

T.L. Care (NW) Limited

# T L Care (NW) Limited

## Inspection report

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## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We visited T L Care (NW) Limited on the 20 and 21 July 2016. T L Care (NW) Limited provides care and support to people in their own homes. At the time of our visit, the service was providing 33 people with domiciliary care services and 28 people with support. There were 28 care and support staff employed with ongoing recruitment.

The service had 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.

At this inspection we found a breach relating to the governance of the service. Systems were not in place to effectively monitor the service. You can see what action we told the provider to take at the back of the full version of the report.

We also found concerns relating to the robustness of recruitment procedures and the management of the care records.

There was a safeguarding policy in place and staff were aware of the safeguarding procedure in relation to safeguarding adults and all were aware of the need to inform the manager or office manager immediately.

Staff were recruited correctly using safe checks such as criminal records (DBS). There was an induction programme in place which included training staff to ensure they were competent in the role they were doing in the community. Staff received on-going and regular training to enable them to work safely and effectively.

Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened. Incidents and accidents were recorded and learned from.

The opinions of people who spoke with us were that the service was good. People told us they were happy with the staff and felt that the staff understood their care needs. People confirmed that staff mostly stayed for the length of time allocated, however there were issues with staff arriving on time and with no consistency of staff providing their care. People confirmed that calls were rarely missed and that an on-call system was always available. All of the people we spoke with had no complaints about the service.

The staff employed by T L Care (NW) Limited knew the people they were supporting and the care they needed. People who used the domiciliary service and staff told us that T L Care (NW) Limited was well led and staff told us that they felt well supported in their roles. We saw that the registered manager, office manager and senior staff had a visible presence and it was obvious that they knew the people who they supported really well.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was mainly safe.

Staff recruitment records were not always in place to show staff were recruited safely. Disciplinary and other employment policies were in place.

Medication was documented appropriately.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

### Is the service effective?

**Good** ●

The service was mainly effective.

Staff had undertaken relevant and appropriate training.

Staff were appropriately inducted and received on-going training.

Staff were provided with supervision of their work performance, an annual appraisal procedure was not in place.

### Is the service caring?

**Good** ●

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

People we spoke with praised the staff. They said staff were respectful, very caring and helpful.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People who used the service were involved in their plan of care and, where appropriate, their support needs were assessed with

them and their relatives or representatives.

Suitable processes were in place to deal with complaints.

Care plan review documentation was not always updated

### **Is the service well-led?**

The service was not always well-led as it lacked documentation to demonstrate how.

The registered manager was clearly visible and staff said communication was open and encouraged.

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

The quality of the service was not being monitored appropriately.

**Requires Improvement** ●

# 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 20 and 21 July 2016. We gave 24 hours' notice to make sure that the manager would be available. The inspection was carried out by one adult social care inspector. Before the inspection, the provider completed a 'Provider Information Return' (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office on 20 and 21 July 2016 and looked at records, which included six people's care records, five staff files and other records relating to the management of the service. We spoke with the registered manager, the office manager, an assistant manager, a support manager and five other members of staff. The visit also included home visits on the 21 July 2016 to two people who used the domiciliary care service and their families, and a home visit to four people who are provided with 24/7 supported care.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information received from members of the public.

# Is the service safe?

## Our findings

People who used the service said they felt safe when supported by the staff. One person who used the service told us "The staff are very good; they know what they're doing and do what I want. I do feel safe when they help me". A relative also commented "Staff who visit my relative are always well mannered, know what they're doing and make sure the care they provide is safe when supporting him. The staff are lovely". We received no reports of missed visits however we were told that there were a lot of different staff used for people's visits when we spoke to people and their relatives.

We looked at five staff files and saw records to show that recruitment and checking processes had been carried out when staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and written references. We found that the office manager who did all of the recruitment needed to ensure that all references were validated. The employment history on three of the five staff files looked at had not been completed appropriately and there were unexplained gaps in staff's employment history. Copies of original documents did not show any record that the original document had been seen by whom and the date. Four of the five staff files did not contain a photograph of the person. This meant that the office manager had not ensured staff recruitment was completed fully. We were told that there had been no audit of staff files completed. We asked the registered manager to take action to rectify these matters.

This is a breach of Regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Fit and proper persons employed).

The managers were aware of how to report any safeguarding incidents. There had been three incidents and records were available that showed that the safeguarding had been reported to the relevant Local Authority and had been investigated and addressed appropriately. All staff spoken with were aware of what action to take if they thought any safeguarding incidents had occurred. All told us they would report immediately to the managers.

T L Care (NW) Limited provided a supported living service to 28 people that consisted of 24 hour support to weekly escort support. The registered manager told us that they liaised closely with the local authority contracts department to ensure the service could provide the relevant staff. We discussed with the registered manager and the office manager the staffing levels and that feedback from people using the service and relatives was there were many different staff visiting individuals. There were 28 staff currently working at the service. We were told that the service was constantly recruiting and that the service was not accepting any new referrals until they had the staff to meet any new contracts.

We looked at the care plan and risk assessment records for six people. We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk in the original care assessment records. The registered manager told us that they should be reviewed annually or sooner if there was any change in the person's needs. There were no staff signatures or dates on three of the six risk assessment records we looked at.

The original risk assessments had been completed with regard to moving and handling, the environment, handling medicines and people's physical health. We discussed how the service monitored equipment that was used in people's homes, this included when equipment was due to be serviced. The registered manager told us that no people were currently being supported by hoist transfers and that if they were staff would be trained appropriately with regular checks taking place.

We saw that personal protective equipment such as gloves and aprons were provided to staff. The provider ensured all staff were provided with uniforms and protective clothing. One person who used the service said "staff always have their gloves with them".

We looked at how the service supported people with their medication. Some people were prompted to take their medication, whilst other people needed support with administration of their medication. Medication Administration Record sheets (MARs) were available within the care files; these were provided by the provider and we saw these had been completed appropriately by care staff. People who required support with medication were encouraged to use blister packs, an appliance aid that holds all the required medication. We were told by everyone we spoke to that there were no problems with their medications.

Staff had received training in medication administration, staff we spent time with told us any issues with medication was always reported to the managers who dealt with the issue immediately and would liaise with the relevant health professional. The registered manager told us that they are introducing a new MAR sheet that would have a lot more information in place.

We saw that the registered manager had accident records that were completed in full. There had been no accident or incidents at the service in the last twelve months.

We also saw the service had disciplinary procedures in place that had been followed according to their policy.

# Is the service effective?

## Our findings

People we spoke with felt that the staff calling on them were fully trained and had the necessary skills. One person said "The staff are all brilliant, no complaints". A relative told us "Staff who visit here are very good and kind. My relative is happy with the care and the staff are very good at dealing with any situation that arises and deal with it professionally".

The service employed 28 care and support staff; four of the five care staff we spoke with had completed a 'National Vocational Qualification' (NVQ) in care and 23 of the 28 staff had a qualification in care. The registered manager and office manager told us that they had qualifications in care and that care staff were all required to do care qualifications to ensure they were confident and competent in their roles.

Care staff had been provided with supervision meetings. The registered manager told us that the assistant managers go into the community with staff and observe them in their role. We looked at five staff files which all had supervision records in place. Staff told us they did have supervision with one of the managers and said there was an open door policy and the managers were supportive and dealt with their issues immediately. Staff told us that they had not an annual appraisal; we spent time talking to the registered manager and office manager and they confirmed that appraisals had not taken place recently but a new programme was being implemented and staff would be requested to attend. We were told that all staff would have an appraisal if due by the end of August 2016.

We noted that new staff had received an induction when they first started working at the service. Records showed that a range of training was undertaken by the staff team and this was confirmed by the staff we spoke with. The training was provided in house and by an external training company. Subjects that had been covered included dementia, food hygiene, infection control, first aid, moving and handling, safeguarding and fire training. A training plan was in place for the current year and the registered manager discussed the training and plan that was being used. One relative told us "Staff are well trained and do a good job".

We talked with a newly recruited staff member who told us that they had completed a three day induction training programme, which they said was very good and informative. The registered manager had also nominated this staff member to do a National Vocational Qualification (NVQ) in care. We discussed the Care Certificate with the registered manager and office manager; the Care Certificate is a set of standards that social care and health workers should use in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Three people who spoke with us had food prepared for them by staff and they said they were very happy with what the staff provided for them.

The care plans we looked at showed care delivery had been agreed to by the person receiving the service or if they lacked capacity, by their relatives.

## Is the service caring?

### Our findings

People told us that staff were always kind and respectful when supporting them. One person who used the service said "They're all very nice, caring and I like them all, they are really lovely". Another person told us "Really good staff, just do what is needed and what I ask them to do". A relative said "They're excellent and very caring they do a good job of caring for my relative who has been quite poorly and their health has improved because of their help and support" and another relative told us "They treat my relative with respect and are always willing to do more if required. My relative wants to stay living in their own home and if I didn't have their help they wouldn't be able to".

People who used the service and relatives were visited by the assistant managers and coordinators and asked about the service provision. They told us that the assistant managers and coordinators worked as part of the team in providing care and support and asked them at all visits if the service was providing what they required. People we spoke with were very happy about the care and support provided by the service. We were told that staff were very respectful and caring and carried out their role in a professional manner. One relative said "Staff provide the care the way my relative likes it, very respectful to both of us".

The people we spoke with said they were well informed and were also involved in the care being delivered. The care plans we looked at had all been signed and agreed, however not all of the care plan review records looked at had been signed by people or their relatives or the staff who had completed the review. People and relatives told us that the care was what they required from the service. Two relatives told us that they had recommended T L Care (NW) Limited to friends as the care was very good.

Most people and relatives were mainly happy with the continuity of care staff. They said "The same care staff visit, lots of them but they're all good". However, another said "We do get a lot of different staff. My relative gets anxious when different carers visit; would be better to have less staff more continuity". Another commented "The staff are so busy and not enough of them at times".

We looked at the information supplied by the service at the homes of two people. Both had a copy of the 'Service User Guide' that gave all relevant information about the service, how to contact and who to discuss any questions or issues with.

We observed that confidential information was kept in the main office that was locked when there were no staff at the office. Files were locked in filing cabinets and all computer access was protected by a password code.

We were told by one relative "I could not have asked for more, excellent care, brilliant staff". Another commented "I would recommend them and have to my friends".

All of the staff spoken with were really enthusiastic about the service provided, one said "We work hard but I really enjoy my job it's a good place to work as it's not a big company and we all help each other". Another said "Great place to work everyone cares and I think and we do work really hard and provide great care to

people".

## Is the service responsive?

### Our findings

The people who we spoke with were more than satisfied with the way care was provided, told us they could not fault the approach of the staff and felt listened to. They told us that they would certainly be able to express concerns about the service if they had any and would speak to one of the managers. All of the people spoken with were sure they would know how to complain if it became necessary and all had not, so far, made any complaints. One person told us "Nothing to complain about the staff are lovely. I would speak to the manager if I did". A relative said "They communicate with me all the time, my relative has had their help for years. I have no complaints at all".

We saw that information was kept in three different locations. These were the person's home, the lockable cabinet in the main office and on a password protected database. We saw that this information was not always reviewed and information updated to reflect changes that had taken place. In one of the six care files we looked at, a person's care had been increased and the visits were now taking place three times a week and not two as documented. The information was in the copy of the care plan provided to us and was on the computer system but not in the person's own home. We discussed the change with the registered manager and were told that staff and the person receiving the care were aware of the care required. They agreed that the file in the person's home had not been updated to reflect the new care plan record.

T L Care (NW) Limited had a clear written complaints policy and this was included in the information pack given to people when they started using the service. The complaints procedure advised people to contact the registered manager if they wished to raise any concerns and gave contact details for the CQC. We asked people in the community if they had the complaints procedure and had they used it. People told us that they had the complaints procedure and would use if required. None of the people contacted had complained. We saw from the records that there had been two complaints in the last twelve months; we looked at the complaint log which included information about what action had been taken. We noted that both of the complaints had been closed.

All the people we spoke with reported that they had full choice in their care and the way it was provided and they all considered they were in control of the care and support they received. People told us that staff always consulted them about how their support was to be provided.

The registered manager, the office manager and care co-ordinator informed us that a service was not provided until they had been to meet and assess the person in their home surroundings or in hospital. Whenever possible a family member was also present. People we spent time with in the community told us the managers and coordinators had visited them on occasion.

We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded the agreement for the service to be provided. The forms were signed by the person requiring the service or a family member. Following this, the office manager or coordinators gave information about the person to staff on their first visit to ensure the appropriate and agreed care was going to be provided. This was confirmed the five care staff we spoke with.

Care plans included examples of specialist advice that had been sought. For example, a person had also been provided with health care professional support and they requested that care staff inform them of any changes to the person's health. Records showed this communication took place regularly to ensure the comfort of the person.

Care staff completed a visit log after each visit and we saw that entries were detailed and described the care that had been given and how the person was feeling. There were entries that were not legible in one of the files we looked at in the person's own home. We discussed the importance of legible records with the registered manager and was told that staff were being supported and that training was taking place to ensure records were legible.

One person whose relative used the service and lived with them told us "I explained what I wanted for my relative, I met with the manager who was very caring and I agreed with the care they would provide. This care has been provided for a long time. The only issue is that there are quite a lot of different staff visit. There's a visit diary the carers write in. I have access to read that at any time if I wish too".

We asked how staff liaises with any community services on behalf of the people receiving care. All staff told us they would call a doctor/ emergency services if they had concerns. They would always notify the managers or coordinators of any actions taken and record in the daily record actions taken and the outcome. We were able to see how the service was able to contact relevant people to provide appropriate treatment and we saw how the service worked appropriately with other agencies.

## Is the service well-led?

### Our findings

All the staff who spoke with us said the service was well led. One staff member told us "The registered manager is very approachable, they always have time. If you have a problem she or the office manager will sort it out, nothing is too much for them" and another staff member said "I feel supported; the managers are always available and always act when I raise an issue there seriously good". People who used the service told us "The manager is good and acts on what I need and will always call me if there is any issue" Another commented "The manager is good I would recommend this service to people and have done so".

We requested information on how the service was monitored. The registered manager did not have any up to date audits, for example, of the service user files and staff files. The registered manager told us that the assistant managers and coordinators did go out in the community to monitor service provision and asked people who used the service to express their views of the service. They would act on issues and comments made. However, there were no reports in place to record the service findings.

We looked at the care plans time of visits recorded for people, staff rotas and records of actual times that staff visited people. We saw that there were some people having a lot of different staff visit them in a period of a week. For example, one person had four different staff visit for a daily morning service. We discussed how the registered manager monitored the continuity and reliability of the service and were told that there was a problem with staffing but that it was now resolved. There was no record or audit available from the service to show how they were monitoring and improving these issues.

These examples are breaches of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance). There was no effective system in place to monitor the service provided.

We were provided with the service questionnaires that were completed in April 2016 where they sent all of people using the service a quality questionnaire to complete. An action plan was implemented by the managers that showed that the service was in the process of monitoring continuity and reliability by looking at staff rotas.

The registered manager was supported by an office manager, two assistant managers and a senior coordinator. The team took responsibility for staff rotas and planning the service. The team also spent time working directly with people who used the service.

A senior member of staff spoken with said "It is a great place to work, the staff work hard and I am proud to work here. I enjoy coming to work for these people" and "The managers are so supportive we work hard to meet people's care needs, it's a great place to work".

All the staff we spoke with told us that the registered manager and other managers were very supportive and had an open door policy which meant they could speak to them at any time they required support. Staff told us that any issues were dealt with immediately. Records of supervision we viewed showed that staff were

communicated with on a regular basis.

We were able to see how the service worked alongside other professionals such as district nurses and G.P.'s to ensure care services were personalised. An example of this that we saw was the managers requesting more support for a person who's mobility had become restricted due to their illness.

The services policies and procedures had been reviewed in 2015 by the provider. These included health and safety, confidentiality, recruitment and lone working. People's care files were stored securely to protect their confidential information.

All of the staff we spoke with were asked if they thought their service provided good care, all said they did.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).</p> <p>There was not an effective system in place that monitored the service provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Fit and proper persons employed).</p> <p>The required information was not available in the recruitment files of staff employed to work at the service.</p>