

TC Care Limited

TC Care - Premier House

Inspection report

Premier House
50-52 Cross Lances Road
Hounslow
Middlesex
TW3 2AA

Tel: 02085700086

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21 June 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

TC Care Limited is a domiciliary care service providing personal care and support for people in their own homes. The majority of people receiving support had their care funded by the local authority. At the time of the inspection the service provided support for approximately 126 people. 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

The provider identified possible risks relating to people's health and wellbeing in relation to the support they required, and risk management plans had been developed to provide guidance on how to mitigate these risks. People's medicines were administered in a safe way and as prescribed. The provider had processes in place for the recording and investigation of incidents and accidents.

There were robust recruitment processes and care workers confirmed they had enough time to travel between visits. They also confirmed they had enough time during each visit to provide the support identified in the care plan to meet the person's needs. There was a range of quality assurance processes in place to identify if any actions were required to improve the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 28 and 29 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for TC Care - Premier House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

TC Care - Premier House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience undertook telephone interviews with people using the service and relatives of people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 June 2021 and ended on 21 June 2021. We visited the office location on 21 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

Before the inspection we spoke with one person who used the service and 10 relatives about their experience of the care provided. During the inspection we spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 40 care workers. We reviewed a range of records which included the care plans for five people. We looked at the records for four care workers in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured people always received safe care and treatment as risks were not always identified and planned for. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider identified risks in relation to people's health and wellbeing and developed risk management plans to provide guidance on how to mitigate these risks. When a specific risk was identified following the needs assessment or following a change in support needs a risk management plan had been completed.
- Care workers were provided with information on the actions they could take to reduce the identified risks and provide the person with appropriate support. For example, there were risk management plans for falls, moving and handling, skin integrity, stroke and catheter care.
- The registered manager explained they had developed information sheets alongside the risk management plans to provide care workers with additional information about specific medical conditions. These included stroke, epilepsy and seizures, diabetes and chronic obstructive pulmonary disease (COPD).
- Risk assessments were also completed in relation to the person's home environment to identify any possible risks when the care worker visited.

Using medicines safely

At our last inspection the provider had not ensured people had always received their medicines as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely managed and administered as prescribed. Medicine administration records (MAR) charts were completed which included details about medicines which had been prescribed, the dosage and when they should be taken.
- Medicines risk assessments had been completed to identify if the person could manage their own medicines, were supported by a family member or required the care worker to administer their medicines.

- Care workers had completed training on the administration of medicines and their competency had been assessed. Care workers we contacted confirmed they had completed the training.

Systems and processes to safeguard people from the risk of abuse

- The provider had a policy and procedure to investigate and respond to any concerns raised about the quality of the care provided. Relatives we spoke with felt their family members were safe when they received support from care workers. One relative told us "My family member definitely feels safe. Our priority is our relative and our family member feels happy and safe."
- We looked at the records for one safeguarding concern which had been raised during the last year. We saw the records included copies of relevant information, correspondence with the local authority, the outcomes and action taken.

Staffing and recruitment

- The provider had a robust recruitment process in place to ensure new care workers had the required skills and knowledge.
- During the inspection we reviewed the recruitment records for four care workers who had started work during the previous twelve months. We saw two references had been received, checks were carried out in relation to criminal records and the applicants right to work in the UK and there were notes of the interview which was in line with the provider's recruitment procedure.
- Relatives we spoke with commented, that in general, care workers arrived at the agreed time but there were occasions when they arrived late. Relatives understood that this was sometimes out of the care workers control, but they felt they were not always informed of the delay. We raised this with the registered manager, and they explained that sometimes the care workers did not tell them they were running late, and they would be reminding them of the importance of keeping people and their relatives informed of any delays.
- People said care staff stayed for the agreed length of time, though some were unclear how long visits should be.
- Care workers told us visits were scheduled to give them adequate time to travel and they had enough time to complete all the care tasks during each visit. One care worker told us "My call times always allow me to complete all my tasks of each call."

Preventing and controlling infection

- The provider had robust infection control processes in place. The registered manager told us they had set up a secure area within their office for care workers to collect personal protective equipment (PPE) supplies which meant they did not have to come into the main office so social distancing could be maintained.
- People told us the care workers who visited them wore PPE and followed infection control guidelines. One person said, "I feel happy and safe because I know someone is coming. They do wear their PPE and wash their hands all the time."
- Care workers we contacted confirmed they had received enough PPE and could collect further supplies when required. One care worker said, "Yes, I go to the office and collect the PPE when the supplies I have are over."
- COVID-19 risk management plans had been developed for people receiving support and care workers. These risk management plans identified any characteristics which could indicate an increased risk of catching COVID-19 and how those risks could be reduced.

Learning lessons when things go wrong

- The provider had developed a process to respond to incidents and accidents. When an incident or accident occurred information was recorded, an investigation was carried out, if any actions were completed to reduce any further risk and they identified if there was anything to learn from what happened.

- We reviewed the records for three incidents and accidents which had occurred during 2021. We saw detailed information in line with the provider's procedure which meant possible risks could be reduced. A list of all incidents and accidents was also completed to enable the provider to monitor for any trends in relation to an individual or if a wider issues were identified.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider did not have quality assurance processes which were always robust enough to identify areas requiring improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had a range of quality assurance checks to assist them in identifying possible areas of improvement. Regular reviews of people's care plans were carried out to ensure the information was up to date and accurate so the document reflected the person's care needs.
- Checks were carried out of the MAR charts each month, to ensure they had been completed correctly and medicines had been administered as prescribed. The records of the care provided during each visit which were completed by care workers were also reviewed each month to monitor that the care the person received reflected their care plan. If issues were identified any action taken were recorded.
- The recruitment records for new care workers were audited to ensure all the process had been completed and the required information and documents were on file. Regular check were also carried out on the training records to monitor that care workers were up to date with their mandatory training.

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

- We asked people receiving care and relatives if they felt the service was well led and we received varied responses. Some of them said they felt the service was well run but other felt the care workers were good but they did not always have a positive experience when contacting the office. We discussed this with the registered manager so they could address the concerns.
- Care workers confirmed they read people's care plans regularly to check if there had been any changes in the persons support needs. One care worker told us, "At every visit I read the client's support plan and risk assessment so that I provide them with the best care they need."

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

- People and relatives of people receiving support told us they knew how to contact the office if they had any

questions or concerns. We received varied comments in relation to their experience of contacting the office. One relative said "I would speak to the manager if there was a problem, it's generally well run, I think" whilst other relatives felt there was sometimes an issue with information being passed on to care workers. We discussed this with the registered manager so they could address the concerns.

- The provider had a clear process to ensure they responded to complaints and concerns in a timely manner and how they would identify what actions were required to make improvements. When the local authority received a complaint, it was passed to the provider to investigate. We saw the records for three complaints which included the investigation and a detailed response to the local authority so the outcome could be passed on to the person who raised the concern.
- The registered manager and nominated individual demonstrated a clear understanding of their responsibilities of informing the relevant organisations when a reportable issue occurs.

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

- The provider had identified clear roles for each member of staff. The registered manager explained roles and responsibilities were allocated in line with staff members' specific strengths. The nominated individual was responsible for staffing and recruitment and the registered manager lead on working with people who were receiving care but both demonstrated a clear and detailed understanding of each other's roles.
- Care worker told us they felt supported by the provider, there was an open culture and that the service was well run. Their comments included, "I have a fantastic management company and they are very knowledgeable and supportive to everything I need", "TC care is a well organised company that cares for their clients and also supports there care workers" and "I feel the culture of the organisation is fair and open."

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

- The provider ensured people's cultural characteristics were identified and the care provided reflected their needs. For example, the preferred language of one person was identified through their need's assessment. The registered manager explained they had offered to have person's care plan translated but the person had indicated they preferred to be supported by a family member to read any documents provided. This was recorded in the person's care plan.
- The registered manager explained monthly telephone calls were made to people receiving support to monitor the quality of the care provided as well as checking to see if the person had any other issues, they may require support with for example food shopping. If a person had suspended their care package the registered manager confirmed they contacted them regularly to find out if they needed anything.
- The registered manager told us a survey to obtain feedback from people receiving support on the quality of the care they received is scheduled to be sent out during 2021.

Working in partnership with others

- The provider worked in partnership with other organisations and services. The registered manager explained they had been working closely with other home care providers who also provide local authority care packages. They said this meant if any of the providers had issues with covering care packages, they could provide support.
- The provider met regularly with the local authority to monitor the quality of the care being provided and to ensure people care needs were being met.
- The registered manager told us they had worked more closely with social workers and the hospital discharge team to provide appropriate support. They also tended care plan review meetings with social services.

