

Total Health Support and Training Services Limited

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Inspection report

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Date of inspection visit:
18 April 2023
19 April 2023

Date of publication:
08 June 2023

Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Total Health Support and Training Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older and younger people, some of whom may be living with dementia. This service also provides care and support to younger adults who have learning disabilities or autistic spectrum disorder living in 'supported living' settings. This is so that they can live in their own homes as independently as possible. In supported living, people's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection only looked at people's personal care and support. At the time of our inspection there were 73 people receiving a service. Of those 73 people, 13 were living in supported living settings in five different houses.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Systems in place to protect people from the risk of harm or abuse were not always effective. Medicines were not managed safely.

Staff training was not up to date. Records indicated a number of staff had not completed training. People's care plans did not always contain sufficiently detailed information to support staff to protect people from identified risks.

There were sufficient numbers of staff to provide consistent care to people. Staff reflected on practice when incidents occurred to prevent recurrences. People were protected from the risk of acquiring an infection.

People received individualised support which promoted their independence and upheld their human rights.

Staff worked within the principles of the Mental Capacity Act and demonstrated the appropriate legal requirements had been met where people had been deprived of their liberty.

People were always 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.

Recruitment processes and were in place to support consistent teams of staff to deliver person-centred care and support. There was evidence of effective partnership working with external professionals to promote people's safety.

Right Care:

Most people received care which met their individual needs and preferences. People, their legally appointed representatives and relevant professionals were involved in developing their care plans which were regularly reviewed.

People's care and support needs were assessed using a structured process. People were supported to maintain a healthy diet. Staff worked with professionals from health and social care to help meet people's needs.

People experienced continuity of care from a core team of staff. Staff demonstrated compassion, sensitivity and respect in their interactions with people who they knew well.

Right Culture:

Governance and leadership at the service were not adequate. Systems and processes were not used effectively to monitor quality and improve safety in the service. Audits of people's medicines records were not always effective in identifying and analysing shortfalls to improve safety. Audits were not used effectively to monitor themes and trends to drive service improvements.

The registered manager sought feedback from people and staff about how the service was run. Staff worked with professionals from different disciplines to promote people's health and wellbeing needs.

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 good (report published 23 April 2018)

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of skin damage, moving and handling and mental capacity. This inspection examined those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report.

The overall rating for the service has changed from good to requires improvement. 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 Health Care and Support Services Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, staff training, and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Total Health Support and Training Services Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. 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 homes.

This service also provides care and support to people living in 5 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 11 April 2023 with calls to people using the service and their relatives.

Inspection activity ended on 2 May 2023. We visited the location's office on 18 and 19 April 2023 and visited people in their homes on 2 May 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We liaised with safeguarding and care quality representatives from the relevant local authorities. We reviewed notifications and information we held about the service. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 7 relatives about their experience of care and support provided. We spoke with the registered manager, human resources manager and administrator. We spoke with 4 members of care staff. We sought written feedback from 36 members of care staff. We received feedback from 10 staff members. We sought written feedback from 4 professionals from health and social care. We received feedback from 1 professional.

We reviewed a range of records. This included 8 people's care and support plans, 3 people's medicines administration records (MARs), staff competency checks, 5 staff recruitment files, supervision records for 5 staff, staff spot checks, the provider's business continuity plan, the staff training matrix and the provider's policies for safeguarding and duty of candour. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed and monitored effectively by staff.
- People's care plans did not always contain sufficient information to help staff protect people from identified risks. One person's care plan stated they were at risk of developing pressure ulcers and staff should "be vigilant checking skin integrity on every visit". There was no specific information for staff in the person's care plan about signs of skin damage or actions to take if they observed skin damage.
- A second person required assistance from 2 staff using a hoist to help them move. In the person's care plan staff had identified they were at risk of developing pressure ulcers and staff should, "check skin integrity on every visit...report to the office/on-call if they have any concerns". There was a lack of information for staff about how to recognise pressure damage and actions to take if they observed the person had skin damage.
- A third person had sustained severe skin damage as a result of staff not having sufficient guidance and training to mitigate the risk of skin damage and prevent the person suffering harm.
- We discussed our concerns with the registered manager who explained each person's care plan contained a guidance document detailing different types of pressure ulcers which staff could refer to as well as actions to take to prevent and treat pressure ulcers. However, people's care plans lacked personalised, specific guidance about how staff should prevent individuals from developing pressure ulcers. For example, how often a person should be helped to change position or which equipment could be used to help them maintain healthy skin and prevent damage. This placed people at risk of developing pressure damage through staff not having sufficient guidance on how to prevent this.

The registered person had failed to effectively assess risks to service users, to do all reasonably practicable to mitigate these risks and to ensure staff were sufficiently trained and competent to manage risks for people. This was a breach of regulation 12 (2) (a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People's medicines were not always managed safely. Not all people who required support with medicines had the appropriate records in place. For example, one person's care plan stated they required staff to support the administration of medicine. However, there was no medicine administration record in place.
- The provider's audits to identify errors and omissions did not evidence staff analysed themes and trends or took sufficient action to prevent staff making repeated errors.
- In one person's medicines administration record (MAR) audit a staff member identified signatures for medicines administered were missing on a number of occasions in January, February and March 2023. In the

actions taken section of the January audit, the staff member had written, "Care staff spoken to and reminded of importance of accurate recording". No actions had been recorded by staff in the February audit. In the March audit staff had written, "Carers to be reminded of the importance of signing". This put people at risk of not receiving medicines as prescribed.

The registered person had failed to manage medicines safely. This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe whilst being supported by staff.
- Systems and processes were in place to protect people from the risk of harm or abuse. The provider had a safeguarding policy in place and concerns were reported to the relevant authorities.

Staffing and recruitment

- People received care from staff who had been through a thorough recruitment process.
- Staff files showed relevant pre-employment checks were completed as part of the recruitment process, including proof of identity, references, employment history with explanations for gaps in employment, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The registered manager and senior team ensured there were enough staff to meet people's needs and that people received care from the same staff wherever possible to ensure continuity of support.

Preventing and controlling infection

- People were protected from the risk of acquiring an infection by trained staff with access to sufficient personal protective equipment (PPE) such as gloves, masks and aprons.

Learning lessons when things go wrong

- The registered manager kept a record of accidents and incidents and any actions taken to prevent recurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were supported by staff who were not up to date with their training.
- The provider's training matrix evidenced staff had either not completed or were not up to date with a number of training courses. For example, 23 out of 85 staff members had not completed the provider's induction training, 63 out of 85 staff were not up to date with training to support people who live with autism spectrum disorder and 38 out of 85 staff were not up to date with their pressure ulcer training. This placed people at risk of harm due to staff not being suitably trained to carry out their roles effectively. We recommend the provider ensures all staff have completed all of the necessary training to carry out their roles effectively.
- The registered manager and senior team implemented a programme of appraisals and supervisions to support staff.
- Staff commented they felt well supported by their seniors and by the registered manager; staff stated they were always approachable and available to answer their questions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, choices and preferences were assessed by staff before they commenced packages of care and support. These assessments were used to formulate people's care plans to provide individualised support for people.
- Care plans included information about people's medical needs, social needs, support with washing and dressing and with eating and drinking. Care plans were regularly reviewed and updated as and when people's needs changed.
- Care plans also included information about people's positive attributes and the support they needed to attain their identified goals. This helped convey an overall picture of the person and who they were as an individual to support staff to deliver personalised care.
- Staff liaised with professionals from health and social care to help ensure people's needs were met.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy diet and have adequate fluids. People's care plans contained detailed guidance for staff about how they should support people to prepare meals and snacks.
- People were supported to access shops where they could buy foods which met their cultural preferences and dietary needs.
- To support people at risk of being an unhealthy weight, staff used food fluid and weight charts to monitor their dietary intake and take action according to help people maintain a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked collaboratively with healthcare professionals and professionals from social care to help people achieve positive outcomes.
- People's care records contained evidence of letters and interactions with external professionals.
- People's needs were reviewed regularly and staff promptly referred to external professionals when they observed people were in need of additional support such as an assessment from a speech and language therapist or a diabetic eye screening.
- People in supported living arrangements received comprehensive healthcare reviews with healthcare professionals on a regular basis. Care plans contained clear support plans and risk assessments to ensure people received adequate healthcare support.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make decisions was assessed and documented in their care plans.
- Where people had legally appointed representatives to act on their behalf this was clearly documented in their care and support documents.
- People's care plans contained evidence the appropriate legal authorisations were in place where it was necessary to deprive them of their liberty.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager's systems for monitoring quality and safety within the service were not always effective.
- We asked the registered manager if they maintained an overall action to monitor quality and safety in the service. They stated they did not have one but used different audits to monitor the service and determine what improvements needed to be made.
- The registered manager had failed to use their audits effectively to identify the reasons for errors in people's MARs.
- In one person's MAR signatures had been added after medicines were administered on several days for several different medicines for November and December 2022 and January and February 2023. This had not been identified or explained in any of the MARs audits for these months. This put people at risk of harm through not receiving their medicines as prescribed.
- We spoke to the registered manager who stated the reason for the signatures being added late was a poor internet connection when staff completed the MARs electronically. The registered manager stated the medicines had been given on time. However, this was not evidenced in the audits.
- There was a lack of evidence to demonstrate the registered manager had used their auditing systems to accurately record staff training which had not been completed.
- The registered manager had failed to accurately identify how many staff had completed refresher training within the required time period. For example, the training matrix showed 30% of staff were not up to date with training in how to support people living with a learning difficulty. However, following our review of the matrix we found the percentage of staff who were not up to date was actually 70%. This meant the registered manager was not maintaining accurate records of staff training and records showed staff had not completed the required training to enable them to provide support to people.
- The registered manager had not identified the lack of sufficiently detailed guidance for staff in people's care plans to protect people from identified risks. In addition, systems and processes were not effective in preventing a person from sustaining serious skin damage.

The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered manager understood their responsibilities under the duty of candour when something goes wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- People told us they were happy with the support they received from the service. Comments included, "We are pleased, we are lucky to get these carers so yes I'd recommend", and "I'm happy with the service and happy with all of them so yes, I'd recommend".

- People were supported to give their feedback about the service at regular intervals and felt they could approach staff if they had any feedback or concerns. People's relatives were supported to maintain contact with staff and felt they were approachable and responsive.

- Staff meetings were used by the registered manager and senior team to reflect on practice and raise any issues which needed to be addressed.

- Staff told us the registered manager and senior team were supportive, approachable and responsive to any queries or issues they raised.

Working in partnership with others

- Staff worked in partnership with professionals from health and social care to support people's access to a range of services to meet their health and wellbeing needs.

- People's care plans contained evidence of health appointments and reviews with GPs, nurses and specialists including psychiatrists and learning disability nurses.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The registered person had failed to effectively assess risks to service users, to do all reasonably practicable to mitigate these risks and to ensure staff were sufficiently trained and competent to manage risks for people.</p> <p>Regulation 12 (2)(a)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The registered person failed to not establish an effective system to enable them to ensure compliance with their legal obligations and the regulations.</p> <p>Regulation 17(1)</p>