

Viventis Limited

Total Living Care

Inspection report

Kindersley House
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Date of inspection visit:

05 March 2019

06 March 2019

Date of publication:

25 April 2019

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Total Living Care is a domiciliary care agency which provides personal care to people living in their own homes. It is located in Ross-on-Wye, Herefordshire. At the time of our visit 55 people were being supported by Total Living Care.

People's experience of using this service:

People told us they were supported by staff who knew and consistently met their needs and provided flexible and responsive care. They told us the registered manager and staff were attentive, friendly and caring and looked after them safely. Comments included, "This is a really good service." And, "I look forward to them coming."

People told us they usually had the same group of staff who were reliable, arrived on time and stayed the correct length of time.

People were protected from harm and abuse by staff who received training and ongoing support and had skills, knowledge and experience required to support them. Procedures were in place to record and learn from safeguarding concerns, accidents and incidents and take action as required.

People's care and support had been planned in partnership with and fully involved them. Care records were informative and up to date. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Risk assessments were in place to reduce the risk of any harm to the person. They had support needed from staff for personal care, meals and snacks, medicines and to protect them from the risk of infections.

Staff worked in partnership with other organisations to ensure they followed good practice and people in their care had good, safe healthcare and a comfortable, pain free and peaceful end of life.

Staff and people who used the service, felt valued and supported by the registered manager.

The registered manager used a variety of methods to assess and monitor the quality of the service. This helped improve any areas that were identified through their quality monitoring processes.

More information is in the detailed findings below.

Rating at last inspection:

Good. Report published 21 September 2016

Why we inspected:

This inspection was a scheduled comprehensive inspection based on the previous rating.

Follow up:

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Total Living 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 48 hours' notice of the inspection visit to be sure the registered manager would be available to speak with us. We also requested to pre-arrange telephone calls with people who used the service.

This inspection took place on the 05 and 6 March 2019. On the first day of our inspection we spoke with people supported by the service by telephone. On the second day we visited the office and also spoke with staff.

What we did:

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affected the health,

safety and welfare of people supported by the service and previous inspection reports.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people who received support from Total Living Care and six members of staff including the registered manager.

To gather information, we looked at a variety of records. This included care plan records relating to two people who received support from Total Living Care. We also looked at other information related to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. Comments included, "It is a really good service. They all know me and keep me safe and comfortable. I look on them as friends now." Another person told us, "The staff are careful and caring. I know I am in good hands."
- The provider had effective safeguarding systems in place. Staff had received training and understood what action to take if they suspected people were at risk of harm or abuse.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.

Assessing risk, safety monitoring and management

- Risk was managed and addressed to ensure people were safe. Risk assessments provided guidance to staff. They understood where people required support to reduce the risk of avoidable harm.
- Care records included risk assessments of people's homes, falls and medicines. This guided staff in how to keep people safe and reduced the likelihood of accidents or incidents.

Staffing and recruitment

- Systems were in place for recruitment of staff. The registered manager made sure appropriate checks were carried out before a new member of staff was employed. This reduced the risk of appointing somebody unsuitable.
- Staff had a detailed induction when starting work with Total Living Care. This included face to face training and eLearning and then shadowed a more senior member of staff.
- The registered manager continued to have appropriate staffing arrangements in place to ensure people received a safe service by regular staff.
- People supported and their relatives told us staff were almost always on time and called them if they were going to be late. They also had the same group of staff to support them who were familiar with their care needs.
- Staff told us they had enough time to support each person without rushing them. They also had enough travel time between visits.

Using medicines safely

- People who received support with their medicines told us they were satisfied with the arrangements and their medicines were managed safely.
- Staff had received training and competency checks to ensure they were able to administer medicines safely. All staff we spoke with said they felt competent to administer medicines.
- We noted systems were in place to spot check and audit management of medicines.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed when they occurred so that lessons could be learnt and the risk of similar incidents reduced.
- The registered manager was aware of their responsibility to report any concerns to the relevant external agencies.

Preventing and controlling infection

- Measures were in place to reduce the spread of infection and to ensure infection control procedures were followed. Staff received training and regular spot checks were undertaken to ensure standards were maintained.
- Staff and people supported told us disposable aprons and gloves were available and confirmed staff used these when they provided personal care.

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

People's outcomes were consistently good, and people's feedback confirmed this

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

- The pre-admission processes continued to be robust and senior staff carried out a full assessment of people's needs before they provided care and support. This was to ensure staff could meet people's needs.
- Care plan records were informative, reviewed and updated when changes occurred so they identified people's current needs.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and worked with experienced staff members to learn about their role.
- Training records showed staff had received training that was relevant to their role and enhanced their skills and knowledge. This included training to meet the specific needs of individuals they supported.
- Staff had regular supervision and appraisal. They told us they felt supported. Their comments included, "I get fabulous support and can always ask the manager for help or advice. We have regular meetings and supervision but can pop in anytime to discuss anything."

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

- Staff supported people with the preparation of their meals and drinks. People told us they were happy with this.
- People's dietary needs had been assessed and support and guidance, likes and dislikes in relation to food and drinks were recorded in care plans.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other professionals to ensure people's needs were met.
- We saw the service worked closely with health care services including GP's, district nurses, physiotherapists and occupational therapists. This ensured people were able to access healthcare services in a timely manner. A relative told us, "This gives us peace of mind, knowing the support is there."

Adapting service, design, decoration to meet people's needs

- There were systems to identify, record and meet people's communication and support needs. This was so they could focus the care provided around each person's needs.
- The service used information technology for planning rotas, ensuring safe lone working, keeping in touch with staff and management tasks to assist with providing an effective service.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported their health and wellbeing. Relevant information was recorded in care records.
- If required, staff assisted people to attend healthcare appointments. Records showed they had engaged with health and social care professionals and family members to ensure that people's needs were effectively met.
- We found the registered manager was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes for people.

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 Act 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.
- We checked whether the service was working within the principles of the MCA. Consent was obtained from people in relation to different aspects of their care. Staff were trained in the MCA and understood the implications for their practice. Care records addressed people's capacity and decision making.
- People supported by the service confirmed they were involved in making decisions about their care and their consent had been sought for how care was delivered.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke with us about the importance of supporting and responding to people's diverse needs. They were aware of people's personal relationships, beliefs, likes and wishes. People said staff knew their preferences and cared for them in the way they liked. These were recorded in their care records and this helped people to receive the right support.
- People told us they were provided with kind, sensitive and compassionate care. People and their relatives were positive about the care provided. One person told us, "I am very pleased with the way I am looked after. They are all lovely." A relative said, "The staff are very caring always laughing with [family member] who looks forward to their visits." Another relative told us "Staff go over and above what they need to do. They are fantastic." An example of this was a member of staff who voluntarily called one person every day for a brief chat, as it stopped them getting distressed and calling out emergency services.
- Staff understood the importance of protecting and respecting people's human rights. They talked about the people they supported with affection and respect, and understood people's individual needs. One person told us, "Not only do they look after [family member] but they take [the pet] into account as well." A staff member told us, "I feel lucky to work here with such good clients and a great team."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were fully involved in care planning and were consulted with and supported to make their own decisions. Care records we looked at confirmed people and where appropriate, their families had been involved with and were at the centre of developing their care plans. Care records seen had documented people's preferences and information about their backgrounds and considered the support needed to maintain their individuality, diversity and independence.
- Information was available about advocacy services should people require their guidance and support. This ensured their interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected and upheld. One person told us, "They [staff] make sure they allow me privacy and protect my modesty."
- Care records seen had documented people's preferences and information about their backgrounds and considered the support needed to maintain their individuality, diversity and independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People supported told us they received a service centred on their needs and wishes and promoted their wellbeing. Care plans were personalised, met their assessed needs and preferences and were regularly reviewed and updated. One person told us, "They [staff] are as good as gold. They listen to what I want and do it." A staff member said, "Every day is different. It is so rewarding."
- The registered manager was aware of the accessible information standard that aims to make sure people with a disability or sensory loss are given information in a format suitable for them. Care plans seen identified in detail each person's communication abilities and difficulties and information was given in a way they could understand, meeting the standard.

Improving care quality in response to complaints or concerns

- The people we spoke with knew how to make a complaint, although there had not been any complaints since we last inspected. They told us they would be confident to speak to the registered manager or staff if they were not happy or had issues. They felt they would deal with any issues promptly and to their satisfaction.
- There were processes in place to guide staff in the management of complaints. The registered manager told us they used issues, complaints or concerns as a learning opportunity to improve the service.

End of life care and support

- No one was receiving end of life care when we inspected. However staff told us of people they had supported at the end of life.
- Staff had received training to enable them to support people at the end of their life.
- We saw the service were able to support people at the end of life in line with peoples wishes.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We found the registered manager was open and transparent. People told us they were easy to talk with and available whenever they wanted to talk. One person said, "I can ring and speak with [registered manager] anytime."
- The systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The registered manager followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.
- The service was well-organised and there was a clear staffing structure and clear lines of responsibility and accountability. People spoke positively about how the service was managed.
- The management team carried out audits to govern, assess and monitor the quality of the service and staff.
- The registered manager provided a well-run and consistent service. Staff were clear about their roles and were experienced, knowledgeable and familiar with the needs of the people they supported.
- Ratings from the previous CQC inspection were displayed in the service.

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

- Regular spot checks by the registered manager took place to talk with people using the service and to observe staff supporting people. People were very positive about these.
- People supported were asked for their views of the service through surveys, telephone calls and visits by the registered manager. A relative commented, "The manager rings us to check if we are happy with the carers we have and if everything is ok."
- Staff spoke highly of the registered manager. They told us they were listened to and it was a good place to work. One staff member said, "Fantastic manager, fabulous service." Another commented, "Hand on heart the best manager and best company I have ever worked for."
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and

suggestions.

Working in partnership with others

- The registered manager worked in partnership with other organisations to make sure they followed current practice, providing a quality service and people in their care were safe.

Continuous learning and improving care

- The registered manager was committed to ensuring continuous improvement. The management team worked alongside staff and also carried out observational visits to monitor quality and individual staff practice. This helped to ensure people received a consistent level of support. Accidents and incidents were reviewed to see if lessons could be learnt.
- Systems were in place to ensure the quality of service was regularly assessed and monitored. We saw the registered manager had acted upon any findings from the audits. This demonstrated improvements were made to assist the service to continue to provide a good service for people they supported.