

TLC Support Services Limited

# TLC Support Services Limited

## Inspection report

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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 ●

# Summary of findings

## Overall summary

This inspection took place on the 30 November and 4 December 2017 and was announced.

TLC Support Services Limited is a domiciliary care agency providing personal care and support for fourteen people in their own houses and flats homes in the community. It provides a service to older people and younger adults age 18-65. This was the first inspection of the service since it was registered with CQC in November 2016.

Not everyone using TLC Support Services Ltd receives regulated activity. CQC only inspects the service being received by people provided with 'personal care' and help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was 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.

Risks to people's safety were identified, assessed and appropriate action was taken. Staff had completed safeguarding adults training and knew how to keep people safe and report concerns. People's medicines were generally safely managed but we made a recommendation to ensure good practice at all times.

There were thorough recruitment checks completed to help ensure suitable staff were employed to care and support people. People were protected by staff having regard to the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions.

People were supported to maintain good health and be involved in decisions about their health. Healthcare professionals monitored their health and agency staff contacted them with any concern they had. People were provided with individualised care and support. Staff had the knowledge and skills to carry out their roles and their training was updated. Staff knew people well and treated them with dignity and respect. One person told us the staff were "extremely good" and they would recommend the agency.

Quality assurance procedures were used to monitor and improve the service. People were included in developing their care and support when they had regular reviews of their care with staff. Feedback from surveys people and their relatives or supporters completed was used to improve the service.

## 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.

People's medicines were generally managed safely in their home.

People were safeguarded from harm because staff were aware of their responsibilities to report any concerns. All accidents and incidents were recorded and preventative measures identified.

People were supported by sufficient staff who had thorough recruitment checks and an induction to the service.

### Is the service effective?

Good ●

The service was effective.

People's health needs were well supported through access to healthcare professionals.

People were supported by staff who had the knowledge and skills to carry out their roles.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness. They knew staff well and had good relationships with them. Staff spoke respectfully about the people they looked after.

People were cared for in the way they wanted and were encouraged to influence how staff cared for them.

People's privacy, dignity and diversity was understood, promoted and respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support and were involved in decisions about their care.

Care plans were regularly reviewed with people and their supporters.

There were arrangements in place to respond to concerns and complaints.

**Is the service well-led?**

The service was well led.

The registered manager was accessible and supported staff, people and their relatives through effective communication.

People completed quality assurance surveys and the registered manager made improvements where necessary.

**Good** ●

# TLC Support Services 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 30 November and 4 December 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 30 November 2017 and ended on 4 December 2017. It included visiting two people in their own homes and the agency office. We also telephoned one person, two relatives and one care worker. We visited the office location on 30 November 2017 to see the registered manager and office staff and to review care records, policies and procedures.

We reviewed the information sent to us in the provider information return (PIR). The PIR 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. Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

The inspection was carried out by one inspector. We spoke with the two people using the service and one relative, the registered manager and nominated individual and one senior care worker. Following the inspection we spoke on the telephone to one person using the service, two relatives of people using the service and one care worker. We reviewed two care records for people who received personal care and checked two records relating to staff recruitment and training and quality assurance records. We also contacted health and social care professionals involved with the service.

## Is the service safe?

### Our findings

Medicines were generally safely managed. People were supported or prompted to take their medicines as prescribed and staff applied their prescribed topical creams where necessary. People were encouraged to store their medicines safely. Staff were trained to administer medicines and the registered manager completed their annual competency checks. The medicine records showed that staff had signed they had administered people's medicines as prescribed. When people's medicines had not been administered for example, due to refusal, staff had recorded this in people's daily notes. However, best practice guidance from the National Institute for Clinical Excellence (NICE) requires all medicine administration and non-administration to be recorded on the person's medicine administration record (MAR). The registered manager told us they would be reviewing the service's medicine practice including arrangements for the administration of homely remedies to ensure it met current best practice guidelines. .

We recommend that the service considers the current guidance for managing medicines for adults receiving social care in the community.

People were kept safe by staff trained to recognise signs of potential abuse and who knew what actions to take to safeguard people. There were clear policies and procedures for safeguarding people which included 'whistle blowing'. Whistle blowing is a term used when staff report an allegation of abuse by another staff member. Staff knew who to call for assistance should they need help or advice. The guide people had about the service informed them about safeguarding and the contact details of the local authority safeguarding team. All incidents had been recorded and reported as required. One person told us they felt safe with the staff. One relative told us their relative was safe with support staff and they had no concerns. They said the person was content with care staff. One survey from a person said, "I feel safe with TLC night sleep-in staff." Two staff we spoke with told us they had completed training to safeguard people and knew how to report any abuse to the registered manager. All staff had completed safeguarding adults training.

People were supported by sufficient staff to meet their needs. Staff were deployed to meet people's needs and random call monitoring electronic checks were used to check staff had sufficient time to complete people's care. When staff knew they would be late they rang the on call manager who informed the person they would be late and checked they would be safe until their care worker arrived. One person told us the registered manager rang to tell them when on one occasion the care staff were late. When two staff were needed to hoist people safely this was arranged. Staff told us they were given sufficient travelling time to ensure they were on time for visits and to complete people's care and support. People were provided with a weekly list of the staff rostered to provide their care.

People had individual risk assessments in place which were reviewed six monthly or when their needs changed. One person we visited had a risk assessment in place to ensure their bedrails were used safely to minimise the low risk of entrapment. Clear actions were recorded for staff to check rails were correctly fitted and the mattress was the correct fit with no gaps. Other risk assessments included moving and handling people when using a bath hoist. There was a risk assessment of people's homes to ensure they and staff were safe which included checking smoke detectors were installed and hazards from trips or slips were

reduced. There was a health and safety risk assessment of the office premises used by staff and people.

There were thorough recruitment procedures and checks had been completed to help ensure suitable staff were employed to support people. Staff had provided previously completed training certificates. They completed an induction programme when they started and shadowed experience staff until they were competent.

Accidents and incidents were recorded which included reflective practice and preventative measures where necessary. One accident report had included the involvement of an occupational therapist and physiotherapist to ensure the person had the correct support. Staff were trained in infection control and took personal protective equipment and hand gel with them to use to prevent cross infection.

There was a comprehensive business continuity procedure which described the action that would be taken to ensure people continued receiving care in adverse conditions for example, information technology failure, severe weather and an infectious disease outbreak.

## Is the service effective?

### Our findings

All people had an initial assessment which planned the times, frequency and level of care/support they needed. Staff monitored people's care arrangements and adjustments were made when required to meet people's changing needs. Individualised care plans were developed with the person and their family or representatives if required. The number of support care plans developed might vary but usually consisted of; nutrition and hydration, medication, personal care, elimination and mobility. People were supported with their meals to meet their individual needs. People had a nutrition and hydration care plan where the meals and drinks they liked were described in detail and in one example there were a lot of drinks provided and these were clearly detailed in the person's care plan. Another person's care plan described how the person should be assisted to eat their meals which a relative prepared. One member of staff told us when a person stopped eating they had contacted the GP and relatives and their medicines were changed. The person was left a note to remind them to eat and now they were eating well. Care staff were trained in food hygiene to ensure safe food handling and preparation.

There was liaison with social and healthcare professionals when required to help ensure people had the care and treatment they required. People were supported to maintain good health and improve their health where possible. Staff reported when people were unwell to healthcare professionals and any instructions from them were carried out to ensure people's health and wellbeing. The service had recently worked closely with healthcare professional to try and ensure one person had suitable equipment at home after discharge from hospital. Liaison with the Parkinson's disease specialist nurse and the district nurse was recorded in the care plan for one person. One relative told us the agency goes "over and above" to support people and once came in the middle of the night.

People had a detailed assessment of their needs and their preferences were respected. Staff had knowledge of the Mental Capacity Act and people's rights were upheld. People consented to their care and support. The registered manager and staff we spoke with had received Mental Capacity Act (MCA) training. The 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. Staff told us people had the capacity to make their own decisions about their care and support.

Staff received suitable training, support and supervision. They had regular training updates to ensure they had sufficient knowledge to carry out their roles. All staff had completed all mandatory training the provider required which included moving and handling, first aid, fire safety, health and safety and safeguarding adults. The training record for all staff was updated to show when staff training was due. One care worker told us they had been to a local college to complete some of their training and the training was, "very good." Another staff member told us about the additional training they had completed for example about, Parkinson's disease and Multiple Sclerosis. Care staff were supported through individual (supervision) meetings and annual appraisals of their work. The people they visited were discussed and their training needs. Annual appraisals were rated so the staff member knew what they needed to achieve to improve. Supervision included observation of practice and one record had stated the staff member needed to ensure

they always used personal protective equipment for example aprons and gloves and give the person their 'lifeline' before they left them alone.

One member of staff told us how they were interested in providing training and progress in their role. They told us the training was "very good" but some of the eLearning wasn't always as good. The staff member told us dementia care training could be improved. Another staff member told us they couldn't think of any improvements to their training. The provider reviewed their training routinely to ensure it met the needs of people using the service. For example, the registered manager had plans for staff to complete additional dementia care training. The provider information return told us, "We will provide further training around the MCA and how this can be put into daily practice."

## Is the service caring?

### Our findings

People had positive relationships with staff and they told us the staff were always there on time. Staff supported people with kindness and compassion and their privacy and dignity were respected. The provider information return (PIR) told us "Care workers are observed in practice to ensure that they respond promptly and appropriately to the needs, wishes and requests of the people we support." One person told us they were very pleased and (staff name) was a real worker and was always respectful. They also said they were informed if a care worker was delayed and the communication with the office was "very good". One person told us they went through their care plan with the staff to agree their individual support and told us they were impressed with the way staff cared for them. Another person said the staff were lovely. One relative told us the person was content with the care staff and the staff did very well caring for them. Another relative told us the staff were, "extremely good" and they would recommend the agency.

The PIR told us, "Staff are observed treating people with privacy and respect by closing doors when delivering personal care, referring to service users in an appropriate manner, following the guidance detailed in support plans and adapting to changing needs at each visit."

Staff supported people respectfully and gave them encouragement to be independent and be involved in their care planning. One staff member told us how they supported one person with impaired sight to use the stairs and always walked in front of them to guide them down. Another person was supported with sleep-in staff when the relative they lived with was away.

We observed the friendly rapport people had with the care staff when we were introduced to them. Staff talked to people on their same level by kneeling down to them and smiling when they spoke with them or holding their hand in bed and reassuring them with a cuddle. There was no rush and people and one relative were pleased to see the staff. One person was complaining of pain when we visited with the staff and they immediately informed the GP for further assessment.

People had a guide to the service which informed them what they could expect from the service and whom the agency could provide care and support for. The guide also told people they would be supported to access any other services they required. There were contact details for the agency and adult services at Gloucestershire County Council and an explanation about adult abuse and who to contact if they did not feel safe.

## Is the service responsive?

### Our findings

People received care and support which was personalised and responsive to their needs. The registered manager completed a detailed assessment of people's needs and the safety of their home before the service started. The information was used to complete the computerised care plan record which was printed for the individual person. Staff had access to the records from their encrypted mobile phones. Staff knew people well and when they needed changes to their care the registered manager ensured the records were updated for staff to follow. The provider information return told us, "Care workers are supported with the initial visits to new service users so that information can be shared and routines 'shadowed' to ensure consistency for the people we support."

People received person centred care and their daily routine records were detailed and up to date. One person's care plan had information for staff on how to care for their urinary catheter and reposition them in bed to help prevent pressure ulcers. The registered manager had contacted the service that provided equipment for one person and liaised with them to provide the correct bed and mattress. The agency had contacted the Parkinson's nurse for one person to see if their medicine could be delivered using a 'patch' as they had difficulty swallowing the tablets. The occupational therapist was also contacted by the agency to assess the person for a suitable chair.

One person with a wound dressing monitored by the district nurses sometimes needed a change of the dressing by care staff when it was soiled. There was no protocol for when and how care staff should change the dressing with guidance from the district nurse. The provider contacted the district nursing services immediately and written guidance was provided by them to inform and support the care staff with regard to changing the dressing under their supervision. The guidance included the circumstances when care workers should contact the district nurse. People's daily records had a lot of information about them and how they were feeling at each visit to monitor their mental health and wellbeing. The PIR told us, "Support plans and associated documents are reviewed at least every three months but sooner if there is a change in need or at the service users request. We try to include the service user as much as possible and for them to sign for their plans if appropriate to do so."

People and their relatives had access to a clear complaints procedure. Any concerns raised were acted upon to people's satisfaction. One person told us they would call the agency office if they had any concerns. One staff member told us they had no complaints from the people they cared for. One relative told us they would call the agency if they had a complaint but they had no need to complain. There were no formal complaints recorded.

The PIR stated, "We understand that people we support, and others in our community, feel isolated and we are working with other partners to try and provide some regular contact and support for these people in more of a voluntary capacity." The provider had a clear vision to deliver high quality care and had begun planning innovative practices to reduce loneliness in the community. An 'open' free event working with the local dementia group to 'End Loneliness', which is a national campaign, for people that use the agency and other people in the community was planned for one Saturday. Pupils from a local secondary school were

involved to give them the experience of talking with older people. The agency staff would serve coffee and mince pies in the town hall and entertainment was planned. It was hoped this could be a regular event to bring people together.

People were encouraged to complete an Advanced Decision record to ensure their end of life wishes were known should they be unable to communicate them later. Staff supported the community palliative care services to meet people's needs and contacted healthcare professionals when required.

## Is the service well-led?

### Our findings

TLC Limited provided each person with a guide to the service which stated the service was committed to delivering a professional, flexible and reliable service that promotes people independence, choice and lifestyle. We received consistently positive feedback about the service. One person told us the agency was good at communicating and the invoices were correct. Six weeks after the service started people had a review where the registered manager talked to them about the service. One person told the registered manager the care staff were respectful and professional and they were "happy with the service" and wanted additional care hours provided.

The registered manager and provider led by example and knew people and their relatives well when they worked in the field and could respond rapidly to any increased or changed needs. Staff felt they were well supported by the registered manager and nominated individual who they were in regular communication with about people and procedures. One staff member told us "The agency is professional and allow me to work without feeling pressured" and "There is plenty of travelling time between visits and we are paid for it." Another care worker told us, "I have been with TLC since February 2016 and after working in domiciliary care for the past 20 years they are by far the best company that I have worked for. They are very thorough with care plans and information that you might need. Very approachable and deal with any situations straight away. First company that give sufficient travel time too."

Quality assurance systems included regularly asking people and their families about the service. People and their relatives had completed surveys to check their satisfaction with the service and any comments were acted upon to improve the service. The January 2017 survey had 86.6% of people rating the service with the highest score. One relative commented, "TLC staff are well trained and well supervised. They are wonderful, nothing is too much trouble. Mum loves them coming in and looks forward to their visits". One person commented, "TLC are very flexible ... very organised with rotas. I always know when they are coming."

The provider information return told us, "The management team supervise their staff and undertake monitoring visits and also undertake a range of direct care visits to ensure that the service runs well and lives up to the expectation of the service users." One staff member told us, "I feel respected by the agency management team. "

Systems were regularly audited to check care plans and other records were correct and up-to-date. Staff had alerts to remind them to return records to the office monthly for auditing. The care plan audits were completed every three months looking at 20% of the records and daily records were cross referenced with the care plans and medicine records to ensure compliance. An action plan in November 2017 had five corrective actions and these were emailed to all staff and followed up with monitoring visits for the care plans where improvements were needed and discussed at the next staff meeting. Additional regular audits completed included health and safety, training records and accident reports. Monthly daily record audits were cross referenced with a person's medicine and care plan record and had highlighted actions to be completed.

Staff meetings had been held every six months and the minutes circulated informed staff what issues needed following up. An example was to check the medicine dosette box was correct and when a code was used on the medicine administration record ensure it was described in the daily records. Staff competencies were regularly observed to ensure the values of the agency were achieved. The CQC questionnaires sent to two staff were returned as 100% positive about all aspects of the service.