

TLC Homecare Limited

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Inspection report

Maple House, Maple Estate
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Barnsley
South Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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 9 August 2016, and was an announced inspection.

TLC Homecare is a domiciliary care service. The agency office is based in Barnsley. They are registered to provide personal care to people in their own homes in the Barnsley and Rotherham areas of South Yorkshire. At the time of our inspection the service was providing personal care for approximately 500 people. There were approximately 170 staff employed by the agency who were providing approximately 5990 hours of care each week..

There was a manager in place. It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. 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.

Our check of medication records identified that medicines were not always safely managed and recorded. This meant that people accessing the service may not be protected against the risks associated with the unsafe management of medication.

Risk assessments for people who received a service were either missing or incomplete. Risk assessments which were present in the care plans did not provide detailed person specific information to mitigate the risks.

Some staff did not receive regular supervisions and appraisal .

Most people felt most staff were caring and respected their privacy and dignity. However there were examples where this was not the case.

People's needs had been assessed when they started to use the service but not all care plans were in place. Care plans were not all up to date and some had not been reviewed for some time.

Some people felt complaining did not improve the service they received as any concerns they raised weren't acted upon.

There were some systems in place to assess and monitor the quality of service provided. However these were not effective or acted upon to ensure care provided was monitored, and that risks were managed safely, and the service achieved compliance with the regulations.

We found three breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in Regulation 12; Safe Care and Treatment, Regulation 11: Need for consent and Regulation 17 Staffing: Good governance.

You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

Risks to individuals were not managed and risk assessments were not updated in order to keep people safe from avoidable harm.

Systems were in place to make sure people received their medication safely, however care plans were not sufficiently detailed.

Recruitment systems were in place to minimise the risks of unsuitable staff being employed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Relevant induction and training was provided for staff to ensure they had the skills required for their role

There was no evidence of best interest decisions being made when people lacked the capacity to consent to specific decisions. This meant decisions were made for people without appropriate legal processes being followed.

Requires Improvement ●

Is the service caring?

The service was always caring.

Most people felt staff were caring and respected their privacy and dignity.

Staff knew to always maintain confidentiality.

When we visited people in their own homes we saw care workers knew the people they provided care to well and treated them with dignity and respect.

Good ●

Is the service responsive?

The service was not always responsive.

There was a system in place to tell people how to make a complaint and how it would be managed.

Requires Improvement ●

Care plans did not always reflect people's needs and wishes, or actions staff needed to take to meet people's needs.

Is the service well-led?

The service was not well led.

People found the registered manager supportive and approachable.

There were some systems in place to assess and monitor the quality of service provided. However some of these were not effective or acted upon to ensure care provided was adequately monitored, risks were managed safely and the service achieved compliance with the regulations

Requires Improvement ●

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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 9 August 2016 and was announced.

The area manager of TLC Homecare Ltd was given 48 hours' notice of the inspection because the location provides a domiciliary care service; we needed to be sure the registered manager and some care workers would be present to talk with. We also wanted the service to make initial contact with some people, who we had identified we would like to visit in their own homes.

The inspection team was made up of two adult social care inspectors.

Prior to the inspection we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at other information we held about the service including previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Prior to our inspection, we spoke with the Rotherham and Barnsley Local Authority contracts teams and used this information as part of our inspection

We visited and spoke with five people in their homes and three of their relatives. We also reviewed the care records which were kept at people's homes.

During the inspection we met and spoke with the registered manager, the deputy manager, the Group operations training manager and the group operations manager. We contacted 20 people and were able to speak over the telephone with 4 people who used the service or their relatives. We contacted 12 TLC Homecare staff and were able to speak with six care staff.

We spent time looking at written records, which included four people's care records, five staff records and other records relating to the management of the service such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

People and their relatives told us conflicting things about the service. For example one person told us, "The care worker is fantastic, they can't do enough for you" and another person said, "For the last 12 months it's not been very good, it's erratic in time and who comes. They don't seem to be dedicated to the job they are just doing it reluctantly".

We checked to see if care and support was delivered in a way that supported people's safety and welfare. We looked at nine people's care plans and the risk assessments. We found there were gaps and inconsistencies and in a number of situations the risk assessments had not been reviewed or updated in a timely manner. Risks to people were not always assessed or recorded within people's care plans to ensure they were protected from risk of harm. For example, we saw records of a person who required the support of two staff and the use of a ceiling hoist for safe positioning. However, there was no moving and handling risk assessment in place or care plan giving staff clear guidance on how to do this. Some people had care plans which identified they required support with more complex needs. However a risk assessment had not been completed to consider how best to manage the risks identified. For example we looked at three people's care plans which informed the staff that the person has diabetes, however there was neither a risk assessment nor a diabetes management plan completed to inform staff how to support them safely. An environmental risk assessment had been completed for each person's house. This ensured staff were able to identify any particular risks in the person's home that could have impacted on the staff carrying out their duties, or on the person themselves.

We saw staff had been issued with an identity badge and told to carry them at all times so they could prove they worked for the agency, although one person told us, "The care workers don't wear a badge or a uniform and when they turn up at your door and you don't know who they are it's frightening." This increased the risk of people being unsure who was providing care.

The above evidences that the provider had failed to assess the risks to the health and safety of people receiving care or treatment. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. The registered manager was aware of the local authority's safeguarding adults procedures which aimed to make sure incidents were reported and investigated appropriately. We looked at safeguarding information we had received from local authorities regarding suspected abuse of people using TLC Homecare. Records showed that the provider had submitted the appropriate notifications to CQC and to the local authority and conducted investigations where necessary.

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. We found that staff had received training in the subject during their induction period, followed by periodic refresher courses.

We saw the safeguarding and whistle blowing policies and procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns.

Staff were fully aware of these procedures and all said they would not hesitate to report any safeguarding concerns and all felt confident the registered manager would respond appropriately.

Recruitment records showed that an effective recruitment and selection process was in place. We looked at six staff files and found appropriate checks had been taken before the staff began working for the service. Applicants were required to complete an application form which detailed their employment history and relevant experience. Employment was only offered on the receipt of two written satisfactory references (one being from their previous employer) and once a satisfactory check had been received from the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

Is the service effective?

Our findings

Peoples and relatives gave us mixed comments in relation to the competence of staff. One person told us they had, "Never been involved in decisions about their care and support" and said they, "Didn't know what the care worker was supposed to do." Another person told us, "There's been a lot of a staff change they come and go." One person said they had made a complaint about a member of staff who had supported them. The person required support to dress and undress and told us, "The care worker just throws me about, they speak extra fast and there is no clarity."

Staff training records showed staff had the necessary skills and knowledge to meet the needs of people they supported. There was a training manager based at the agency's office in Barnsley, who delivered and managed training, and was able to identify, source and develop training to meet people's individual needs. We saw the company used a computerised training matrix which identified any shortfalls in essential staff training, or when update sessions were due. This meant the provider was assured people had their needs met by staff with the necessary skills and knowledge.

Staff we spoke with told us they had undertaken a structured induction when they joined the agency. All staff spoken with said their managers were good at making sure staff had the relevant training. They said the induction and on-going training they had was useful and helped them feel confident to support the people who used the service. Staff we spoke with also told us they had an "employee engagement officer" who supported people through the induction period and two direct observations by senior care workers to assess that staff could demonstrate required levels of competence standards to carry out their role unsupervised. They all said they felt they worked in a supportive team and the training manager and the care co-ordinators were good.

The mandatory training programme was mapped across to the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The Care Certificate gives everyone the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Staff told us supervisions was provided regularly and they could talk at any time to the training manager, or the registered manager. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed that although staff had been provided with regular supervision and one member of staff told us, "I feel very well supported because I meet my manager every two weeks, senior managers meetings are held every two weeks and operations staff have their own meeting." However, we found appraisals and supervisions were not always completed in line with the providers own policy. Whilst there was no evidence that this had negatively impacted upon people, the lack of information, meant that people may not be protected against the risk of receiving inappropriate care. Staff told us they had regular supervisions but they were unsure how often they should have them. They also told us they should have a spot check where their practice was observed and assessed by a supervisor, and an annual appraisal. We checked six staff files and found within the last 12 months, one of the six staff had been provided with at least three supervisions/spot checks and

an appraisal in line with the written procedure. In the other five files we checked we found gaps and inconsistencies. Three of the staff were overdue for supervision and three of the staff had not had an appraisal. We discussed this with the registered manager and they were able to produce records to show that although there were some outstanding supervisions and appraisals a plan was in place to address this and to ensure staff had the necessary supervision and appraisal.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. The provider had taken some steps to ensure that people's mental capacity was assessed and that care was provided in accordance with people's consent. However, we found improvements could be made to ensure the individual who lacks capacity are at the heart of the decision making process, enabling the person to make his/her decision. For example, in one person's care plan the consent was signed UTS (unable to sign) on care plans with no explanation of why. Assessments had not always been made regarding people's capacity to consent to care and treatment, or record 'best interest' decisions made on their behalf appropriately. For example for one person living with Alzheimer's it was unclear if the person had capacity to consent but the staff used unable to sign (UTS). This was not supported through a clearly recorded 'best interests' process following an assessment of the person's capacity to consent or refuse their care and support, and then consultation with the person's authorised decision maker. This lack of information was not identified via any form of quality auditing process. In another care file there was insufficient detail about how best to support a person with mental health needs and again, this had not been identified via any form of quality auditing. We saw that some care plans were out of date and incomplete and these needed to be reviewed to ensure they reflected current practice. This had not been identified via any form of quality auditing. Whilst there was no evidence that this had negatively impacted upon people the lack of information meant that people may not be protected from the risk of receiving inappropriate care.

This demonstrated a breach of Regulation 11: Need for consent of the Health and Social Care Act 2008 (Regulated Activities).

There were details in people's care plans about their nutritional needs however they did not have sufficient information. For example one person's care plan we looked at recorded the person was diabetic and the person "has a really low appetite". The care plan also recorded the person was taking metformin, a drug used to control diabetes. However there was no mention this medication needed to be taken with food or a risk assessment for the safe management of diabetes.

Is the service caring?

Our findings

People told us that they thought some of the staff were kind and caring and some of the staff were not caring and they did not like them providing their care. One person told us, "I have some lovely carers, there's one regular carer and they are excellent." Another person told us, "The service is very good." Another person said, "They just haven't got a caring way, they don't seem to be dedicated to the job they are just doing it reluctantly."

Relatives gave us a mixed picture. One relative told us they were happy with the care and support provided, and they would recommend the service, but another relative told us they did not feel staff had the right attitude for caring.

We looked at the findings of the quality assurance questionnaires that the registered manager had sent to people using the service and their relatives, and found that many of the responses in relation to caring were positive and included the following comments, "Our regular carers are absolutely wonderful and I would like for them to be recognised for the extra mile approach." Other comments included, "Great service with lots of laughs and smiles, brilliant." Another comment was, "We are quite satisfied with the care we receive however there are times when the carers have been very late and we would appreciate a call, but other than that no problem."

The staff we spoke with had a good knowledge of how to provide care to meet people's needs. They provided descriptions of how they upheld dignity and privacy, and the training manager told us that dignity underpinned all of the training they provided. Staff told us senior staff were responsible for completing an initial assessment and then compiling a care plan. They told us the senior care worker goes out to meet the person and explains to them who the care worker will be and what they will do.

We visited four people in their homes and spoke with them and three of their relatives. During one visit there were care workers present for part of our visit. We were able to observe how the care workers related to the person who was supported by the service. We saw the person was receiving support from care workers that they knew well. We saw the care workers treated the person they were supporting with respect. We saw they considered privacy and dignity when talking with the person and explained what they proposed to do. We observed a caring attitude and conversation was shared throughout the care workers visit which showed they had a good rapport with the person they were supporting.

We spoke with the care workers about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook. Staff also described good relationships with the people they supported regularly.

Is the service responsive?

Our findings

We asked people using the service, and their relatives about the extent to which they had been involved in planning their care. One person told us, "I am not sure what they are supposed to do; they haven't involved me in planning my care." Other people told us they had been consulted about their relatives care.

We reviewed the care records of four people. We found some of the care plans were detailed and had sections which were very person-centred and detailed people's likes, dislikes and preferences. There were pen pictures which explained the person's life history and their family situation. Care plans included information about the person's needs and preferences, including guidance for staff on how to meet people's needs. However some of the care plans were lacking in details there was no record of any specific risk, and guidance for staff on what action needed to be taken to protect them. For example, there was no care plan in place for moving and handling for a person who required the support of two care staff for personal care. We saw that staff completed a daily record of each visit they made to people, reporting on the care they provided and any changes in the person's condition, or any issues identified. However on one occasion we saw evidence that a member of staff had failed to inform the head office staff of a significant safeguarding incident in a timely manner. The registered manager had ensured that the safeguarding allegation was, reported and investigated. As part of this inspection we spoke with a representative of the local authority who told us that managers and staff reported any evidence or allegations of abuse promptly and worked in partnership with them to ensure vulnerable people were protected from abuse or risk of abuse.

We checked the daily records for one person who had a planned 45 minute call each evening. It was recorded in the person's daily log that during the last 10 days, six visits were of 30 minutes duration or less with one visit lasting just 18 minutes. During this time the person needed help with a wash and to undress. The provider had a complaints and compliments policy which was provided to people when their care provision commenced. We checked the policy and it stated that, "Complainants would be acknowledged within two working days" and that all complaints would be investigated in 28 days. We looked at the complaints file held at the service and found complaints had been logged on a concern form. Each form contained details of the complaint, the action taken and the outcome of any investigations. The providers records showed they had received no complaints in the last two months. Relatives, told us they had made complaints but they were varied in the opinion of the outcome. One told us they were frustrated by the provider's complaints process, as they felt there was no point in complaining because they were not listened to. One person told us "I told the [senior care worker] but they didn't do anything so we just put up with it." Another person told us "I have never needed to complain." Whilst complaints were being recorded and dealt with there was no process to track complaints. This meant it was difficult to carry out analysis of the content of the concern.

The provider had systems in place for co-coordinating services and for ensuring the chances of missed calls are minimised. The registered manager told us that missed calls are investigated and records confirmed that there had been very few missed calls. The registered manager told us that they were in the process of introducing an electronic call monitoring in other services and they planned to introduce this within the service in the near future.

Is the service well-led?

Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

At the time of our inspection the service had a registered manager in post who was registered with the care quality commission, as required as a condition of provider's registration.

Staff we spoke with told us they felt well supported to undertake their roles. One told us the head office staff are very supportive. Another person said, "It's always alright here I have never had any complaints." Other comments included it's good working here we have regular rounds and we just fill in where necessary." Other members of staff told us, "We feel very supported by the line managers; you can call them any time for a discussion or to check things out." All staff we spoke to said the registered manager was very approachable.

The provider had a system in place for formally seeking feedback from people using the service, relatives and other professionals. We looked at the most recent surveys and found that almost all feedback was positive.

Staff confirmed team meetings were taking place and we saw evidence of team meetings minutes that included attendees and topics covered. Staff gave positive feedback about the management and told us they felt confident to raise concerns with them.

We saw regular checks and audits had been carried out to make sure the service was operating to expected standards, however, we identified that they were not always effective. For example, some of the care plans did not contain adequate information about people's needs in relation to medicine, and some did not hold information about specific risks. There was no evidence of best interest decisions being made when people lacked the capacity to consent to specific decisions, meaning that decisions were made for people without appropriate legal processes being followed. The registered manager acknowledged that there were gaps and inconsistencies and that there was work to do to ensure these records reflected the standards expected within the service.

Our findings demonstrated the service was not meeting the requirements of the regulations in relation to assessing and monitoring the quality of service provision. This was a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with stakeholders about how the service was being managed Rotherham Metropolitan Borough Council contracts officer said, "There are currently no outstanding contract concerns and the registered manager is generally responsive to dealing with concerns and will actively seek advice from us with any issues they comes across."

There was a policy and procedures file covering all aspects of the service available to staff. We were told that staff were expected to read this as part of their induction. All of the policies and procedures were up to date which meant they were an accurate reflection of changes in current practice and legislation.

The registered manager was aware of the provider's obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

People and staff personal records were kept secure at all times.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not working within the principles of the MCA
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments weren't detailed specific enough
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes were not robust enough