Totally Living Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Totally Living Care provides a domiciliary care service supporting people with individual needs in their own homes. At the time of our inspection 59 people were being supported by this service. This inspection took place on 10 and 11 January 2017. This was an announced inspection which meant the provider was given short notice of the inspection. This was because the location provides a domiciliary care service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

There was a registered manager in post at the service and a co-director at the time of our inspection who were jointly managing the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Risks to people's personal safety had not always been assessed or plans put in place to manage these risks effectively and safely. The service had identified potential concerns in people's initial assessments upon joining the service; however risk assessments had not been developed from these concerns. This included risks around falls, medicines and specific dietary needs.

People's medicines were managed and administered safely but had not always been recorded appropriately. For example, one person who was prescribed a medicine patch for pain relief, did not have a rotational chart in place to show where the patch had previously been placed and should be put at the next administration. Another person had been prescribed medicine for use when required (PRN). The medicine administration record (MAR) had been handwritten and not signed by the member of staff who had added this addition to the person's medicine record.

Staff had a good understanding of safeguarding and whistleblowing procedures. They knew how to report concerns and had confidence in both managers that these would be fully investigated to ensure people were protected.

People had on occasion experienced a late or missed call but spoke positively about the response to this from the service. We fed these concerns back to the management. One relative commented "There have occasionally been instances, although not recently as far as I am aware, of them not sending in a carer; I have then contacted them and the registered manager has then gone in, in place of the carer. But generally they are reliable".

Safe recruitment procedures were followed. Staff said they undertook an induction programme which included shadowing one of the two managers, and meeting the people they would support. The provider had undertaken recruitment checks on prospective new staff to ensure they were suitable to care for and support vulnerable adults. Staff were appropriately trained in the core subjects relevant to their role.

We saw that consent forms agreeing to the service providing people's care had been put into people's care plans. However these forms were not always dated, completed or signed by the person to show they had agreed with the content. Reasons why some people were unable to sign their consent, were not stated.

Concerns were raised to us by people and their relatives about the skills and experience of staff. Comments included "Some staff need a little bit more training" and "There is a lack of experience of some carers, they have put clothes on back to front before. They don't give me the confidence that they could deal with the unexpected, however in lots of ways they have been very good".

People and relatives were very complimentary about the caring nature of staff. Comments included "I have got to know them and they are always helpful and friendly", "If I want something staff are very good, they do it if I ask", "They are caring and that's the big importance" and "All the staff I have met have been friendly, helpful and informative". People's privacy and dignity was respected. Staff explained the importance of supporting people to make choices about their daily lives.

People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. We saw where people had wanted to discuss an aspect of their care, a review form was in place to record what had been discussed and any outcomes from this. One person told us "They are excellent, someone came out and did a review and everything was fine". Another person said "I have a care plan in my house, the carers ask and I update them if there are any changes".

Although the service had quality monitoring systems in place, they had not picked up all of the shortfalls identified in this inspection or addressed them before this inspection had taken place.

People praised the management for the service they provided commenting "I find the office very pleasant, the management are always available and respond. It provides what it says it's going to provide", "I can speak to the managers easily, they are very helpful, nothing is too much trouble and they are always very respectful". Staff told us they felt well supported by the management and were able to raise any concerns or ideas they had to improve the service.

We found one breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Risks to people's personal safety had not always been assessed or plans put in place to manage these risks effectively and safely.

People's medicines were managed and administered safely but had not always been recorded appropriately.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

Is the service effective?

Requires Improvement

Consent forms agreeing to the service providing people's care had not always been completed appropriately or signed by the person to record their agreement.

Concerns were repeatedly raised by people and their relatives about the skills and experience of staff members in completing some care tasks.

People's changing needs were monitored to make sure their health needs were responded to promptly.

Is the service caring?

Good

People and family members gave us very positive feedback about the staff and told us they were caring.

People's privacy and dignity were respected. People were involved in making decisions about the support they received.

Care was delivered in a way that took account of people's individual needs and in ways that encouraged their independence.

Is the service responsive?

Good

Care, treatment and support plans detailed daily routines specific to each person in terms of the care they would like to receive.

People received regular reviews of their care needs and the service was responsive in implementing changes to support people effectively.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident any complaints would be listened to and acted upon.

Is the service well-led?

Requires Improvement

Although the service had quality monitoring systems in place they had not picked up all of the shortfalls identified in this inspection.

Staff were aware of their responsibilities and accountability and spoke positively about the support they received from the management team.

There was an open and transparent culture and the manager and staff welcomed the views of people and their families.

Totally Living Care Ltd

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 was planned to check 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 10 and 11 January 2017. This was an announced inspection which meant the provider had prior notice that we would be visiting. This was because the location provides a domiciliary care service to people in their own homes, and we wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf.

The inspection team consisted of one inspector. An inspection of the office from which the service was run took place and we made a visit to the service's training site. Phone calls were made to people, their relatives, staff and health professionals to gain their feedback. The service had not been previously inspected since registering with CQC.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people being supported by the service, 13 relatives and seven staff members. We also spoke with the registered manager and the co-director. We reviewed records relating to people's care and other records relating to the management of the service. These included the care records for seven people, five staff files and a selection of the provider's policies.

Requires Improvement

Is the service safe?

Our findings

Risks to people's personal safety had not always been assessed or plans put in place to manage these risks effectively and safely. The service had identified potential concerns in people's initial assessments upon joining the service. However risk assessments had not been developed from these concerns.

For example we saw one person had been identified as having had a history of falls and being at risk of further falls but there was no risk assessment in place to manage this. This person's care plan stated they were at risk of pressure ulceration but no risk assessment had been completed. One person who had been recommended a soft diet by the Speech and Language Therapy team (SALT) due to swallowing difficulties, did not have a risk assessment in place to guide staff on effectively supporting them. Another person had some communication difficulties and their care plan also stated they could at times experience spasms (Sudden involuntary muscular contraction). No risk assessment had been put in place around this person's specific needs and how their health conditions impacted on their wellbeing. Many people being supported by the service had pets living with them in their home. Information on the nature of the pets and how staff should manage them, alongside delivering care to people, had not been provided.

Where people were supported with taking their medicines, risk assessments had been completed. However these often did not provide enough information for staff to follow effectively. The medicine risk assessments were not clear in establishing what action staff should take in managing the risks. For example one person's medicine risk assessment asked 'Does person remember to take medicine at the correct time'. The assessment stated no but did not provide any further detail of what staff should do in this situation. Another assessment asked if one person could manage to open the pharmacy containers to access their medicine. The assessment stated 'No' but there was no further detail around the level of support that staff needed to offer.

Manual handling risk assessments had been completed for people; however these lacked detail on how the identified risks should be managed. For example one risk assessment stated that the stairs could be an issue for the person. The management of this stated to 'Let the person go up or down first' but no further actions that staff could take to minimise the risk for this person had been addressed. One person's assessment was in place but had not been completed despite the person having been with the service for some time. Another risk assessment stated that the person's home was in a poorly lit area and made access hard for staff. However there were no actions stating how this was to be managed to keep staff safe when they undertook visits at this location.

We reviewed the service's 'Risk taking' policy which stated they would 'Identify risk management strategies in full consultation and agreement with the service user'. This had not been done. We raised our concerns with the service and the co-director told us "Risk assessments need to be put in place but we are reviewing this". One member of staff told us "I know we need to work on risk assessments and need to be more in-depth on them". We saw an example of a risk assessment that the service wanted to start putting in place and this clearly detailed the nature of the risk, action to take to manage it and who was responsible for overseeing its management.

This was a breach of Regulation 12 (2) (a) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were managed and administered safely but had not always been recorded appropriately. For example we saw one person who was prescribed a medicine patch for pain relief. They did not have a rotational chart in place to show where the patch had previously been placed and should be put at the next administration. This meant there was a risk the new patch could be placed in the same position as the old one causing the effectiveness of the patch to be reduced. The service began to address this as soon as we raised it with them during our inspection.

We saw for another person who had been prescribed medicine for use when required (PRN) the medicine administration record (MAR) had been handwritten. It had not been signed by the member of staff who had added this addition to the person's medicine record. We reviewed the provider's policy which stated that the MARs should have the staff member's signature on them. Protocols for medicines were not always available with the MARs in order for staff to have appropriate guidance to follow if a person was unable to communicate why or when they needed their PRN medicine. This was also the case for one person who had covert medicine. (Covert medicine is the administration of any medical treatment in disguised form).

Staff were able to explain the safe procedures they followed when administering people's medicines. One staff said "We put gloves on, explain to the person what we are doing, always give medicines with a drink, check the medicine box, check the MAR sheet and sign. One person has their medicine crushed and there is paperwork in place from the GP to say this is allowed". One person told us "Staff are good with my medicines". Another person commented "They put my medicine into a cup and I take them, I always check there is the right number, I am confident in them managing this".

People told us there were sufficient levels of staff to meet their needs; however people, their relatives and staff consistently raised concerns with us about not being told who was coming to complete their care visit. People's comments included "I don't get a list of who is coming" and "Sometimes get a staff list but not lately". Relatives were concerned by the inconsistency their loved one's had experienced recently with the scheduling of visits commenting "Reliability in general is not a concern, the challenge is the consistency. They have enough support staff, however people want consistent faces, there isn't the consistency of staff", "The rota's have been a bit strange lately with carers working odd hours", "I don't have a schedule in front of me to know who is coming. I have confidence that someone will arrive but not the consistency of who that will be", "They are not great at telling us the times have changed, a staff list used to be sent but have not had it for a month or so now" and "They are lacking co-ordination between the scheduling and what the carer does on the ground".

Staff also spoke about the frustration this had caused for people saying "We have had a few little issues with continuity and the rota", "They need to improve the client's not getting a regular rota", "Continuity with people who have dementia is important, we go to someone for a few weeks and then the rota changes and we go to other people, the rota working has not been making sense lately" and "When we go to different client's we may not recognise if something was wrong, the clients need continuity".

People had on occasion experienced a late or missed call but spoke positively about the response to this from the service. People told us "I have had no missed calls, if they are late they will ring and tell me", "The occasional call is missed, they will send a carer", "They are not late, they will ring, they are good" and "They come regularly". People's relatives also commented saying "There have occasionally been instances, although not recently as far as I am aware, of them not sending in a carer; I have then contacted them and the registered manager has then gone in, in place of the carer. But generally they are reliable", "There have

been missed and late visits, they informed us straight away and retrained staff in reading the rota", "They are mostly on time they let us know", "Occasional late call, we did get informed", "It has always been very reliable. We have not had any occasion when a carer has been unavailable, even during the Festive period" and "They are more consistent than any other company at keeping to the times agreed".

One staff member told us "If there is a missed call we contact the client. We put a call in as soon as we know and cover that call, they are entitled to complain and we look at the system and where it failed". The co-director told us "We have an on call rota and a backup rota so there is always someone to cover. We encourage carers to let the on call know if they are going to be late so they can call service users". We fed back these comments after our inspection for the service to address.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK. The service held two recruitment days, one day to get to know the potential employee and understand what had drawn them to the role and a second day completing the necessary paperwork and explaining expectations of the role. The registered manager explained "It's about attitude, willingness to learn, we don't want people just because we will pay them a high wage. We have got to the stage where we know what someone is about when they walk through the door".

People we spoke with did not raise any concerns over their safety and relatives told us a safe service was provided. Comments included "I feel safe with the carers. They are very good, they stay with me in case I fall", "I have confidence my relative is safe. They called an ambulance when my relative needed to go to hospital and informed me after, which was the right thing to do" and "The emergency 24 hour line is always manned and they are quick to respond".

Staff were aware of their responsibilities in reporting concerns, and the concerns of those they supported commenting "Staff are told we have a duty of care to anyone we see on support visits, not just those we are supporting", "I would report anything to the directors, I have dealt with safeguarding and learning how the system works from their point of view. I would go higher if I was not happy", "Anything I'm not happy with I record, but I report straight back to my bosses. I am happy to raise concerns as it upsets me if people do not receive proper care" and "We report back to the office, I would go higher but they would do something as I would keep on to them. I would want to know the outcome". During our inspection we saw that safeguarding information was clearly displayed for staff to read and contacts available should they wish to report any concerns.

All staff were issued with photo identification badges and wore uniforms to help people identify who they were. The registered manager told us "We are keeping people safe through our staff induction process, right from the start we are telling them how to care. Our care plan assessments encapsulates everything from fire planning to getting the support they need and looking at how safe the environment is for staff and for people to mobilise". The co-director said "It's about getting a happy medium of safe; we are after all encroaching on their space".

Requires Improvement

Is the service effective?

Our findings

We saw that consent forms agreeing to the service providing people's care had been put into people's care plans. However these forms were not always dated, completed or signed by the person to show they had agreed with the content. The reason why some people were unable to sign their consent was not stated. The co-director said this would be addressed.

Some people's care plans stated if the person had 'A lasting power of attorney' (LPA is a legal document that lets you appoint one or more people to help you make decisions or to make decisions on your behalf). The service did not hold a copy of this document and confirmed they had not requested to see it when told there was one in place, before recording this in the person's care plan. This meant the service could not be assured that they were speaking with the right person who had the appropriate legal authority, when discussing information and taking decisions around a person's care. The registered manager and co-director said they would address this immediately and update people's care plans accordingly.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

One person had received an assessment from Wiltshire Council which stated they were not deemed to have capacity around decision making or able to effectively communicate their needs and all decisions were to be considered in their best interest. A best interests decision had been made by the person's family and hospital team. Staff told us they continued to offer people the choice commenting "There are people we support who have some memory loss, even if I know someone is not capable of making a choice, I would still give them a choice as this is how I would like to be treated" and "It's about proving someone doesn't have capacity, there are different kinds, financial and health and wellbeing capacity. I know where I can go to get the information. People still have the choice and right". The registered manager told us "We are passionate to ensure people's rights are protected and we will fight for this. We have best interest meetings where needed". The co-director commented "The carers know the clients; we will contact the relevant GP to get advice and to rule out other medical options. The sharing of information is tantamount; the company would fail without communication".

Concerns were raised to us by people and their relatives about the skills and experience of staff. One person said "Some staff need a little bit more training". Relative's comments included "We have issues with some of the carers; they don't seem to read the notes, one or two are experienced but a lot aren't. Not all of them have met people with more complex needs", "There is a lack of experience of some carers, they have put clothes on back to front before. They don't give me the confidence that they could deal with the unexpected, however in lots of ways they have been very good", "New carers are not reading the previous notes", "Some carers don't put everything away when they have finished using it", "We have to leave notes for the carers sometimes, clothes have been put on inside out, we have mentioned it" and "It's the transferability of the

training, the training aspect is quite poor". Some members of staff also highlighted this saying "A lot of the new staff aren't having enough training. They need to teach the girls to read the care plan" and "More spot checks are needed on new staff". We informed management of these views so they could be further investigated and addressed.

During the inspection we visited the service's training office in a nearby town and observed a first aid training session that was in process. The company's training co-ordinator used examples to engage staff and put things into context and throughout this session would ask the staff questions about what they had just been taught to check their knowledge retention. The training co-ordinator told us "I could sit and do a power point but I like to do things as an activity. At every session I do a checklist so staff can see what we are doing and ask if they understand the subjects and to give some feedback on the session. This is a new thing we have started". The training office had one room that had been made to look like a person's bedroom and contained equipment including a hoist and a hospital bed for staff to practice their learnt skills.

We spoke to staff about their training opportunities and received positive comments including "[X] is one of the best trainers I have seen or had, for a DCA (Domiciliary care agency) this is the most in-depth induction I have had. I bought all my certificates in and they said great but you are still doing this training", "The training we have is more interactive", "The training is very good, it's thorough, if I have any queries they answer them" and "If I recognise a course I need to refresh on, the managers will sort it".

The training co-ordinator had implemented some recent methods of reviewing staff learning to ensure they retained the information learnt. Independent learning information sheets were distributed to staff which refreshed them on subjects such as dementia, safeguarding and mental capacity. These sheets contained helpful information and pictures for staff and acted as a reminder and aid to their practice. A continuing personal development record looked at the effectiveness of the training and how they would implement this into their work. Two months after each training session the plan was to review this to see if staff were doing anything differently as a result and if there was a need for further information. The co-director told us "We have workbooks and the majority of our training is face to face, 98 per cent of staff are on their QCF level 2 (The Qualifications and Credit Framework) or above".

New starters had a probationary period of training and shadowing another member of staff. We reviewed a copy of the induction presentation and saw that staff were provided with the necessary information relating to the service and their role. An induction checklist was in place which was signed off by senior staff as new employees worked through their induction period and became competent. Staff told us "I came for interview, shadowed and completed manual handling, health and safety and fire procedures. I was happy with my induction", "I shadowed and met some people, if you don't know about the person you can read up before going there", "I didn't do too much shadowing as they didn't think I needed it, as long as I get a rundown from seniors about new clients as I don't like going in blind" and "My induction was ok, it was with the director and she's on top of everything she does".

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us "I have regular supervisions, they are useful". Another staff commented "I have these regularly and they are useful if I have any worries". We saw one member of staff had not received an annual appraisal in 2015 or 2016. The co-director told us they were in the process of arranging this.

People's changing needs were monitored to make sure their health needs were responded to promptly. One person told us "When I was in hospital my relative kept in touch with them and they were very good and

caring". Relatives felt reassured that their loved one's health needs were being monitored effectively commenting "The staff are very alert to my relative's wellbeing and I am contacted if there are any concerns for her health and or well-being", "The carer is good at communicating and she would not leave anything she had concerns about" and "The team are very good at informing me immediately if my mother is unwell, unhappy, distressed".

Good

Is the service caring?

Our findings

People told us they were happy with the care they received from staff commenting, "Staff are very kind, I get on better with some than others. They are good at sending regular carers, the carers are a lovely group of girls and any of them would do anything for me", "I have got to know them and they are always helpful and friendly", "If I want something staff are very good, they do it if I ask", "Really good staff, no problems" and "I'm perfectly happy with all the staff". When the service started visits for a new person the co-director informed us that "Only senior staff would complete the very first call to a new person". One staff told us "Staff have regular runs; they do change slightly as it is good for staff to meet different clients". Another staff member said "I like to think I know 99 per cent of the clients".

Relatives we spoke with praised the care staff for their supportive nature towards their loved ones saying "A lot of the girls are very sweet to [X] and can have a giggle with them", "They are caring and that's the big importance", "We have regular carers, they are very good they come in and do everything we need", "All the staff I have met have been friendly, helpful and informative. The care provided by the regular carers is excellent and the staff I have seen have a good rapport with my relative" and "They are reliable, honest, well trained, informative and very approachable. I would have no reason whatever to wish to change carers".

The service's office was centrally located in the main street of the city and people were encouraged to call in if they needed or wanted to. The registered manager told us "People come into the office all the time, we go for a coffee and a chat, there is some that I take out for lunch or coffee when they come by". The directors spoke about supporting people in other aspects of their lives aside from their care. The co-director told us "It's not just about going in and doing personal care it's about supporting them to have a life, to progress". The registered manager commented "It's thinking about what is the best scenario for this person. We signpost them to things if we can't do it". The co-director had recently supported one person to attend their family member's funeral and driven them there so that they would not miss it.

People using the service were able to acquire assistance with any maintenance issues they might have concerning their homes. The registered manager explained "We provide a maintenance service to people if they choose and we have maintenance staff in place. We are not only providing care, but looking after the person's house as well, this defines what we are Totally Living Care".

People being supported by the service were able to make their own choices and decisions about their care and support. Comments from people included "I found one carer I didn't like and they changed this immediately" and "If I don't like anyone they will take that on board and sort it". One staff member told us "When we assess clients we look at what the person wants and what is realistic to offer". Another staff said "We personality match, if a client does not want a certain person or has a preference over gender this is recorded on the system". The co-director explained "We include the person in conversations about their care, people have a choice, some like set care staff and we will meet these needs as much as is possible".

People's dignity was respected by staff and upheld during support visits. People told us "They are respectful when helping give care and explain things. They get on with things and ask what else they can do", "They

knock before coming in. The carers are wonderful" and "Staff are respectful". One staff member told us it was important to "Close the curtains in one person's home as their bedroom is in the front room and speak to the person rather than to the other carer you are with".

Relative's also spoke positively about this commenting "Staff are caring, they respect [X's] privacy", "Staff promote people's dignity well, they are pretty good", "Staff always seem aware of this and treat my relative with dignity, enlisting her help, explaining what they want to do and why, being patient and putting her first", "The staff always close the door so my relative has privacy and I feel the carer is very respectful" and "From my limited experience of the staff, they behave in an entirely professional manner to my relative".

Staff told us that people were encouraged to be as independent as possible commenting "I try and keep reminding carers there is a care package in place and to give people a flannel to wash their face. It is hard to stand back and not do it yourself, but we are here to promote independence, the clients all say what they want" and "I get people to do things, it would be wrong to take any last bit of independence away, I'm here to promote independence and if they are capable I let them do it". One person said "I try and do as much as I can, but I know they are there and will help, they will do anything for me". One relative told us "They are very good at letting my relative dress and wash independently if she wants to".

The service had recorded if people had a 'Do Not Attempt Resuscitation' form in place (DNAR). (A DNAR form is a document issued and signed by a doctor, which tells your medical team not to attempt cardiopulmonary resuscitation). The co-director informed us that where people have had a DNAR put in place after a hospital admission, these were being reviewed by their GP. The service had recorded if a person had a living will in place, but had not yet recorded any preferences or wishes that a person may have had for specific end of life care. The co-director told us "We need to record the conversations more about how people want to be supported".

Good

Is the service responsive?

Our findings

Care, treatment and support plans detailed daily routines specific to each person in terms of the care they would like to receive. For example one person's plan recorded that they liked to have privacy when getting ready but needed staff to make regular checks as they sometimes became dizzy and were at risk of falls. We saw that care plans stated what each person preferred to be called and other important information relating to their Next of Kin, GP and any allergies the person had. A 'simple' shorter reference guide was also available for staff which gave a summary of people's needs, routines and things that were important to them.

We saw that some care plans were more detailed than others when recording about a person's interests and background history. Some people using the service, who had learning or communication difficulties, may have benefitted from having their information in an easy read format. This was available but had not always been undertaken for people where they had identified there was a need. We saw that care plans had some generic terminology in them for people rather than considering what was important to the individual concerned. The registered manager was aware this area needed reviewing and spoke about the care plan system saying "We look at the paperwork constantly to see when we can improve and I think we can. It's a working document, we are always reviewing the care". The co-director commented "We are looking to see what we can do better".

People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. We saw where people had wanted to discuss an aspect of their care, a review form was in place to record what had been discussed and any outcomes from this. One person told us "They are excellent, someone came out and did a review and everything was fine". Another person said "I have a care plan in my house, the carers ask and I update them if there are any changes".

The co-director told us that people's relatives were encouraged to be part of the review process commenting "We invite family if they wish and their regular carer who knows them is involved". Relatives told us "TLC (Totally Living Care) provides me with feedback in relation to issues concerning my mother, such as, an apparent injury and if there are any difficulties with staffing a particular phase of care", "We discuss anything if it changes", "They are good at reassessing, my relative is in hospital and they have said they will reassess if any changes when due to come out, so have been proactive in this" and "I feel TLC and I work closely together to help manage my relative's care".

The service used different methods to share communication with staff effectively. For example a phone application programme was in place to share information between the staff and update one another so they could be aware of any changes when undertaking support visits. Staff had signed a data protection statement to declare information used and shared through this application would be done so appropriately. The registered manager and co-director were able to monitor the content of this application and could see if staff had read important messages that needed to be shared. During our inspection the co-director told us a message had been sent to update staff of the approaching adverse weather conditions and to take care. One staff member told us "My biggest thing is communication and how we communicate and what we

communicate". Another staff said "The office will ring me if there are any changes".

Daily records were completed at each support visit and we saw that the registered manager had implemented an updated version of these. The new booklet contained information on what to do in an emergency such as how to make a 999 call, getting the person's medicines and records together and contact numbers to report any events. However we saw that staff recording in the daily records did not always refer to people in appropriate terms. For example written statements included 'Returned [X] back upstairs' and 'Collected [X] from lounge and 'Brought [X] back up from downstairs'. We raised this with the registered manager and co-director who said they would address this with staff. This was not reflective of all the recording and some good examples were seen where staff would record about people's wellbeing on visits.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People using the service had been made aware of the complaints process through their service user guide and contract and felt happy to raise concerns commenting "I would certainly make a complaint if I needed too", "I would be happy to make a complaint as I feel they would listen, things are always done" and "If I didn't feel happy I would grumble". People's relatives told us they felt the service gave them answers to any concerns raised stating "I can speak to the office if I am concerned. If I have a concern I'm not worried that they wouldn't respond", "To date any problems that have arisen have always been sorted out very promptly. The management are approachable, they are willing to listen and address concerns, however everything has run smoothly so far, we haven't really tested the system but I have confidence that if we did have a problem they would address it" and "No problem in raising things and making a complaint. Management are willing to address concerns, with the few issues I had, I have seen improvements"

Requires Improvement

Is the service well-led?

Our findings

Although the service had quality monitoring systems in place, they had not picked up all of the shortfalls identified in this inspection or addressed them before this inspection had taken place. For example risk assessments were not always in place and medicines had not always been recorded correctly. Although people spoke positively about the management and staff, concerns were raised regarding the consistency and staff competency and experience.

We saw that the service had recently nominated a senior lead to take responsibility for auditing the medicine administration records (MAR) and daily records and highlighting any concerns to management. The co-director told us "Audits of MARs and daily records have started, we are doing this now, we have had some changes, but reviewing paperwork, this is the plan. We have been looking to see how we can improve". The registered manager told us "We are changing our policies over and we can identify our shortfalls to amend".

Where there has been an accident or incident, a patient injury investigation report had been completed for the person. This detailed the accident, how person was supported and what was learnt from the incident going forward. The registered manager explained that "Incidents and accidents are monitored on an individual basis and Safeguarding team are brought in where required. We are constantly thinking outside of the box to protect clients. The senior will do a handover of any incidents, these are addressed daily, we will ring the appropriate people and go out to see the person". The co- director said "We try and put things in place and if it doesn't work we change it, we reflect all the time".

The service was run jointly by a registered manager and co-director, who were both positive role models for the staff and service. The registered manager and co-director regularly worked alongside staff, which gave them an insight into the people they supported. Both spoke with passion about the service and demonstrated an in-depth knowledge about the people using the service. The co-director told us "I don't like managers or owners that don't know their service users, we visit people, we talk to people, I need to touch base. You have to have passion; I have been in care for many years".

People praised the management for the service they provided commenting "I find the office very pleasant, the management are always available and respond. It provides what it says it's going to provide", "I can speak to the managers easily, they are very helpful, nothing is too much trouble and they are always very respectful", "It's been a very good service. I have been so pleased with the service, I would recommend them to anyone" and "I know the managers well, they are very good indeed, they come and see me. I can't say anything against the service they are good".

Relative also spoke positively regarding the leadership of the service saying "The managers have been out to my home, the registered manager will come out and roll his sleeves up and do the caring. They are always helpful", "The managers are very approachable, very helpful, they come over to the house", "The structure and responsibilities of all the office staff is clear, so I always know who to contact" and "I have always found that [X] (co-director) from TLC is happy to accommodate any appointments I make and is easy to talk to

regarding any problem that may occur". The co-director told us "You have to lead by example; your staff are only as good as you teach them".

Staff felt confident in approaching the management with any concerns and spoke of the support they received commenting "You can approach the managers easily, they are really nice people, it's all good, I wouldn't be here otherwise", "The directors are so hands on, they give out their numbers and they respond to you, that's unlike any other company where you don't normally see the directors", "Both managers have an open door policy and are very approachable", "I will be having this company to provide care for my own family member" and "Managers are very approachable I can talk to them about anything". The co-director told us "We respect staff as much as they do us, if it wasn't for them we wouldn't be doing what we are doing".

Staff were able to attend team meetings and were encouraged to share their ideas to promote the service. One staff member told us "I get recognition from the managers of my skills". Other staff comments included "I feel comfortable enough to put my views across to management" and "It's the first company I have worked for where I can say and raise things". The training co-ordinator showed us an idea they had been able to develop called 'Independent learning information' sheets, which were a reminder and update to staff of things that had been taught in training. This meant that staff could reflect and refresh their skills and approach to different aspects of their caring role. The co-director told us "Caring is a vocation, it is a career, it's a hard job they need that support, they need the training, the staff are proud to wear the uniform and do what they do". The registered manager said "We promote staff as far as they want to go, we will take them as far as they want to go". The service operated a 'staff of the month' award and encouraged people using the service to provide feedback towards this if they wanted to nominate a staff member. The winning candidate was awarded with a presentation and gift as a congratulations for going that little bit further.

People and those important to them had opportunities to feedback their views about the quality of the service they received. We saw compliments and cards had been received and were displayed in the office. The management put a compliments folder in place during the inspection to record any feedback they received. The co-director told us they had tried several variations of feedback questionnaires, as originally the one in place did not elicit much response back. People were encouraged to be part of the service. The co-director told us one person regularly visited the office and were given an identification badge so they felt part of the company when they came in. Another person made cards and the office had displayed these for the person to sell. The co-director commented "Even though we provide care for people, they are part of it; clients come in for coffee and biscuits and chat, it's lovely they feel they can come in and have a cup of tea".

People told us the service was good at communicating with them saying "They are good at communicating to me" and "It is organised well and very receptive to new ideas and change". Relatives also spoke with us about the responsiveness of the service commenting "They are a very good service, they have always talked to me", "I like the communication they give me" and "I know I can call Total Living Care at any time to discuss my relative's care and I am normally involved in all the meetings. Totally Living Care took over my relative's care very efficiently". One staff member told us "We do respond quickly as a company, you only have to meet the directors; people know we are there for them". The co-director said "Communication is key, if there is a problem we talk about it".

The staff had been made aware of the responsibilities that their role carried and knew the importance of reporting concerns. One staff told us "We are a team, we take responsibility". The registered manager was overheard telling one staff member "You can't over report to us, you can only under report but never over". The co-director said "We talk about things that need to be addressed with staff, if people don't tell you the reason, they won't be able to learn from it. We say be open and honest, we will hold our hands up". We saw

where incidents had happened the management conducted a full investigation, speaking with the appropriate people and members of staff, looking at the reasons why it occurred and how to avoid it in the future.

The registered manager talked about proposed future ventures and the direction they hoped the service would take. This included expanding the company and the co-director taking on joint manager registration. The registered manager told us "There have been lots of changes, we have grown in size, had to take more staff on and update our systems. We are in the process of adapting the policies to our service. Some staff mentioned that the service had grown rapidly with one commenting "To start with it was good, but it went too fast to quick, taking on too many clients".

The registered manager and co-director spoke positively about their working partnership. The co-director commented "As a team we work so well, we bounce off each other really well". Both the registered manager and co-director were active in sourcing opportunities for their own learning and development. The registered manager told us "I am doing my QCF level 5 (The Qualifications and Credit Framework). We look at relevant courses all the time". The co-director commented "I am doing an autism course at the moment, whatever I learn I can then cascade down. I source information I encourage it, it's lovely to learn".

The service had worked hard to integrate itself with the local community, supporting a local children's football team which wore the company logo on their football kits. The co-director went to weekly matches to support and watch the team play and a photo was displayed in the office. The registered manager spoke about the importance of working with other partnerships and promoting care saying "We have a work experience member who comes in from the college and works in the office. They have met some people using the service and have joined in on the learning. We have joined up with Wiltshire Council to have apprenticeships within the company".

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's personal safety had not always been assessed or plans put in place to manage these risks effectively and safely. Regulation 12 (2) (a).