

Mrs Katrina Lyne Davidson

# T.L.C Home Care Services

## Inspection report

91 High Street  
Evesham  
Worcestershire  
WR11 4DN

Tel: 0138647888

Website: [www.tlchomecareservices.co.uk](http://www.tlchomecareservices.co.uk)

Date of inspection visit:  
06 February 2019

Date of publication:  
23 April 2019

## 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

**About the service:** T.L.C Home Care Services is a Domiciliary Care Agency that was providing personal care to 58 people at the time of the inspection.

**People's experience of using this service:** People received their medicines when needed but records were not always fully completed and the provider was taking action to address this. Staff safeguarded people from abuse. Risks to people were assessed and action taken to address them. The provider ensured suitable staff were employed by undertaking appropriate checks. There were sufficient staff to ensure no calls were missed and further work was being done to ensure staff had sufficient travel time between calls.

Staff had access to regular training and felt they had a good level of support from the management team. People received appropriate support with food and nutrition. Staff ensured people were able to access a range of healthcare appointments. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People spoke positively about the support they received from staff. People were treated with dignity and respect and were encouraged to maintain their independence as much as possible.

People received person-centred support based on their assessed needs and preferences. People were involved in decisions about their care and in writing and reviewing their care plans. Clear complaints procedures were in place and any concerns were investigated in line with this.

Staff spoke positively about the management and leadership team. Systems were in place to ensure the voices of people, relatives and staff were heard. The provider worked flexibly and in co-operation with other stakeholders such as the local authority and other professionals to promote people's health and wellbeing.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

**Rating at last inspection:** The rating at the last inspection was good (published 3 February 2016).

**Why we inspected:** This inspection was a scheduled inspection based on the previous rating.

**Follow up:** We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, 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?**

The service remained safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained responsive

Details are in our Responsive findings below.

**Good** ●

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

The service remained well-led

Details are in our Well-Led findings below.

**Good** ●

# T.L.C Home Care Services

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of one inspector and an assistant inspector who made phone calls to people in their home.

**Service and service type:** T.L.C. Home Care Services is a domiciliary care agency. It provides care to people living in their own homes.

The service had a manager who was also the provider and registered with the Care Quality Commission. This means that they 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 visit because we needed to be sure that the manager and office staff would be available. The notice period also gave opportunity for the provider to make people aware we may be telephoning them for their feedback.

**Inspection site visit activity** started on 6 February 2019 and ended on 7 February 2019. We visited the office location on 6 February 2019 to see the manager and office staff; and to review care records and policies and procedures. Phone calls to people and their relatives took place on the 7 February 2019.

**What we did: Before the inspection:** We reviewed the information we had received about the service since the last inspection. Due to technical problems, the provider was not able to complete a Provider Information Return. 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 inspection:** We looked at three people's care records including medicines administration records

(MAR) and daily notes. We reviewed three staff files and checked recruitment, training and supervision records. We looked at records of accidents, incidents, complaints and compliments and reviewed audits, quality assurance reports and surveys.

We spoke with the provider, business and development manager, assistant manager, training manager, administrator and six care staff. A further six care staff provided information via a questionnaire. We spoke on the telephone with five people who used the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

- Medicines were being administered as prescribed by staff with the appropriate knowledge and skills.
- Where errors were found during initial checks of medicines practice we saw they were investigated appropriately.
- There were some inconsistencies in the way staff were completing people's medicine administration records and instructions for staff on the application of creams and patches were not always described in full. The provider told us they would review their systems against medicines best practice and implement required changes.

Staffing and recruitment

- There were robust checks in place to ensure suitable staff were recruited.
- There were sufficient staff to cover all calls and there were no missed calls recorded.
- The provider was putting plans in place to improve travel time between calls. Some staff felt it could be a struggle to get between calls in the time currently provided. A robust system was in place to ensure people were informed if staff were running late.
- One person told us, "Staff always call ahead if they are going to be late."

Systems and processes to safeguard people from the risk of abuse

- People received safe care. One person said, "I always feel safe with the carers, all the staff are really helpful."
- Staff had received safeguarding training and had a good knowledge of the types of abuse and how to keep people safe. One member of staff told us, "I've not ever had any concerns regarding safeguarding but if there was even the slightest thing I would give the care co-ordinator or the manager a call."
- Incidents were correctly recorded and reported to the local authority where necessary.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had detailed risk assessments in place. These described the risks present for each individual and gave staff clear guidance on the best ways to minimise those risks.
- Environmental risk assessments were undertaken in people's homes to ensure the safety of people using the service and staff.
- Accidents and incidents were recorded and monitored to ensure that any patterns or themes would be recognised and acted upon to minimise future risk.

Preventing and controlling infection

- Staff had access to an ample supply of gloves and aprons and knew how and when to use these to prevent the spread of infection.

- People were happy that staff were taking the necessary steps to protect them from the risk of infection. One person told us, "The staff always wear protective gloves and aprons and wash their hands."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A full and detailed assessment of people's care needs was carried out before people began to receive support from the service.
- Where the provider had taken on a high number of urgent new care packages they had worked closely with the local authority to ensure the safe continuation of people's care by assessing people's needs and putting care plans in place as soon as possible.
- The local authority had involved the provider in testing out a new way of working. The new approach was designed to be more flexible and the provider had worked hard to adapt call times accordingly.

Staff support: induction, training, skills and experience

- Staff were well trained. Training covered all aspects of care delivery and any specialist knowledge required to care for the people they supported. New staff were given induction training that included shadow shifts.
- People were confident that staff had received appropriate training. One person told us, "The staff need to use a hoist to move me and they all know what they are doing and make me feel safe."
- Staff felt they received a good level of support. One member of staff told us, "At our supervision meetings we're asked if we're ok and if we're not happy they ask why and what they can do. There is always someone for me to come in and talk to if I need them."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff provided appropriate support to people who required help with their food and drinks.
- Care plans contained very specific information around how people preferred their food to be prepared.
- If there were concerns about a person's weight the provider introduced weight monitoring and food charts to monitor any risk.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- The provider was flexible in rearranging calls when people had hospital, doctors or dentist appointment to ensure they had the necessary access healthcare services.
- The provider working closely with a number of health professionals to ensure the best outcomes for people.
- Staff knew what action to take if they attended a call and found someone was unwell or in need of medical attention.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. None were required for the people supported by the service when we inspected.

- Staff had a good understanding of the MCA and how care should be provided in line with it. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- We saw evidence of consent to care within people's care records. One person told us, "Staff always ask for my consent and absolutely treat me with dignity and respect."

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were happy with the standard of care they received. Comments included, "We have a lot of fun, I enjoy the banter I have with staff, they always leave me feeling happy", "The care I receive is first class, everything is done to my satisfaction"
- People were allocated staff who had similar personalities or interests to them wherever possible. A person's preference in respect of which staff supported them was always taken into consideration. For example, we saw that some people had asked to be supported by male staff only and this was accommodated.
- The provider supported people with temporary loans of equipment. One person was provided with a hoist when their stairlift was not working to ensure they could be cared for safely and comfortably downstairs. Another person was able to borrow portable ramps so their family could take them out in their wheelchair for a birthday celebration.
- Support was provided not just to the person receiving care but family members too. One relative found it hard to come to terms with their family member's dementia. Staff provided the relative with some coping strategies for supporting a person living with dementia and also signposted them to other agencies who could support them.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care and included in the care planning process. One person told us, "I am involved in my care and I have annual reviews to look at my care package."

Respecting and promoting people's privacy, dignity and independence

- Staff uniforms had been chosen specifically not to stand out. This was so people could be supported discreetly when accessing the community.
- People were treated with dignity and respect. One person told us, "The staff are fantastic. They always maintain my dignity and treat me with respect. Staff are always professional and they do all they can to make me comfortable."
- Staff promoted independence and encouraged people to do what they could for themselves. One member of staff told us, "If someone is not sure if they can do something for themselves then I will watch and make sure they are safe but it is important for them to try."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans accurately reflected people's assessed needs, likes and dislikes. The information contained in the care plans was detailed and described in detail how people preferred their care to be delivered.
- Staff knew the people they supported well and provided care that took into account people's personal preferences. One member of staff told us, "It's important to ask the person what they like and don't like. It's important to get to know exactly how people like things to be done."
- Staff found the care plans easy to follow and told us they were kept up to date of any changes to people's needs. One member of staff said, "There are care plan update sheets but we are also made aware of any important changes by text to our work phone." The service had a secure log in system and anonymised information to ensure information was kept confidential.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints. Staff knew how to support a person if they wished to make a complaint.
- All complaints had been investigated received in line with the provider's policy and outcomes and actions were appropriately recorded.
- People told us they knew how to make a complaint if necessary. One person said, "If I had any concerns or complaints I know how to report them."

End of life care and support

- All staff had received training on end of life care.
- Nobody who used the service at the time of our inspection was receiving end of life care. Care plans were put in place when this became necessary to ensure people's wishes were met.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team were supportive and approachable. Staff told us, "The management are good. Any problems they will help and support wherever they can"
- People were happy with the quality of the care and support they received. One person told us, "There is nothing I could say they need to do to improve, everything is good all of the time, perfection."
- The provider had a business continuity plan to ensure the continued provision of care in emergency situations such as adverse weather. One person told us, "During the recent bad weather carers walked to get to me as they know I cannot do anything for myself and live alone."

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

- Checks were undertaken to monitor and improve standards at the service. Action plans were in place to address any issues identified.
- The provider understood their legal requirement to inform the CQC of important events that happen in the service. CQC had been informed of significant events in a timely so we could check that appropriate action had been taken.
- People confirmed the service was well led. One person said, "I think the service is managed well. The manager is lovely and calls out to see me quite a lot."

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

- People were involved and able to have their say. One person told us, "The office send surveys every year and I can always provide feedback."
- Staff had not had opportunity to attend meetings to discuss the service as frequently as they would like. The provider acknowledged the need for more meetings and had a plan in place to address this.
- People were kept well informed of any changes or issues with the service.

Continuous learning and improving care; Working in partnership with others

- The provider was proactive working with all partner agencies to develop and improve the service. Examples of this are reflected throughout the report, such as the provider's willingness to take on urgent care packages and their involvement in local authority pilot schemes.
- The provider was committed to continuous learning and improvement. For example; being an active participant in local provider forums supported them to keep up to date with current best practice.

