Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

TLC Nursing & Homecare Plus Ltd

T L C Nursing & Homecare Plus Ltd
60 Pen Y Bryn
Wrexham
LL13 7HY

Date Inspection Completed

18/02/2025

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About TLC Nursing & Homecare Plus Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	TLC Nursing & Homecare Plus Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	19 August 2024
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

People are happy with the support they receive from TLC Nursing and Homecare Plus Ltd. They are supported by compassionate and skilled staff who know them well. People are supported to make choices about their daily lives and personal plans are person-centred, detailed, reflect people's needs, reviewed and changed accordingly.

Staff feel very well supported by the management team and are provided with training to meet people's needs. There are good governance arrangements in place. The Responsible Individual (RI) has effective oversight of management at the service and plans for improvement are reflected in quality of care review reports. The service is operating in line with the statement of purpose.

The previous priority action notice issued at the last inspection for medication has been closed. The previous areas for improvement identified at last inspection for personal plans and supervision of management of the service have also been closed.

Well-being

People have control over their day to day lives and feel listened to. Care staff work to personal plans that document people's preferences and are reviewed together with the person or their relative, with clear actions identified. Care staff listen to people's wishes and understand how best to communicate with them. Care records give care staff the instruction required to support people meaningfully and reviews are carried out in line with regulation. People told us care staff understand their needs well. People have good relationships with care staff. The service is working towards the Welsh language 'Active Offer'.

People are protected from abuse and neglect. Care staff receive training in safeguarding and have access to up-to-date safeguarding policies and procedures. People are supported to maintain and improve their health and well-being through access to specialist care and advice when they need it. The service works closely and proactively with health professionals to build a thorough understanding of people's health needs and how care staff can support them to meet their well-being outcomes. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible.

Medication policies and procedures in place have improved since the last inspection. There are sufficient arrangements in place to ensure medicines are administered safely. Governance arrangements in place are good, in-depth audits are completed to cover all areas of service delivery.

Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. People and representatives are encouraged to co-produce their personal plans and be involved in reviews. People's preferences are considered, if a call time needs to change the service provider tries to accommodate this as much as possible. The quality of personal plans has improved since the last inspection. They are personalised, up-to-date, accurate and regularly reviewed. Personal plans are detailed and contain individual outcomes, likes, dislikes and preferences, so care staff have a clear understanding of people's needs. Robust risk assessments are in place and are regularly reviewed. The area for improvement in relation to personal plans has therefore been closed. People receive care in line with their personal plans and risk assessments.

Care staff are kept informed of important changes in people's needs using the electronic system for recording care and support provided. People say care staff are thoughtful and compassionate. Specialist care and support needs are well understood by care staff. The management team ensure training is completed and staff competency is assessed. This is to ensure care staff have the appropriate skills to complete delegated nursing tasks for those with complex healthcare needs. Manual handling sections of personal plans are in keeping with the advice and guidance from Occupational Therapists. Personal plans and risk assessments are updated to reflect professional advice. People have access to specialist advice and support from health and social care professionals when it is required.

The service is working towards the Welsh language 'Active Offer' by matching Welsh speaking staff with Welsh speaking people. The service provider has arranged Welsh language lessons to take place in the office for staff to drop in to. To encourage the use Welsh whilst out in the community, care staff are provided with lanyards to wear that contain basic Welsh words frequently used in care. There is an 'Active Offer' board in the office for staff to see and practice.

Medication storage and administration practices in the service have improved since last inspection. Staff administering medication are trained and have their competency assessed. Policies are up to date and medication error processes in place are robust with clear actions identified. Regular medication audits are carried out by management. The priority action notice in place in relation to medication has therefore been closed.

Leadership and Management

People can feel confident the service has systems for governance and oversight in place. The RI regularly visits the service and demonstrates good oversight of the day-to-day running. The management team has clear lines of delegation in place, with each staff member understanding which areas they are responsible for auditing. Regular management audits are completed with action plans in place to address areas requiring attention. The RI has shown effective and responsive analysis of audits, identifying what the service is doing well and actions required to continue to improve. A quality of care survey is conducted every six months. People say they can speak to the management team about changes to their care and action is taken.

The service employs appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. The service provider has suitable numbers of staff on each shift to ensure people's care and support needs are met and people receive their care when they need it. New staff undergo thorough vetting checks prior to starting work and staff receive an induction specific to their role. The management team ensure staff receive the support they need through annual appraisals and one-to-one supervision meetings.

Care staff feel extremely well supported by the management team and have access to training required to meet people's needs. Care staff said, *"The management team are hugely supportive. From when I started here to where I am now, I am a completely different person. They want me to learn and develop and really encourage me."* Another staff member said, *"They are wonderful, that's all I can say. I couldn't fault them. Never in any job have I had as much support."* Training is provided to staff through a combination of online and face-to-face training. Training records are reviewed and updated to make sure they accurately reflect training compliance. Care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so.

People can be confident the service provider has oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

Summary of Non-Compliance	
Status	**What each means**
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
58	The provider has not ensured that there safe systems for medication management. The provider has not ensured that there are safe systems, documentation, policies and procedures in place for medication management. Ensure that staff receive training and are competent to manage, administer and support individuals to manage their own medication. Ensure polices and procedures are in place to safely manage, administer and support individuals to manage their own medication. Ensure policies and procedures clearly state what staff must do when medication errors occur and what management will do in response.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
15	Personal plans are not completed fully and do not consistently document service assessment of needs, individual outcomes or identified risks. Personal plans should be completed fully and needs, outcomes and identified risks should be clearly documented for staff to read and understand.	Achieved
66	The responsible individual has not ensured policies, processes and systems are in place to ensure proper oversight of the management, quality, safety and effectiveness of the service. The responsible individual must ensure policies, processes and systems are in place to identify and rectify issues in relation to management, quality, safety and effectiveness of the service.	Achieved

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