plan in place due to high cholesterol and their diabetes.

We also saw examples of how the service had worked in partnership with other teams and services to ensure the delivery of quality care and support for people using the service. For example, local commissioning teams, health and social care professionals such as social workers, GPs and district nurses etc. subject to individual need.

Is the service caring?

Our findings

We asked people who used the service and their relatives if the service provided by T.L. Care (NW) Limited was caring and if they were treated with dignity and respect. People we spoke with told us 'yes'. Comments included "Definitely. We have a good laugh and joke. They are very careful about personal dignity and the care workers help all along. They are very good" and "Yes, they treat me with respect and dignity."

We also asked if people's independence was encouraged and we were told that it was. We saw how the support that was needed to help with people's independence was documented in people's files. This included guidance on how to support people with personal care to encourage independence. We also saw how feedback had been received in written form by the service that stated 'Staff providing support to my son has been good. They have increased his confidence by enabling him to undertake activities throughout the week that he enjoys. This has begun to give him some experience of importance.'

We asked if people thought the care being provided was good and each person said that it was. One person told us "Oh it's great and I wouldn't go anywhere else. More than satisfied. Staff will always help me no matter what the circumstances" and a relative told us how the service "Was a lifeline to them" and that the care was invaluable.

We saw recorded evidence and this was confirmed through speaking to staff that they had attended training to help them understand their role and responsibilities and the needs of people using the service. Staff also informed us that they had been given opportunities to familiarise themselves with information on the needs of people using the service such as their assessments, support plans and risk assessments.

The service had arranged a fund-raising afternoon for the benefit of Alzheimer's Society where people receiving a service from T.L. Care (NW) Limited and their families were invited to a social afternoon. The provider, registered manager and other office staff provided transport to ensure people were able to join in. We took this opportunity to observe interactions between people and care staff. We observed staff interact with people in a caring, attentive and supportive manner. Staff were seen to take time to communicate and engage with people using the service in a respectful and dignified manner and that they offered people appropriate intervention, explanations and support when required.

We noted that confidential information was kept secure whilst we were in attendance in the office because we saw that records were kept locked and only accessed by staff. This treated people with dignity and respect.

We were told that communication was good between the service, people and their families. One relative told us "They listen to me, they let me show them how to do things. Not how they want it done but how [person] wants it done." The provider had information in each person's home that included contact information for the service as well as other information including an overview of the service and also included information people's rights to complain dignity and privacy and independence.

Is the service responsive?

Our findings

We asked people who used the service and their relatives if the service provided was responsive to their individual needs. We were told yes. One relative told us "They adapt their care to [person's] needs as they change." We were also told "They will say 'are you ok' and I will say 'yes'. They will always ask and I will let them know." Another person told us "Yes, I have support with doing my care plan, with everything, likes and dislikes."

The registered manager had developed a 'complaints' policy to provide guidance to people using the service and their representatives on how to raise a complaint. No formal or serious complaints were reported to us during the inspection and people told us the procedure for making a complaint would be direct to their individual carer or to the office staff. We saw that any complaints received by the registered manager were recorded and responded to. Information about complaints was stored securely in the office. We also saw logged responses to complaints. We saw that an investigation took place and what changes can be made to prevent this from happening again.

People told us that they felt comfortable raising issues if they were not happy with something. One person told us "I would ring [managers name]" and a relative told us "I have full confidence that if I had any concerns then they would deal with it immediately." People using the service and/or their representatives told us that in the event they needed to raise a concern they were confident they would be listened to.

At the time of inspection, the service was not providing end of life care. However, this happened recently and the management and staff worked closely with district nurses and other health professionals to ensure the person was supported with compassion and care. The registered manager told us that lessons had been learnt and even though the care delivered was successful we discussed the need to have appropriate policies and guidance in place. We discussed with the registered manager end of life training or staff and how this would be accessed. Following the inspection visit, we were sent a new end of life policy which had been developed.

We looked at four care plan files and found that the information each one held was clear and outlined the care needs of people and how the staff should meet them. These included daily living needs, food and fluid intake, personal care, medication and also if there was any support with identifying personal boundaries. The files identified the needs and support and was very person centred. We saw for example how one person who was mainly independent but needed some support with various daily living tasks, such as making cup of tea or specific support for shopping.

We saw that one person using the service was supplied with assistive technology products in the form of a 'lifeline pendant'. This support system can enable older and vulnerable people to remain living independently and safely in their own homes by providing vulnerable people with emergency access to 24 hours per day emergency assistance. Clear guidance was in the care plan on what care staff should do to ensure the person had this piece of equipment following each visit.

We saw that there was support provided for people to access activities they enjoyed. One person told us "Yes they support me to a lot of activities. Everything I want I get support."

Is the service well-led?

Our findings

During our last inspection we had identified that the provider had not ensured there was an effective system in place to monitor the service provided or to identify shortfalls in the records and drive improvement. At this inspection we found improvements had been made and the provider had recruited a staff member specifically to carry out quality assurance processes.

We found that audits in place were robust and identified shortfalls such as incomplete documentation and we saw evidence of actions being taken to remedy the mistakes. We saw that there was good ongoing communication between the registered manager and the quality assurer. Feedback was continually obtained through regular care reviews and discussions with people and their relatives. This showed an ongoing quality assurance process. The registered manager was open to our findings and acted on discussions held during the course of the inspection, for example, end of life care processes.

The registered manager had identified that the existing quality questionnaires for people using the service and their families were not now fit for purpose and was in the process of devising new ones. In the meantime, people were asked to review the service on a care service review website. We saw that people had used this and we saw positive reviews. Comments included 'Staff providing support to my son have been good. They have increased his confidence by enabling him to undertake activities throughout the week that he enjoys. This has begun to give him some experience of importance' and 'The service is essential for us as a family and for my grandmother, she would not be able to remain in her own home without them. The girls are all so friendly and take the time to talk to Nan and most importantly keep us updated and let us know if she needs anything else'.

The service had policies and procedures in place that included health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment and lone working. We saw these were regularly reviewed and adapted. This meant staff had access to up-to date guidance to support them in their work.

Staff were positive about the registered manager, their leadership and management style. For example, one staff member told us "[Manager] turned it [the service] around, [Name] is really good" another commented "Yes [manager] will always ask how are you doing." and "Everyone is really open". We saw that there had been staff meetings and the administrative and management staff had a weekly meeting to ensure communication was continued. This gave staff the opportunity to put their views forward and helped with communication of information that affected the service.

The registered manager attended registered managers meetings and had received support from other providers. The registered manager also liaised regularly with other agencies to ensure good practice was communicated. We discussed the support the registered manager received and we were told about regular meetings that were held with the provider and that they were supported to complete a level five diploma in health and social care.

People confirmed they were satisfied with the way the service was managed. Comments included "Yes I'm very happy" and "It's a brilliant service; can't complain about anything." Staff told us they were also happy working for the service that they had received personal support and that they were listened to. Comments included "They listen, I can come in if we see people deteriorating and they're right on it" and "I love it."