

Total Community Care Limited

Total Community Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Total Community Care is a domiciliary care agency providing support to people living with spinal injuries and neurological conditions in their own homes.

At the time of inspection, the service was providing support to 47 people across the country.

The last rating for this service was requires improvement (published 16 September 2021) and there were breaches of regulation resulting in a warning notice being served. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

People's experience of using this service and what we found

The management of medicines had improved since the time of the last inspection. Records were being kept of medicines administered and there were systems in place to check they were being administered safely. When people took control of managing their own medicines, records did not always reflect prescribing guidelines. This was actively being reviewed and addressed to protect the person and the staff supporting them. Staff were knowledgeable of medicines administration processes and supported people to lead their support making the process person centred.

Staff were committed to provide person centred care and records reflected people's needs and wishes. Risks were assessed and managed appropriately.

Staffing problems challenged the provider when aiming to provide consistency. The provider was actively recruiting and reviewing staffing terms and conditions to assist with retaining staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well-led. Staff felt supported by their managers. The structure of management provided layers of leadership and at all levels immediate managers were supportive and approachable.

The registered manager had quality assurance processes in place to monitor the quality of the service provided and audits identified areas where improvements were required. The provider listened to feedback and produced action plans for change.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. There were concerns about medicines management and leadership and governance. The overall rating for the service was requires improvement.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Total Community Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Total Community Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and a specialist advisor. A specialist advisor has knowledge in relation to the area the service provides care to. The specialist advisor looked at the care and support of three people who used the service and reviewed relevant documents and records.

We were also supported by an Expert by Experience. The Expert by Experience made telephone calls to people who used the service and spoke to some people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including the provider's action plan telling us how improvements would be made in response to the warning notice. We asked the local authority and Healthwatch for any information they had which would aid our inspection.

Local authorities, together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager and the head of nursing to understand the structure of the service and how it was organised. They also told us of improvements and changes that had been made to the service to improve quality and support.

We reviewed a range of records. This included five people's care records and medication records.

We looked at three staff files in relation to recruitment and staff support. We also looked at a variety of records relating to the management of the service, including policies, procedures and audits and checks to monitor the quality of the service provided.

We spoke with 14 people who used the service and/or their relatives about their experience of the care provided. We spoke with 12 members of staff including support staff and care managers.

We also received feedback from a health or social care professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question is now good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely and as required. However, we identified some discrepancies in the recording of some areas of medicines administered. There were also some inconsistencies in information documented in medicine care plans. The head of nursing committed to make immediate improvements to ensure recording reflected practice, to safeguard people and staff from medicine errors. Despite this, staff who spoke with us were very clear about the administration of named medicines. This suggests the issues we identified were of a recording nature. The registered manager had already identified improvements to recording processes were required and had begun to address this.
- Recording processes have improved since the time of the last inspection. We saw Medication Administration Records (MARS) were in place which now reflected medicines were being administered when appropriate.
- Staff told us they completed records and the registered manager told us MARs were reviewed at handover between shifts, to ensure they had been completed to reflect medicines administered. We saw audits were now in place to reflect they had been checked for errors, omissions or any other concerns. This meant the provider could demonstrate staff safely supported people to manage their medicines.
- As required medicines were administered safely, and protocols were in place to guide staff to offer safe support and reduce risks of error or harm.

Assessing risk, safety monitoring and management

- One person's assessment did not reflect their specific identified risks. The registered manager was aware of the complexity of the situation and was reviewing risks. This will help to make tasks safer for the person who used the service and the staff who supported them.
- Overall risks to people were assessed and reviewed. For example, where people were at increased risk of choking, assessments reflected the risk and actions required to reduce the risk. In discussions with staff they were able to detail actions to keep people safe.
- Staff also told us they knew people well and were confident they could minimise risks of harm to people when delivering personal care. One staff member had alerted their care manager to a change in a person's circumstances. The assessment had been reviewed and amended to ensure the person's ongoing safety was promoted.
- Most people told us they had been involved with developing and reviewing care plans and risk assessments. This meant they remained current and reflected people's needs and preferences. One person told us, "We do a review every three to six months. They check and validate that there have been no changes. If there are then its reviewed too."

Systems and processes to safeguard people from the risk of abuse

- People felt safe and in control of their care because they usually had the same staff and this consistency meant staff knew them well. One person told us, "The girls knew me before they [started working] here permanently." Another said, "I feel completely safe because I always have the same staff."
- Staff told us they would be confident to recognise and report abuse. They told us they had received training and guidance to gain the knowledge of processes and procedures to follow if they suspected abuse.
- The registered manager was aware of their responsibilities to protect people from harm and they had actively supported the process to ensure people's protection.

Staffing and recruitment

- People were supported by consistent teams of staff although this, on occasions, meant staff worked a lot of hours. Staffing levels were currently a challenge to the provider. Further staff appointments were required to ease this situation. The registered manager told us they were recruiting and reviewing terms and conditions to encourage new staff to start employment.
- Staff detailed how people were involved in the process and explained there were plans to enable people to be more actively involved. One care manager told us they had just recruited staff with the involvement of the person and their family to make a good match.
- Staff completed shadow shifts prior to working with people. This enabled staff and people to get to know each other and for staff to feel confident and competent before supporting people on their own. One person told us, "They shadow an experienced carer here in my home. If any issues come up it is dealt with then, but there never has been."
- Staff recruitment files evidenced safe recruitment practices had been followed. Staff told us of checks, such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Staff understood the importance of these to ensure the protection of the people they supported.

Preventing and controlling infection

- Policies and procedures were in place to manage and control infection.
- Staff told us they wore Personal Protective Equipment (PPE) in accordance with government guidance and people who used the service confirmed this saying, "Yes they do, rigorously so."

Learning lessons when things go wrong

- Staff recorded and reported accidents and incidents. The registered manager told us these were discussed at monthly meetings and learning was shared with staff to minimise the likelihood incidents would happen again.
- The registered manager met with other managers within the organisation to discuss concerns and share learning to ensure improvements were made.
- The registered manager told us they had learned from their last inspection and were confident improvements had been made to the service, to enable staff to offer safe care. They said, "Action plans are in place and lots work has been done to address issues identified."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA .

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since the restructure of the service in April 2022 people told us that, although they were satisfied with the service provided, they found the new provider was 'less personable'. One person told us, "This is now a larger company. The old company was more personalised. This one is a bit more clinical. It is now starting to bed down and run more smoothly. The care Manager is really good and on it." Staff also shared this view. One staff member told us, "It used to be fantastic but now less personable."
- We shared this feedback with the registered manager who said the service is a national organisation and this could be the reason for the feedback. They had already planned to address this by reissuing information about the organisation. They confirmed senior managers were also visiting people when issues or concerns were raised, to provide a visible presence. They were confident staff working at all levels had effective and visible immediate line management. This was reflected in discussion with staff..
- The registered manager was appointed in August 2021. Since that time, they had developed an action plan to demonstrate their work priorities in areas which required improvement. They had developed this plan after reviewing the service and working with the provider. The action plan covered all areas of regulatory requirements and reflected our findings at this inspection. This reassured us the improvements identified by the registered manager were appropriate and reflected of the needs of the service. The registered manager told us, "An action plan is in place and lots work done to address this."
- The management restructure had identified clear lines of responsibility and although some staff didn't know who the registered manager was, they all had effective line management who liaised with their seniors to ensure the registered manager and the provider were aware of the strengths and needs of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Staff told us they felt supported by their immediate managers who they said were approachable and responsive. This meant they had support when needed and an ongoing presence to monitor and advise them. One staff member told us, "Care managers are approachable. You can always ring them."
- People who used the service were supported to be in control of their care and support. They had access to their staff team and a care manager to liaise with and share concerns or suggestions. One person told us, "I have a good relationship with the Case Manager, and I am quite articulate when I need to. I can vocalise when I need to." Other people had relatives to speak on their behalf when needed and they too felt they could share concerns and issues.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was fully open and transparent about issues within the service and areas where they had to take action when things went wrong. They monitored accidents and incidents and liaised openly with external agencies to ensure continuity of care.

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

- People shared mixed views about being engaged and consulted about the service provided. Some said they hadn't been asked to share their views, but some recalled receiving surveys and being contacted over the phone. Most people felt they were listened to. One person told us, "They [the service] seem to be in tune with the family. We also are comfortable highlighting any concerns and they respond and welcome that."
- The registered manager carried out regular audits to monitor the quality of the service provided and check if new policies and processes were being embedded to improve the quality of the service provided.
- Staff meetings took place and information was shared with staff. Staff told us they felt empowered to share concerns or make suggestions for change. One staff member told us they had identified a safety issue and as a result a risk assessment was immediately carried out to assess the risk and formulate an action plan to reduce it.

Continuous learning and improving care

- The registered manager could evidence they had listened to feedback by producing a 'You said, we did' form to identify issues raised from quality monitoring processes. They then documented how they were going to address the issues and published this to evidence their commitment to make improvements.
- The provider was introducing a new electronic care planning system. The registered manager told us how this would be more person centred and make monitoring of care delivery more effective. A staff member who had attended the training for the new system told us, "I was really impressed with the new system. It is more person centred, and even details such as people's preferred shower gel will be detailed. This will be brilliant."

Working in partnership with others

- People who are supported by Total Community Care have complex needs and as a result received support from the provider and other health and social care professionals. People told us they accessed several services, to ensure all of their support needs were met. For example, health professionals supported with equipment. Staff liaised with external agencies to ensure they used this equipment safely and effectively. When people's needs changed, they contacted professionals to review people's needs. This meant agencies worked together to meet people's needs safely and effectively.
- Staff told us they worked in partnership with local health and social care professionals who offered them advice and training. A social care professional told us, "The managers maintain good lines of communication between professionals and their staff team."
- The same professional told us, "I found [the service] to be both professional and person centred in their approach and delivery of support to the service user in their own home."
- Staff and managers were open to advice and support offered by health and social care. Staff told us professionals were very approachable and supportive. Professionals said staff responded effectively to offers of support and advice. One professional told us, "They were willing to change their working practices where required to best support the service user." This joined up care meant people could receive consistent and well organised care that enabled people to live their best lives.