Care Quality Commission

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TLC - Domicillary Care Agency

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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 8 April 2015 and was announced 24 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The inspection team consisted of two inspectors.

The service was previously inspected on 13 March 2014 when it was found to be fully compliant with the regulations.

TLC - Domiciliary Care Agency provides personal care to people who live in their own homes within approximately 10 miles of its offices in St Columb, Cornwall. At the time of our inspection the service was providing care and support to approximately 45 predominantly older people.

The organisation was managed by the provider who is a registered nurse, responsible for ensuring the service meets the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who received care and support from the service told us, "I feel quite safe with the staff" and reported they

Summary of findings

were happy with the quality of care they received. People's comments included, "the carers I get are very good", "they provide help with kindness" and, "I don't know what we would do without them".

The service was in in the process of introducing a new style of care plans. We found the content of the new care plans to be a significant improvement, which provided staff with detailed informative guidance about each individual's specific care needs. The new care plans included detailed information about people's life histories. Staff recognised the improvement in people's care plans and told us, "with new clients it gives you a handle for something to talk about", "the care plans have got a lot better" and "the new ones are brilliant".

The service used text messages to share information about changes to peoples' care needs and provide staff with details of the care visits staff were expected to provide. The benefits of this system were that staff knew in advance of their arrival of any changes to people's care needs, and the service was then able to respond immediately to people's requests for changes to their visit times. However, the use of text messages did also expose people's personal information to some risk in relation to confidentiality. In addition a care visit had been missed as a result of confusion over text messages. The missed visit had been investigated and additional procedures had been introduced to address identified weaknesses in the service's visit planning systems. The provider had judged that the risks associated with the extensive use of text messages were manageable and they believed that the benefits to people in terms of flexibility outweighed the identified risks. Staff recognised the risks associated with the current arrangements and the system will be kept under review.

People got on well with their care staff and told us, "They stay as long as required, they stay longer if needed", "I don't know who's coming but it's not a problem" and, "they are familiar faces, I see the same three or four girls each week". Daily care records demonstrated care visits were usually provided on time and for the correct length of time.

Care staff were both well motivated and effectively supported by managers. Induction procedures for new members of staff were effective and designed to ensure staff were confident in their role before they provided care independently. Staff had received appropriate training in most areas and the provider recognised and acknowledged that additional food hygiene training was required by staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient care staff available to meet people's needs and provide planned care visits.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of safeguarding concerns.

Where adverse incidents had occurred these had been investigated and appropriate changes made to protect people from risks.

Appropriate procedures were in place to enable staff to safely support people with their medicines.

Is the service effective?

Good

The service was effective. Staff were well trained and supported by managers. There were appropriate procedures in place for the induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good

The service was caring. People got on well with their staff who provided support with care and kindness.

People told us they were in charge and were able to make choices in relation to how their care was provided.

Is the service responsive?

Requires Improvement

The service was not always responsive. The service was in the process of introducing new care planning documents. People's new style care plans were highly personalised and included sufficient information to enable staff to provide appropriate support in accordance with people's wishes.

Care visits were normally provided at the agreed time and the service was able to respond promptly to people's requests for variations of their visit times.

The extensive use of text messages to communicate with care staff had resulted in visits being missed and was causing risk.

Is the service well-led?

Good

The service was well led. The service was managed by the provider who was a registered nurse. Staff were well motivated and the service's on call management arrangements were effective.

Quality assurance systems were appropriate and peoples' feedback about the service was generally positive.

TLC - Domicillary Care Agency

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 checked 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 8 April 2015 and was announced 24 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The inspection team consisted of two inspectors.

Before the inspection we reviewed the Provider Information Record (PIR), previous inspection reports and information of concern we received in relation to a missed care visit. 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We visited four people at their homes, spoke with seven people who received care from the service by telephone and sent questionnaires to nine people, six of whom provided responses. In addition we spoke with one relative, six members of care staff, the provider, deputy manager and health and safety officer. We also inspected a range of records. These included six care plans, four staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Is the service safe?

Our findings

Everyone told us they felt safe while receiving care and support from their care staff. People's comments included; "I feel safe" and, "I feel quite safe with the staff".

Staff understood local procedures for safeguarding adults and told us they had received training in this area. We found information on how to make safeguarding alerts to the local authority was displayed on the staff notice board. Staff said they routinely reported their concerns to the service's managers and provided examples of occasions where these concerns had been appropriately referred to the local authority.

People told us, "I think [the provider] has enough staff at the moment". From visit schedules and staff availability records we established that there were enough staff available to meet people's planned care needs. In addition managers were able to provide care visits when necessary. Daily staff visit rosters showed that managers did not routinely provide care visits but could cover periods of staff leave or sickness. One new member of staff had begun their induction on the day before our inspection and managers informed us another new staff member was expected to start work the following week.

Staff recruitment procedures were safe. Necessary disclosure and barring service checks had been completed before the appointment of new members of staff. The service had made efforts to check potential new staff member's employment histories by requesting references. However, in two of the four staff files we found references had not been received from the prospective staff member's previous employer.

The service had appropriate procedures in place where staff were expected to prompt or remind people to take their medicine. Staff had received appropriate training and daily care records included details of support people had received with their medicines. Where people refused their medicines this was recorded and where medicines were repeatedly refused the service had informed the individual's GP.

Before our inspection we received information of concern that indicated a care visit had been missed. We discussed missed care visits with managers, staff and people who received care from the service and reviewed all relevant documentation. Managers and staff told us about three missed care visits that had happened in the four months before our inspection. These missed visits had been appropriately investigated by the service. One of these visits had been missed because the staff member had not received the new information about the need to make an additional visit. The deputy manager explained that as a result of this incident additional procedures had been introduced to prevent subsequent visits being missed.

The other two missed care visits had been as a result of human errors. These incidents had also been investigated and resolved appropriately using the service's staff management procedures. Most people reported that, "they have never missed a visit", however, one person said "they don't always come as often as they are supposed to" and went on to comment on their overall satisfaction with the service saying, "I don't know, they are all right I suppose".

Assessments of potential risks to people and staff were completed by managers during the initial assessment visit to people's homes. These were reviewed during subsequent care plan review meetings. These risk assessments included information about general risks as well as specific guidance about risks identified in the person's home. Where lifting equipment was used the service had appropriate systems in place to make sure this equipment was regularly maintained and safe for use.

The provider had robust procedures in place to investigate accidents and incidents. All accidents in the 12 months prior to our inspection had been fully investigated. Where appropriate additional guidance and training had been provided to staff with the aim of preventing further incidents from happening. The service had appropriate procedures in place for the management of severe adverse weather. There were three four wheel drive vehicles available to staff and a clear plan in place to prioritise individual care visits based on people's needs. Managers explained that the care staff lived throughout the company's area of operation and most visits could be provided by staff walking between visits.

Is the service effective?

Our findings

People told us their care staff were well trained and understood how to meet their care needs. Staff training records showed staff had received appropriate training in a range of topics including moving and positioning, safeguarding adults, health and safety, infection control and stroke awareness. However, we found staff had not received food hygiene training. This issue was discussed with the provider who acknowledged that staff did routinely support people to prepare food. The provider said they would arrange staff training in this area.

There were appropriate arrangements in place for the induction of new members of staff. One senior carer was responsible for supporting new members of staff through the induction process. On joining the organisation new staff members initially received some formal training in the office before shadowing experienced staff while providing care in the community. Once the new member of staff was confident they were assigned to provide care with another member of staff for a period before working independently.

New staff were supported throughout their induction and probationary period by the designated senior carer. During their probationary period staff completed the Common Inductions Standards (CIS) training. The CIS is a national tool used to enable care workers to demonstrate their understanding of high quality care in a health and social care setting. The provider was aware of the Care Certificate which has replaced the CIS and was beginning the process of reviewing the service's induction procedures to ensure they met the new requirements.

Staff told us, "I feel at any time I can call to talk to somebody", and they reported they were well supported by both the manager and the service's on call arrangements. The staff files we reviewed included records of supervision meetings and annual performance appraisals. Staff performance while providing care was also monitored my managers. A combination of spot checks, where managers worked alongside staff while providing care, and home visits by managers immediately after a care visit had taken place were used to ensure the care staff provided met people's needs. . In addition we found regular staff meetings were held at the service to discuss individual concerns and staff working practices. Staff told us; "We have had two staff meetings in the last six months" and, "we mostly discuss clients and families. Any new procedures things like that". Managers commented, "there is a nice feeling among the staff at the moment".

Care plans had been signed to record individual's consent to planned care and people told us; "they are doing what I asked" and, "If they are not sure I tell them what to do". Staff recognised the importance of respecting people's choices and decisions. They explained specific procedures were used to support one person who regularly chose to decline care and support. Staff told us these procedures were effective and this person often consented to care during subsequent visits.

The manager understood the requirements of the Mental Capacity Act (MCA) and some staff had received formal training in this subject. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

People told us their care staff stayed for the full planned visit time and provided all of the care and support required, "They stay as long as required, they stay longer if needed". Staff told us; "care visits are usually on time and for the correct duration" and, "I always have enough time to meet people's needs". We reviewed the daily care records in the care plans we inspected and found staff consistently provided care visits for the right length of time..

Where people required support and assistance with to prepare meals preparation this information was included in their care plan. Staff were given guidance on people's likes and preferences about their food and drinks. Daily care records included details of the support staff gave with preparing meals and information on the quantities of food and drinks people had been offered.

The service worked with local GPs, district nursing teams and other health and social care professionals to ensure people's care needs were met. For example, we found one person's neighbour had contacted the service as they had witnessed a fall. The neighbour was concerned for the person's safety over a weekend after this fall. The service's on-call manager had made arrangements for an out of hours GP to visit the person. When the person did not want to follow the GP's advice, immediate arrangements were made to provide additional care visits over the weekend to

Is the service effective?

ensure the person's safety. This demonstrated the service worked effectively with other services to make sure people's care needs were met while respecting their decisions.

Is the service caring?

Our findings

People consistently told us they knew and got on well with the staff that cared for them. People's comments included; "to be perfectly honest I can't speak too highly of them", "the carers I get are very good", "they provide help with kindness" and, "I don't know what we would do without them". A relative told us, "[the person] talks with the staff and they chat about his background", and also commented that staff were not rushed while providing care and support.

The provider and deputy manager understood people's care needs and were able to talk knowledgeably about the needs of each of the people they supported. People told us; "I have three carers regularly, I get to know them quite well", "I know them all by name", "they are very good, they have become friends" and, "they have a bit of a natter, it certainly cheers [the person] up". Staff said, "It's a caring company, if you want to do something for a client that is above and beyond that's fine", and staff provided specific examples of how they had provided people with additional support.

People told us, "I am involved in developing the care plan", and records of review meetings showed people's views and experiences had been discussed as part of the care planning process. People had signed both their care plans and records of review meetings to record their consent to the planned care.

People told us they were in charge and that their care staff provided the care they wished. Peoples' comments included; "They do what I want them to do" and, "They do everything I need doing. They listen to me. You don't have to worry about that". The care plans we inspected instructed staff to follow people's requests and guidance while giving care.

People reported that staff treated them with respect while provided care and support. Peoples' comments included, "They are respectful, they always cover me with a towel", "They are certainly not disrespectful, they are all nice friendly people" and, "they do anything I ask and have time to chat". Relatives who had observed staff providing care commented, "they treat [the person] with the greatest of respect".

TLC used text messages to communicate information to care staff about changes to people's care needs. We reviewed a number of these messages and found they included personal information. The service recognised the risks associated with this method of communication and had taken steps to ensure information was only sent to known staff contact numbers. The use of text messages enabled managers to effectively share information with staff. The service had judged that the benefits of timely communication outweighed the acknowledged risks. Staff told us; "text messages are used to keep staff up to date with changes; I think it works brilliantly" and, "it's good because you know about any changes before you walk through the door". We discussed these processes with the provider and deputy manager. They said they would review their current systems to ensure people's personal information was protected.

Is the service responsive?

Our findings

People's care plans were based on information given by the commissioners of the service, combined with staff experience, and information from the individual and their families.

The provider was in the process of introducing a new style of care plan to the service. We found the content of the new style care plans had been significantly improved. They were detailed, informative and personalised. The care plans included information on people's life history, hobbies and interests. They also included guidance on topics of conversation the person enjoyed and information on how to effectively communicate with each individual. For example one new style care plan instructed staff, "talk to me as a friend would, give instructions clearly and explain the relative options to me". Staff recognised the improvement in the quality of the service's care plans and told us; "with new clients it gives you a handle for something to talk about", "I find them (care plans) very helpful", "the care plans have got a lot better" and, "the new ones are brilliant".

We looked at the documents available to care staff during the four visits we made to people homes. We found the care plans in people's homes were consistent with the records in the service's offices and staff told us, "care plans are always in place".

Daily care records were detailed, informative and had been regularly returned to the service's office for review. They included the arrival and departure times of staff and a summary of the care and support provided during each care visit.

People told us they had been involved in the development of their care plans and subsequent reviews. Their comments included, "I am involved in the care plan, I am reading it through at the moment" while staff reported, "if things change they are added to the care plan". The care plans had been reviewed regularly to ensure they accurately reflected the person's current care needs.

The service had a specific procedure in place to support one person when their behaviour challenged staff. We reviewed the office copy of this person's care plan and found it did not include details of what staff were to do when this challenge happened. We discussed this issue with the provider and deputy manager who showed us a message that had been sent to staff with details of this procedure. The deputy manager said that this person's care plan was in the process of being reviewed and would be updated to include this information.

People told us they were happy with the service they received and had not wished to make complaints. People's comments about complaints included; "I've not had to complain but I am confident any changes I wanted would be made", "I would complain if I thought it was necessary", "if there was anything I would take it to [the provider] but I don't have anything to complain about" and, "certainly not, I have nothing to complain about". However, we identified one issue that had been reported to the service and had not been investigated appropriately. We discussed this issue with the provider and health and safety officer. They said that in future all complaints or concerns would be investigated using the procedures in place for the investigation of accidents and incidents.

The service had received a number of thank you messages and cards from people. One card recently received from a relative said, "Thank you for going 'the extra mile' for [the person] they really appreciated the care you gave".

People told us their care was normally provided by a small group of carers who they knew well. Peoples' comments included; "I am used to seeing the same four or five regulars", "I don't know whose coming but it's not a problem" and, "they are familiar faces, I see the same three or four girls each week". Staff told us, "we are normally on the same runs, there is a pattern to it" and explained they worked fixed shifts each week. They were informed by text message each evening of the visits they were to provide the following day. This meant the service was able to adapt rapidly to people's requests for changes to their normal visit times.

People told us, "I am able to change the visit time if I want to go out" and, "I have rung up to ask for an earlier call and they try their best". Care records showed one person had asked for their evening visit to be brought forward by an hour to enable staff to help them to prepare their meal. The service responded immediately to this request and we found subsequent evening visits had been provided at the earlier time. However, staff were more likely to become confused about which care visit they were to provide because there was no written rota. After a recent missed visit, as a result of confusion over text messages, staff were now expected to reply to each message confirming they

Is the service responsive?

understood their visit schedule. Once all the confirmation messages had been received the deputy manager signed the visit roster to confirm all the planned care visits had been assigned to care staff.

Staff comments about the use of text messages for visit planning included; “the text message should be before four o’clock but it’s often late. It does not affect the clients but it’s not a brilliant way to do it as it’s over reliant on text messages”, “The trouble is you get so many text messages, you can have 10 in two minutes so it can be difficult to see info” and, “I can see how mishaps can happen”. One staff member told us, “The missed visits were because of texts”.

Staff were aware of the risks associated with current system for informing them of the visits they were expected to provide. They told us when a visit they expected to see was not on their rota they phoned other staff in the area to check the visit was planned. Some staff recognised that this system had recently improved and said; “It works a lot better now with the deputy manager” and, “The text messages work out pretty well, on reflection it is good”. The service’s current arrangements for the communication of care visit rotas to staff has risks. The service told us these risks were being addressed, but that the system would be kept under review.

We compared the daily care records with planned visit times and found care visits were generally provided on time. Most people were happy that there carer usually arrived on time and commented; “they arrive more or less on time”, “their timings are pretty good” and, “they ring you and tell you if they are going to be late”. While staff reported, “I am normally on time and I don’t feel rushed”. However, a few people reported that there carers were sometimes late and said, “It can be inconvenient on Sunday if they are late” and, “Sometimes they are held up, perhaps three times per week, It can cause inconvenience and a little distress”. One person who effectively summarised people’s experiences said, “the little details can be an issue but they don’t add up to very much. A little late sometimes but they are very good”.

Is the service well-led?

Our findings

Everyone who responded to our survey reported they would recommend this service to others and people told us; "Overall I would say it is a very good service", "I am quite satisfied" and "I would recommend them". Staff morale was high and staff told us, "It's a really sweet little company" and, "it's a good company to work for". One long serving staff member said, "I think we have got a lot better. We have a good small team".

We spoke with the provider about the service's culture and growth aims. The provider told us, "I don't want to have more than 50 people as it becomes too impersonal." They explained their intention was to focus on providing personalised care and support to people living in the local community.

The service was directly managed by the provider, who was a registered nurse, with support from a deputy manager who was responsible for managing and planning each day's care visits. Daily care records showed that both the provider and deputy manager regularly provided care visits. People told us, "[the provider] is very good, she helps with the district nurses and things like that". While staff said, "[the provider] does look after her clients, she goes the extra mile for the clients" and, "she does a good job of looking after the clients".

People reported that the provider responded promptly and appropriately when they reported any concerns to staff. One person told us, "The carers report back any changes and [the provider] will come and see me. She will always ring or come and see me if the carers report any changes". Staff told us the provider and office staff were supportive and always available when needed. One new staff member told us, "they are really good, I have asked loads of questions and they never get fed up of me".

People had noticed improvements in the quality of service they received and commented, "it has improved, I think they have built themselves up a bit". The deputy manager said, "it's good to work somewhere where they are looking to improve". She also said that each week she provided care and support visits to people in different areas to check what was happening across the service. This process had been introduced to help make sure everyone who used the service had regular contact with the service's management.

We found that most daily care records were returned to the office regularly. These records were reviewed by the provider and visit times compared with staff time sheets and visit schedules, to check people had received their care as planned. Where issues had been identified during this process these had been addressed with staff as appropriate.

An annual quality assurance survey gave more formal feedback about the quality of care people received. The most recent survey had been completed in December 2014. Of the 45 questionnaires that were sent 15 responses had been returned. Responses were generally positive with everyone reporting their care staff treated them with respect and dignity.