

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

T.L.C Home Care Services

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Date of Inspection: 21 October 2013

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November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mrs Katrina Lyne Davidson
Overview of the service	The agency provides personal care to adults in their own home.
Type of service	Domiciliary care service
Regulated activities	Diagnostic and screening procedures Nursing care Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 October 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

This agency provided care for adults in their own homes. During this inspection we spoke on the telephone with nine people who used the agency and four relatives. We spoke with the provider and three care staff at the agency office.

People and relatives we spoke with were complimentary about the care and support that they or their family member received. One person said: "The care is all good, nice people, I would recommend them. I can't fault T.L.C". People told us that they felt involved in any decisions that needed to be made about their care and these were made in their best interests.

We found that proper steps had been taken to ensure that individualised care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff had been recruited in an appropriate way and checks had been undertaken that ensured they were suitable to care for vulnerable people.

The provider had systems of audit in place to enable them to monitor the quality of the service provided to ensure that people received appropriate care and treatment.

We found that any comments and complaints people made were responded to appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People and their relatives said: "We met with X (registered manager) who was very good. They understood our problem. They assessed X (person's name) and we were not rushed. It is quite a relief to find someone who can accommodate X's needs". "X came and discussed my needs with me".

We looked at three people's records. We saw that they had all been reviewed as people's needs had changed with the people who used the service or their representative. We saw that people's wishes had been recorded and people or their representative had signed their care plans. People and their relatives said: "They keep a fairly close watch on me. I have spoken to X (staff name) and we need to review my needs". "I have read the file, they do everything we ask". "I read bits of my folder and I agreed with it". "We talk regularly". This meant that people were kept fully informed about the care available to them and were able to make informed decisions about their care and treatment.

When we spoke with staff they told us how they obtained consent from people who used the service before they provided care. Staff said: "I would ask them". "I ask them if it is alright, and do they mind if I do it". This meant that staff recognised the importance of ensuring people agreed to any provision of care before staff attempted to carry it out.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We found that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People we spoke with were complimentary about the care and support that they received. People and their relatives said: "They do everything, they are very good and the best I have had. They are reliable". "Very good. X knows them all and X is happy with them". "They have all been very kind, helpful, very nice, no problem". "Pretty good". "Not too bad". "They are very nice to me, very good. I like them to come, I feel safer with them". "Very pleased with the care, I get what I asked for".

We pathway tracked the care of three people and looked at how their care was provided and managed. Pathway tracking looks at the experiences of a sample of people who use a service. This is done by following a person's route through the service to see if their needs were being met.

Records showed that the provider tried to make sure people had the same staff to maintain continuity of care. The registered manager told us this was an area that was currently under review in order to provide more continuity for people. The majority of the people we spoke with were satisfied with the continuity of care staff. People and their relatives told us the continuity of staff: "Has got a lot better recently, pretty good at the moment". "X gets a mix of people, to see who X gets on with". "Different one each time. I have a sheet that tells me whose coming". "Continuity yes, I am quite happy". "I get about six different carers. This is OK". "Just this week it has been a problem. I normally have the same carers". "Pretty good". Staff told us: "Continuity is getting a lot better now, I get more regular rounds". "I get mostly the same people, they know me and I know them". "Over a four week period we are regularly seeing the same clients. People are getting a continuity of carers".

We saw that assessments had been done for people before they started to use the agency. People told us that they had a copy of their support plan in their homes. People and their relatives said: "We constantly review as things are changing. If they (the agency) think anything should be done they will let us know". "I recently changed my plan with X (staff name). I gave my agreement to this". Staff told us: "The care coordinators and managers review people's care needs. If carers see anything has changed, we ring up and

inform the managers, who respond straight away". "Care plans are very detailed. If I go to a new client I can ring up the office the day before or come into the office and read the support plan".

We spoke with three staff about their understanding of the care needs of the people whose care we had tracked. It was evident that staff knew what guidance they had available to enable them to provide care for people. Staff knew what to record and where, and the overall care needs of each person. Staff told us: "All the information I need is in the care plan, anything that changes we get updates straight away, they phone us. If I notice anything different I phone straight away". "Information should be getting better. There is more detail now in support plans". Staff told us: "This agency is the best one. The care is very good". "The standard of care is high and the timing and length of the calls suit the clients. Nothing is too much trouble for the managers. They sort things out there and then". This meant that people received a consistent level of care that identified any potential risks and met people's individual needs.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People we spoke with told us about the quality of the staff who worked at the agency. People and their relatives told us staff were: "Lovely all of them". "Most of them are really good". "They are all very nice, pleasant and cheerful. If I want them to do something else to help me they do it". "Very good, they know what they are doing". "Not too bad". "Fairly good". "All very good, nice temperament and general attitude". "Very pleasant, they know what they are doing, they listen to me".

We looked at recruitment records for the three most recently recruited staff. We found that appropriate checks were undertaken before staff began work at the service. For example, records showed that the service had obtained information about the conduct of these staff during previous employment. They had obtained information about any previous training and qualifications. An enhanced criminal record certificate had been obtained for these staff before they began work. Discussion with one member of staff confirmed this. This meant that the provider had made sure that suitable staff had been employed. This ensured they had the skills and experience necessary to meet the individual and collective needs of people who used the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the agency, their representatives and staff were asked for their views about their care and treatment. Records showed that people had responded to a satisfaction survey dated December 2012. We saw the responses were positive overall. We saw that a 'Client Information Sheet' had been sent out to people in June 2013. This contained information about the outcome of the questionnaire. It stated what areas could be improved upon and how the provider intended to achieve this.

We saw the following compliments had recently been received by the agency: "Thank you and your wonderful staff at T.L.C. for the care and compassion that you showed X. X came to look on his carers as friends and particularly looked forward to visits by X (carer)".

"Thank you for your help and support – so far, so very good!" "We would like to say to you all a big thank you for looking after X over the last few years – we know it hasn't always been easy".

Staff told us that they were able to give their feedback about the agency through a staff questionnaire, supervision and staff meetings. Staff told us: "We have a staff survey every year. They action any concerns we raise". "We are able to contribute at staff meetings. They listen to staff. They will tell us what has been done after the last meeting". "I am happy here because the managers are all lovely they all listen to you. They always have time for you. The carers that we have got do care". "If you have problems you can always come into the office and have a chat. They are really supportive". "All of them (managers) are good. They take on board the comments and give us an answer. They will give us a reason why things can't be changed". "The management are quite good. I can approach them. They are responsive to people's needs". This meant that people's and staff's views were sought and listened to and used to improve the agency where needed.

We found that the provider had audit systems in place to enable them to monitor the quality of the service. For example, communication sheets, medicine charts, spot checks, supervision and training audits, message logs and quality monitoring forms. The provider also used an electronic call monitoring system. This enabled them to audit the time the staff arrived and left people's homes. Staff told us they received spot checks. We saw that

appropriate action had been taken to deal with any shortfalls from these audits. This meant that the provider had a system of audits in place to enable them to identify any shortfalls in care. This would ensure that people who used the agency were not placed at risk of receiving inappropriate care.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We found that people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People and their relatives told us if they had any concerns they would: "Take it up with T.L.C." "I am aware of how to complain, I was given a booklet". "I feel able to tell them, they would listen".

We have not received any complaints about this service since our last inspection.

We saw that the provider had a policy for complaints. The provider told us this could be made available in other formats upon request, for example large print and audio. Staff told us if a person had a complaint: "I would say that I would have to inform the manager". "I would listen to them and raise the concern with the team leader or manager. I have raised a complaint and this has been addressed". "I would report back to the team leader and encourage the client to phone into the office themselves".

We looked at the provider's records and saw that three complaints had been recorded for 2013. We saw that these complaints had been resolved in line with the provider's complaints policy. This meant that people's complaints would be listened to and acted upon.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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