Care Quality Commission

TLC Care Services LLP

TLC Care Services LLP

Inspection report

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28 December 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an announced inspection of TLC Care Services LLP on 19 and 28 December 2018. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

TLC Care Services LLP is a domiciliary care agency that provides personal care. At the time of the inspection 11 people were using the service, of which nine received support with personal care. The majority of people receiving support from TLC Care Services LLP either fund their care themselves or use direct payments.

Not everyone using TLC Care Services LLP 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.

This was the first inspection since the provider registered the location in January 2018.

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

Where people might have lacked the mental capacity to make decisions, the provider did not demonstrate they were always following the principles of the Mental Capacity Act 2005. They did not clearly show how people's mental capacity was assessed and on what authority were other people making decisions on behalf of the person who use the service. The provider took action promptly after the inspection to address the issues we identified.

Relatives of people using the service were positive about the quality of the care provided and how the service was run. Relatives told us they felt their family member was safe when they received support and the provider had policies and procedures in place to deal with any concerns that were raised about the care provided.

Care workers administered people's medicines in a safe way and as prescribed. The provider had processes in place for managing risks and the recording and investigation of incidents and accidents.

Detailed assessments of a person's needs were completed before they started to receive visits. The care plans described the care and support a person required and how they wanted it to be provided.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Care workers had regular supervision with their manager and felt supported. There was a robust recruitment process in place.

The provider had a complaints process in place and relatives told us they knew what to do if they wished to raise any concerns.

The provider had effective systems for monitoring the quality of the service and making improvements. People using the service and their relatives could give their views on the quality of the care they received.

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.

Care workers administered people's medicines in a safe way and as prescribed.

The provider had processes in place for the recording and investigation of incidents and accidents.

There was a robust recruitment process in place.

People's risks when receiving support had been assessed and their safety was monitored.

Is the service effective?

Requires Improvement

Some aspects of the service were effective.

The provider did not demonstrate they were always adhering to the principles of the Mental Capacity Act 2005 and its code of practice in that it was not always clear how people's mental capacity was being assessed, where they might lack capacity.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service.

Care plans identified if the person required support in preparing and/or eating meals.

Is the service caring?

Good

The service was caring.

Relatives of people using the service were happy with the care their family member received.

Care plans included information about the person's life history and identified who was important to them such as family and friends.

Is the service responsive?

Good

The service was responsive.

Relatives told us the care needs of their family members were being met by the care workers.

Care plans identified the care a person required and how they wanted it provided.

Relatives were aware of how to raise a complaint or a concern.

Is the service well-led?

Good

The service was well-led.

The provider had effective systems for monitoring the quality of the service and making improvements.

Relatives of people using the service and care workers felt the service was well-led.

CareQuality Commission

TLC Care Services LLP

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 the 19 December 2018 and was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. We carried out telephone interviews with relatives of people using the service on 28 December 2018.

One inspector undertook the inspection. The provider completed a Provider Information Return (PIR) in October 2018. 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.

During the inspection we spoke with the registered manager, the nominated individual and a field care coordinator. We reviewed the care records for four people using the service, the employment folders for three care workers, training records for all staff and records relating to the management of the service. We spoke with the relatives of two people who used the service by telephone. We sent emails for feedback to 16 care workers and received comments from three.

Good

Is the service safe?

Our findings

Relatives we spoke with confirmed they felt their family members was safe when they received care in their home. The provider had a policy and procedure in place to respond to any concerns which were raised in relation to the care provided. The registered manager confirmed no safeguarding concerns had been raised since the service started to provide care. The records indicated all the care workers had completed safeguarding training as part of their induction and mandatory training.

We saw records for people receiving support included risk assessments for falls, nutrition, skin integrity and moving and handling. A risk assessment for the person's home was also completed to identify any issues. The assessments of the person's needs identified specific issues such epilepsy and Multiple Sclerosis, with general information provided for care workers but risk management plans were not always in place. We discussed this with the registered manager who explained additional risk management plans would be developed following the inspection to provide extra information for care workers on how to reduce possible risks. Following the inspection, the registered manager confirmed the risk management plans had been implemented. The records for one person clearly identified they had an allergy to latex and the registered manager confirmed latex free gloves and other personal protective equipment products were provided for care workers.

The provider had a process in place for the safe administration of medicines. During the inspection we looked at medicines administration record (MAR) charts which had been completed by care workers and we saw these clearly indicated which medicines had been prescribed and when they were administered. We saw the medicines for one person were either administered by the care worker or a family member and it was indicated on the MAR chart when this was done by the care worker. Care workers completed administration of medicines training and their competency was assessed. Risk assessments for the administration of medicines were completed if care worker were required to administer medicines.

The provider had a process in place for the recording and investigation of incidents and accidents. We saw the incident and accident record form included information on what happened, what actions had been taken and if there was any history of previous occurrence of the issues.

Care workers were provided with personal protective equipment (PPE) such as gloves and aprons. The registered manager explained infection control training was not currently part of the mandatory training programme but this would be introduced during 2019. One care worker said, "PPE is always available."

The provider had robust process in place for the recruitment of care workers. The registered manager told us they undertook a screening process when they were initially contacted by an applicant to assess their existing knowledge and previous experience. If the applicant was assessed as suitable they would be asked to complete an application form providing their full employment history and the contact details for either two previous employers for references or four people who could provide character references. Before any new care workers started employment a Disclosure and Barring Service (DBS) check (a type of criminal record check) was completed and the applicant's identity and right to work in the UK was also checked.

During the inspection we reviewed the records for three care workers and we saw the provider's process had been completed and all required information was in place.

Care workers used an electronic call monitoring system (ECMS) where they logged their arrival and departure time for each visit using the telephone. The registered manager told us if they could not use the ECMS at a person's home the care worker would text the office when they arrived and completed the visit to record their times. We saw a system in the office alerted the staff if the start of a visit was not recorded on the ECMS within a set time of the agreed start. The care worker would then be contacted to find out why there was a delay in starting the visit.

During the inspection we looked at the visit rotas for two care workers and we saw their planned visits were scheduled to provide adequate travel time to ensure care workers could arrive at the planned time.

Requires Improvement

Is the service effective?

Our findings

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 Act 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. We checked whether the service was working within the principles of the MCA and found that they were not always adhered to.

The registered manager told us they reviewed each person's capacity to consent to their care as part of the initial needs assessment but did not record an assessment of the person's capacity if any concerns were identified. We looked at one person's records and we saw their relative had signed the consent to care form on their behalf but there had been no recorded assessment of the person's capacity to consent. We discussed this with the registered manager and they confirmed a mental capacity assessment would be implemented and the care plans of all the people receiving support would be reviewed to clearly record this aspect of care. Following the inspection, the registered manager sent us an example of their new mental capacity assessment form and confirmed all assessments would be completed by the middle of January 2019.

Where a relative had signed the consent form the person's care plan also identified that the person's family held a Lasting Power of Attorney (LPA) but it was not clear what it related to and a copy of the LPA was not available. A Lasting Power of Attorney can be issued in relation to either finance or health and wellbeing and legally enables a relative or representative to make decisions in the person's best interests as well as consenting on the person's behalf in areas identified in the LPA. The registered manager told us after the inspection they were in the process of confirming if LPA's were in place for the people they supported. They also confirmed they had started additional training in relation to MCA.

The registered manager explained that before a person started to receive care at home a detailed assessment of their support needs was completed. An initial assessment was carried out to identify if the person's care needs could be met by the service.

As part of the assessment process the registered manager told us they also discussed if the person had any interests so they could match the personality of the care worker to the person's preferences. Once the care package was agreed a meeting was arranged with the person to carry out a detailed assessment of their needs and introduce the care worker who would be visiting them. The assessment was used to develop the care plan which was then agreed with the person who signed a dated to document.

We saw people were being cared for by care workers who had received the necessary training and support to deliver care safely and to an appropriate standard. Records we reviewed indicated all care workers had completed the training identified as mandatory by the provider as part of their induction. These courses included moving and handling, medicines management and safeguarding. Assessments were completed

following training to assess the care workers understanding of the training. The registered manager confirmed care workers would complete annual refresher courses for mandatory training and the records identified when this training was due. Care workers had also received training on the use of a piece of equipment from a district nurse to enable them to care for a person appropriately and to identify any issues which could occur between the district nurse's daily visits so they could escalate these. The registered manager explained care workers did not currently complete the Care Certificate but this was going to be introduced during 2019 as part of the induction process. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

We saw records indicating new care workers had completed a four-day induction programme and shadowed an experienced staff member. The shadowing records included when it was undertaken and the types of care tasks completed including how the care worker communicated with the person and personal care as well if care was provided to someone with dementia or other health issues. The new care worker's competency was assessed and recorded by the experienced care worker.

We saw completed records of supervision meetings carried out every three months with senior staff including reflective practice discussions relating to the care they provided. Regular spot checks were also completed which included reviews on the care workers punctuality, personal appearance, politeness, respect, ability, knowledge and skills

People were supported to prepare and eat food of their choice where identified as part of the initial assessment. They were encouraged to eat a healthy diet whenever possible. The care plans identified if the care worker was to support the person in the preparation and/or eating of meals. Information was also included in the care plains identifying people's preferences for food and drink. We saw care workers had completed food hygiene training as part of their induction. The registered manager confirmed they were in the process of identifying appropriate training for care workers in relation to helping people to eat if that was identified as part of their care needs.

The care plans for each person identified their GP and any other healthcare professionals that were involved in their care. The care plans included a list of health checks, for example appointments with an optician and a dentist, with the dates they were last completed.

Good

Is the service caring?

Our findings

Relatives of people using the service told us they were happy with the care their family member was receiving. They said "Yes, the care worker is excellent" and "I am very happy with the care."

We also asked relatives if they felt the care workers maintained their family member's privacy, dignity and independence when they provided care and they told us they did. They said "Absolutely, everyone is so professional" and "Absolutely, the care workers are very caring."

We asked care workers to describe how they maintained people's privacy, dignity and independence when providing support. Their comments included "By offering them respect like when assisting them with personal care, I would close the door and offer choice and ask if they would prefer I stay or give them privacy when for instance they are using the toilet I would make sure they are safe throughout", "Asking their opinion for their meals, drinks, the clothes they want wear, activities they wish to take part in. I do not disclose their personal information unless required by professionals like medical doctors. When inducting new staff, I do not discuss their [people's] care needs in their presence. Accept the fact that they [can] refuse to take their medication. I do not patronise them" and "Always try and gain their consent and allow them to make their own decisions when appropriate and if able, allow them to carry out personal care whilst providing assistance."

The care plans included information about the person's life history and identified who was important to them such as family and friends. We saw the care plans also included information relating to the person's cultural and religious needs. We saw the care plan for one person indicated they had reverted to speaking their main language the majority of the time but did speak and understand English. The care workers had been provided with a list of key phrases in the person's preferred language which related to the care provided that they could use. The registered manager explained once the person was familiar with the care workers they also spoke English with them. This provided care workers with additional information in relation to the person they were supporting.

Care workers told us if they identified any changes in the person's support needs they would inform the field supervisor or manager. Their comments included "I record the changes as note in Care Planner for the field supervisor/Manager to re-assess the service user whenever possible and update the care plan accordingly."

Good

Is the service responsive?

Our findings

Relatives we spoke with told us the care needs of their family members were being met by the care workers. We saw the care plans included a service care delivery and task plan document which identified the care activities which were required during each visit and the person's wishes as to how that support should be provided. The registered manager explained the service worked in a flexible way with people to amend their care package to meet their changed needs or wishes.

We saw care plans and risk assessments were reviewed every six months or earlier if there was a change in support needs. A review book was completed as part of the process and if any changes in care needs were identified they would produce a new document. In the care plans we looked at we saw there had been regular reviews to ensure they reflected the person's care and support needs as well as their wishes.

People's wishes in relation to how they wanted their care provided at the end of their life were identified in their care plans. We saw information was recorded in relation to any discussions with the person and their relatives with any wishes recorded.

Relatives of people using the service told us they and their family members had been involved in the development of the care plans and with any reviews that had been completed. This was confirmed by the documents we saw.

Care workers could access information about the care needs of the person they were visiting by using a secure system on their mobile telephone. They could see the care activities which were to be completed during each visit. The care workers could also send any information on changes in support needs or feedback to the office via text message and this was recorded on the computer system.

Relatives of people using the service confirmed they knew how to raise any concerns about the service but they told us they had not needed to. The provider had a procedure in place to monitor and respond to complaints and to identify any trends that required action to resolve. During the inspection we noted the provider had received one complaint and we saw the record contained information about the complaint, investigation and any actions taken to resolve the issues identified.

Good

Is the service well-led?

Our findings

Relatives we spoke with were positive about the service and the care provided for their family members. Their comments included "The care they provide is exemplary in every detail. Everyone is kind and caring" and "They stepped in to cover another company to make sure the care was provided. Very good, I can't fault them."

Care workers were also positive about the service and told us they felt the service was well-led and they felt supported by the registered manager and other senior staff. Their comments included "Yes, I feel it is a diverse and accepting environment and I feel comfortable voicing any concerns I may have. I feel we are supported well. Anytime I have any issues I can contact the office and they are dealt with promptly and effectively and I am always kept up to date with appointments and any likely changes", "The company's culture appears open and fair. Yes, the service is well-led. Well organised and management staff is always available to give assistance in case of doubt" and "I am encouraged when I excel at something at work and when I have areas I need to improve in, this is identified and I am supported. The manager is always on hand to assist me in any situation that I may need to deal with and she empowers me, there are times I have been able to do things on my own initiative and I have been praised for doing so."

We saw records from care worker meetings which were held every two months and the registered manager confirmed the minutes of these meetings were circulated to all the care workers.

The provider had a range of systems in place to monitor the quality of the care being provided. We saw audits were carried out regularly in relation to people's care plans and the care worker records to ensure the required information was in place and up to date.

We saw regular telephone feedback calls were completed with people as well as a home visit every six months to monitor the quality of the care provided. We looked at records of all these quality assurance processes and saw the feedback was analysed. The registered manager confirmed a postal survey had recently been sent to everyone receiving support and the results will be reviewed.

We saw regular monitoring of the Electronic Call Monitoring System records was carried out to check the visits were completed as planned. The monthly monitoring report identified, for each person using the service, how many visits were planned, completed or cancelled during the month and the number of visits missed. The monitoring report also identified the average time spent on the visits and how many occurred earlier or later than planned. This meant the provider could identify if there were any issues with visits being carried out at the time agreed.

People were given an information booklet when they started to receive support from the service so they knew what to expect. This included what support could be provided, the complaints process and how care workers would access people's homes. There was also information for people on preventing fraud and what people should be aware of to reduce the risk of them becoming victims of fraud.

The registered manager told us they kept up to date with best practice and changes to guidance in the health and social care sector by attending events organised by Skills for Care and the local authority. They also received regular email updates from the Social Care Institute for Excellence (SCIE), the National Institute for Health and Care Excellence (NICE) and patient safety alerts issued by NHS England.