

Mrs Katrina Lyne Davidson

T.L.C Home Care Services

Inspection report

91 High Street
Evesham
Worcestershire
Tel: 01386 47888
Website: www.tlchomecareservices.co.uk

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Ratings

| | | |
|---------------------------------|------|---|
| Overall rating for this service | Good |  |
| Is the service safe? | Good |  |
| Is the service effective? | Good |  |
| Is the service caring? | Good |  |
| Is the service responsive? | Good |  |
| Is the service well-led? | Good |  |

Overall summary

This inspection was announced and took place on 18 December 2015. We gave the provider 48 hours' notice of our intention to carry out an inspection. This was because the service provides domiciliary care to people in their own home or that of a family member and we needed to make sure someone would be available at the office.

T.L.C Home Care Services is a domiciliary care agency registered to provide personal care and support to people with a range of varied needs including people who live with dementia. At the time of our inspection 55 people received support with personal care.

There was a registered manager in place who is also the registered provider. 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.

People who used the service and their family members told us they felt safe receiving care and support and had no concerns about the care provided. Staff employed by the provider had knowledge of different types of abuse

Summary of findings

and were aware of the action they would need to take if people were at risk. People told us they were treated with dignity and respect by staff who visited them and that sufficient staff were available.

People had individual care plans and risk assessments in place which were regularly reviewed and updated to reflect people's changing care and support needs. Medicines were administered by staff who had received training and the records maintained were regularly audited. People were supported as needed with eating and drinking.

Staff had up to date knowledge and training to support people. Staff were aware of the need to consult people before care was provided. People were happy with the way in which staff supported them with their care and were able to make choices and decisions.

Staff told us the registered manager was accessible and approachable and they assured us regular checks were completed to monitor the quality of care provided for people. Staff felt supported by the registered manager and felt listened to and able to raise any issues.

People felt they were able to make comments about the service provided and any complaints would be listened to and action taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe while staff were supporting them. People received care and support from staff who knew how to manage risks associated with their care.

Good



Is the service effective?

The service was effective.

People were supported by staff who had received training and were supported in the work they provided. People's consent was sought before care and support was provided. People were supported to access healthcare professionals as needed.

Good



Is the service caring?

The service was caring.

People received support from staff who were kind, caring and aware of their needs. People's privacy and dignity was respected while care and support was provided.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care. People confirmed staff were aware of their needs and provided support to meet these needs. People were confident any concerns or complaints would be listened to and addressed.

Good



Is the service well-led?

The service was well led.

People benefited from a service which was regularly monitored because the provider had systems in place to check and improve the quality of service provided.

Good



T.L.C Home Care Services

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.

The inspection took place on 18 December 2015 and was announced. At the time of our inspection 55 people received care and support services. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service.

We asked the local authority if they had any information to share with us about the service provided. The local authority are responsible for monitoring the quality and funding for some people who use the service.

Prior to our inspection the registered manager completed and returned to the Care Quality Commission (CQC) their Provider Information Return (PIR). A PIR is a form which asks the registered persons to supply some key information about the service they provide, what the service does well and improvements they intend to make.

During the time at the office we spoke with the registered manager, the deputy manager and two assistant managers. We spoke with five members of staff who visited people to provide care. Following the inspection we telephoned people who used the service or their family members about their experiences. We spoke with five people who used the service and four family members or friends.

We reviewed the care records at the office for two people who used the service and viewed staff recruitment records. We also viewed records relating to the management and quality assurance of the service including audits.

Is the service safe?

Our findings

People we spoke with as well as their family members told us either they or their relative was safe when they received care from staff who worked at the agency. One person told us, "I am safe with them. I have nothing to make me feel otherwise". Another person told us, "I get on well with the staff and feel safe when I am with them." A further person described to us how they felt safe when staff used equipment with them due to them knowing what they were doing. One relative told us their family member was, "Most certainly safe" when staff were providing care.

We spoke with staff who had an awareness of the different types of abuse people may be subjected to. We asked staff what they would do if they believed a person who used the service was abused. One member of staff told us they would, "Report to the on call manager and would let the manager know of my concerns". The same member of staff told us they had not needed to do this but would have no hesitation in ensuring people were kept safe. Staff told us they could always contact a manager if they needed any help, guidance or support regarding the care provided to people.

Staff told us they received training in safeguarding people from abuse. This was confirmed when we saw training records. One member of staff told us they had just commenced some training and told us their understanding of safeguarding to be, "Making sure people are safe". Another member of staff told us, "People are definitely safe" when they received care from staff working at the agency.

There were sufficient staff employed to keep people safe. People we spoke with and their family members confirmed the correct number of staff arrived to provide the care required to meet their needs. For example when a hoist was to be used two members of staff provided care. Staff confirmed they had received training in the use of equipment specific to each person such as when a ceiling hoist was needed.

Staff told us they had sufficient time to carry out the care people needed and the majority believed they had time between calls for traveling. People who used the service told us staff usually arrived on time or shortly afterwards.

The registered provider told us they provided a service to people within ten miles of the office therefore limiting any lengthy travelling for members of staff in order to provide the best service they could to people.

We were told by staff we spoke with they would contact the office if they were delayed for any reason. This was so people who were expecting them could be informed of the delay. People we spoke with told us staff were usually on time. Most people told us they were confident they would receive a telephone call from the office staff in the event of a problem such as a member of staff running late.

The registered manager had carried out regular audits of the number of hours needed to cover the calls against the hours available by staff members. This was carried out to ensure sufficient staff were available to meet the needs of people who used the service. We saw the number of hours available were in excess of the hours needed to provide care to people. The registered manager confirmed these hours were used to undertake training and supervision sessions.

While at the office we saw copies of risk assessments held on file. One senior member of staff involved with providing care to people was also a trained risk assessor and told us they made sure risk assessments were updated. One member of staff told us, "If people were at risk I would speak with the care coordinator or the manager and they would amend the risk assessment." Staff we spoke with confirmed people's risk assessments were reviewed regularly and they were informed of these changes. Risk assessments were based on the individual needs of the person. For example in relation to mobility or the use of equipment. Staff knew how to use this equipment to meet people's needs in a way which meant people were not placed at risk. Assessments were also carried out regarding the environment where people lived to reduce the risks to people who used the service as well as members of staff. Records of when equipment was serviced were available at the office to demonstrate items such as hoists were safe to use.

An audit of accidents had taken place covering the first six months of the year. The registered manager told us a similar audit would take place following the conclusion of the year. The audit showed no accidents had involved people who used the service. Where accidents had involved staff the report showed the actions taken to reduce further risks such as additional training or further

Is the service safe?

time shadowing more experienced staff members. Following a more recent accident which had involved a person who used the service this was followed up and showed the actions taken at the time to ensure the person's well-being.

We spoke with staff about how they were recruited. They confirmed they had completed an application form and had attended an interview. One member of staff told us a Disclosure and Barring Service (DBS) check had been undertaken before they were able to work with people. The member of staff was aware why this had taken place. The DBS is a national service who keep records of criminal

convictions. The registered manager had used the DBS information to ensure suitable people were employed so people using the service were not placed at risk through their recruitment practices.

People who needed assistance with their medicines told us they were happy with the arrangements. One relative told us, "I believe the medication is always done." Staff we spoke with confirmed they had undertaken medicines training and had knowledge about people's medicines. We saw medicines records which had been returned to the office. We saw these were consistently signed to evidence people had received their medicines as prescribed or had creams applied. Audits of medicines records were undertaken and any shortfalls in recording were identified and followed up.

Is the service effective?

Our findings

People and their family members told us staff met individual care needs and that they were happy with the level of care provided. One person told us staff, “Know what they are doing.” Another person told us, “I think they (staff) are trained by the way they attend to me.” A family member told us, “The staff seem to be trained and they know what to do.” Another person’s family member told us, “The staff are all so attentive they must be well trained.” A further family member told us, “Nice to have found staff who are caring and know what they are doing”.

Staff told us they received the training and support they needed to carry out their role. One member of staff told us they found the training to be, “Very informative.” Staff also confirmed they received regular updates in their training to ensure they had the skills and knowledge to carry out their work. For example staff told us they received training in the use of hoists to ensure they were using safe methods for moving people. We saw staff training records and these confirmed staff had undertaken their training. Information about when staff had attended training was available. The registered manager and the assistant manager with responsibility for training were aware of staff who required refresher training in line with the training frequency operated by the provider.

Staff told us they had completed induction training and worked alongside experienced members of staff when they first started working for the provider. One member of staff described their induction and told us they had worked with a manager for a while before working with other staff to ensure they had the skills and knowledge they needed. Staff told us they had not worked on their own until they felt confident to do so. The registered manager was able to show us information they had prepared to inform staff about the Care Certificate and how this training would be undertaken by new members of staff.

Staff we spoke with told us they were well supported by the management team and regularly received supervision sessions. We saw documentary evidence which showed when staff had attended an office based supervision, a work place observation and a medicine administration observed practice session. During a medicine administration observed practice session a check list was

used to assess staff’s competency and to ensure they had the skills and knowledge needed to safely administer medicines. Staff confirmed other spot checks took place to observe their practices and these were discussed as part of their supervision.

We spoke with the registered manager about the Mental Capacity Act. 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. We checked whether the service was working within the principles of the MCA.

We spoke with people who used the service and to family members and they confirmed to us staff sought permission from the person receiving care prior to providing it. One person told us, “Consent is always obtained. They (staff) always ask before they do anything.” Staff we spoke with understood their responsibilities under the MCA and what this meant for the way in which they cared for people. The registered manager told us they had not made any applications to the Court of Protection for approval to restrict the freedom of anyone who used the service.

Where needed staff supported people with the preparation of meals and making drinks. People we spoke with told us they were happy with the arrangements in place. One person told us, “Staff do lunch and leave the kitchen clean”. The registered manager told us staff had sought additional nutritional advice from healthcare professionals to ensure people identified as at risk had sufficient amounts to eat and drink.

If people’s health was of a concern staff told us they would refer people to a healthcare professional as needed. One member of staff told us they had needed to contact the emergency services on a number of occasions. For example on finding someone had fallen over. In these circumstances staff told us they had contacted the office staff and waited until the ambulance arrived. A family member told us, “I know they would ring the surgery if a problem.” Another family member told us, “They always let me know if anything is wrong.”

Is the service caring?

Our findings

People we spoke with were complimentary about the staff who provided their care. People also spoke highly about the standard of care they received. One person told us, “The staff are marvellous” and added, “We all get on so well”. Another person told us, “I am very happy with them all (staff) They are so friendly.” A further person told us, “The staff who visit me are a great team.” A family member told us, “The care provided is excellent” and “The staff are brilliant.” Another family member described how staff looked after the whole person not just their basic care needs.

People we spoke with told us the staff who visited them ensured they were well looked after and did everything they needed to do. One person told us, “I just have to ask and they will do it for me if I can’t do it myself”. People told us they liked having regular staff visit them as they liked to get to know them. One person told us, “More recently I have had regular staff come which is good.”

All the staff we spoke with told us they enjoyed their work and liked working for the provider. One member of staff told us, “A very nice company to work for. They care for the staff as well as people we provide care for”. A recently appointed member of staff told us, “I love caring for people. I wish I had done it years ago.”

People we spoke with and their family members told us they were involved in the care provided and were able to have an input in to what they needed assistance and support with. We spoke with staff about people’s likes and dislikes and how they involved people in their care. Staff confirmed they were informed about any changes in people’s needs.

People confirmed their privacy and dignity was respected. One person told us, “Staff treat me with respect”. Another person told us, “They (staff) make me feel comfortable and I’m not embarrassed at all.” We spoke with staff and they told us they viewed the maintaining of people’s privacy and dignity to be fundamental to the work they carried out. Staff we spoke with confirmed they had attended training in privacy and dignity and were able to give us examples of how they ensured these were upheld at all times when providing personal care. We saw the registered manager had reminded staff on the importance of maintaining people’s privacy and dignity within the analysis of a staff questionnaire. The registered manager stated to staff that if they were aware of any member of staff who was not respecting people’s privacy and dignity to report this to either a care coordinator or the registered manager.

Is the service responsive?

Our findings

People were assessed before a care package was provided. One family member told us, “A very detailed assessment was done” which had involved them as a relative but also the person who was going to receive care. People we spoke with told us they had involvement in their care plan and were consulted about its content. One family member told us, “If any changes to the care plan are needed someone comes round from the office to record the changes.”

Staff we spoke with told us they would be informed of people’s care needs before they visited them for the first time. Staff were confident they could see copies of people’s care plans either at the office or people’s own home. Staff confirmed care plans were regularly updated to ensure they had current information available to them about people’s needs.

Staff told us systems were in place to ensure they were informed of changes in people’s care needs. We saw a weekly information sheet prepared by the registered manager highlighting changes to people’s care needs. The weekly information notes also brought to the attention of staff any changes in the staff team as well as reminders about practices such as the need to return medicine records to the office.

People told us they were informed of who was due to undertake the visit and that they would usually be informed of any changes to the arrangements. People were happy with the continuity of staff who provided care. People we spoke with and their family members told us they were able to make changes to the time when a member of staff visited if needed to fit in with other

commitments. One relative told us, “The office staff are so accommodating. If I want anything I just ask.” Another relative told us, “If a change is needed the office staff are attentive and always get back to you.”

The registered manager showed us a newsletter they had written earlier in the year. They told us plans were in place to write and send out a further newsletter. The newsletters in the past had provided useful information for people such as when telephoning the office staff, an explanation about the shadowing of staff attending some calls and advice about staying well received from care professionals or organisations.

People we spoke with told us they knew how to raise a complaint or a concern about the service provided. People told us they were confident the registered manager and staff at the office would take their concerns seriously. One person told us, “I have no complaints”. Another person told us, “I am sure they (staff at the office) would listen to me if I needed to say anything.” A family member told us, “They are all so friendly I have no complaints at all.” We saw where the provider had received concerns or complaints about the service provided these were investigated and resolved. Where found necessary an apology was offered to the complainant.

The registered provider showed us a copy of an annual report drawn up for 2014 regarding all complaints received during that year. As this inspection took place in the latter part of 2015 the registered manager planned to undertake a similar analysis for 2015. The report for the previous year demonstrated what complaints had been received and whether any had a theme such as the timing of calls or concerns about staff members. The report highlighted the actions taken as a means of reducing the likelihood of repeated concerns taking place.

Is the service well-led?

Our findings

People we spoke with told us they had found staff who worked in the office to be friendly and approachable. One person who used the service told us, "If ever I had a problem the staff at the office would sort it for me." Staff we spoke with told us they were well supported by the management team. One member of staff told us the registered manager was, "Very nice and is approachable and reasonable." Another member of staff told us, "I can go to the office at any time. They will help sort it out." A further member of staff told us the registered manager had made them feel relaxed when they had their interview and now felt, "Able to talk as always someone to help you".

We saw people were asked for their comments and feedback on the quality of the care provided and their experiences. The registered manager had analysed the responses following questionnaires sent out during April 2015. The report showed a high level of satisfaction with the care provided.

Staff confirmed they were asked for their views of the company and in relation to the service provided. We saw a report had been completed following an analysis of a staff questionnaire. The analysis showed the actions taken by the registered manager as a result of feedback from staff. For example staff had requested certain training which was going to be provided.

The registered manager and other staff at the office were working on reviewing policies and procedures. We were told that once completed staff were going to be provided

with copies. The registered provider was also able to tell us about their plans for the future for example in relation to the development of end of life care and working in line with best practice guidelines.

We saw the provider had established a range of systems to monitor the quality of the service provided for people who used the service. The registered manager had analysed the responses and comments made as part of an annual satisfaction questionnaire sent to people who used the service. Where any elements of dissatisfaction were highlighted the report showed the actions taken to redress the situation where possible. For example concerns about the service provided were explored further with people as a means of improving their experience of the service.

Systems were in place to monitor and observe the practice of staff while undertaking their work. Spot checks were undertaken where supervisors visited people who had received a service shortly after their visit to seek their views about the care provided by staff.

Audits were undertaken and records analysed in areas such as medicines, accidents and falls. We saw where necessary appropriate professional advice and guidance was obtained to ensure people were safe and had their needs met.

Staff members we spoke with told us they attended regular staff meetings. We saw minutes were taken and made available to staff. We saw staff were able to discuss the care packages provided for people and raise any concerns they had in relation to the delivery of safe care. For example we saw risks to people's safety were highlighted as well as actions to reduce these risks including where necessary the involvement of other people or agencies.