Total Care Norfolk Limited

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Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 5 December 2017 and was unannounced. Phone calls to people who used the service and their relatives were also carried out on 8 December 2017.

This was the first inspection for this service which was registered with the Care Quality Commission (CQC) in March 2017.

Total Care Norfolk is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection five people were using the service which provides care to people in the Downham Market area.

The service did not have a registered manager in post. A manager had previously been appointed but had left the service in October 2017 before they were registered with CQC. The provider had not yet appointed a new manager and was carrying out this role herself in the meantime. 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.

There were systems in place designed to help protect people from abuse. Staff understood their responsibilities and the service had raised concerns appropriately with the local authority and taken their advice.

Risks to people's health and safety were assessed and managed well. Staff understood risk, including how to manage the risks relating to the spread of infection, and information about protecting people was clear.

Staff were recruited safely and there were enough staff to meet people's needs. A small staff team provided consistent care to people.

The provider carried out a detailed assessment of people's needs and encouraged people to be involved in decisions about their care and support. Staff received the training and support they needed to carry out their roles. Staff supported people to manage their healthcare needs and access the care they needed.

People consented to their care and their choices were respected. Staff worked in accordance with the Mental Capacity Act 2005 (MCA). The MCA ensures that people's capacity to consent to their care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests according to a structured process.

Staff treated people with patience, warmth and kindness and relationships were good. Staff respected people's privacy and maintained their dignity. People were encouraged to be as independent as possible.

People received flexible, person centred care which met their individual needs and preferences. Staff treated people as individuals and were committed to ensuring that people received their care in the way they chose.

A complaints procedure was in place but no formal complaints had been logged. People knew how to make a complaint and felt comfortable raising any informal issues with the provider.

There was no structured system of audits in place, although the provider was regularly on the shift rota and was monitoring the quality of the service by speaking with people directly.

The provider demonstrated that they needed a clearer understanding of some aspects of the role of regulation.

Staff felt supported and the provider promoted an open culture which welcomed constructive criticism.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to protect people from abuse and risks to people's safety were assessed and action taken to mitigate risk.

The provider recruited staff safely and there were enough staff to carry out care and support safely. Staff understood their responsibilities regarding infection control.

Is the service effective?

Good

The service was effective.

The provider involved people, and their relatives if appropriate, in assessing their needs.

Staff received the training they needed to carry out their roles effectively and worked with other professionals to support people with their health needs.

People consented to their care and staff had received training with regard to the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People who used the service praised the caring nature of the staff and staff interacted with people warmly and with kindness. Relationships were good and staff listened to people and respected their choices.

Staff maintained people's privacy and dignity and kept their information private.

Is the service responsive?

Good

The service was responsive.

People received person centred care which met their individual needs.

A complaints procedure was in place and people knew how to make a complaint. No complaints had been received.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had no registered manager and the provider was managing the service.

The provider supported their staff well and received positive feedback from people who used the service.

The provider did not fully understand all of their responsibilities with regard to the regulation of the service.

Total Care Norfolk

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.

The inspection took place on 5 December 2017 and was unannounced. We also carried out phone calls to people who used the service and staff on 8 December 2017.
The provider was given 24 hours' notice of our initial visit because the location provides a domiciliary care service and we needed to be sure that someone would be in.

One inspector carried out this inspection.

Before the inspection we reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We visited two people who used the service. We also received feedback from one person and another person's relative by phone. We spoke with the Nominated Individual of the business, the deputy manager and one member of staff. We looked at three care plans, four staff files and records relating to the quality and safety of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and trusted staff to keep them safe. One person said, "It's been excellent. I'm totally dependent. It worried me. I was told they will always make sure I'm safe and they do".

There were measures in place designed to keep people safe from abuse. Staff were provided with relevant training and the provider told us that further training was planned. Staff told us about how they would ensure people were kept safe from abuse and knew how to recognise possible signs that someone was at risk. They were also clear about how to report concerns both within the organisation and directly to the local authority or CQC. One staff member said, "I would tell my manager or I would tell you".

We noted that the provider had made appropriate safeguarding referrals where they had concerns about a person's safety and wellbeing and had co-operated with the local authority safeguarding team during any investigations.

Measures were in place to enable people to take risks safely and to protect them from avoidable harm. Assessments were in place regarding a variety of risks including safe moving and handling, eating and drinking, taking medicines and the risk of developing a pressure sore. Assessments were clear and contained specific details. For example one person had complex moving and handling needs due to a particular health condition. We saw that their moving and handling risk assessment contained information on the size of sling and which loops to use to ensure the person was safely supported before using the hoist. Staff had been trained to begin a moving and handling procedure with the phrase 'ready, steady, action' and this was clearly documented. This helped to reduce the risks associated with moving people as staff worked consistently. We observed moving and handling procedures during our visits to people in their own homes and these were carried out safely and according to the risk assessments in place.

Risk assessments had been appropriately reviewed according to an appropriate timescale or due to changing needs. Some routine reviews of assessments were now due and the provider told us they had begun to address this. Potential risks to staff had also been assessed and we reviewed a risk assessment for a pregnant member of staff. This assessment considered any specific risks and the provider had put measures in place to reduce these risks.

The service did very little to support people with their medicines as most were independent. Only one person required topical creams to be administered. Charts were in place to show that staff had applied creams as prescribed. Staff had received medication training so hat they would be able to administer medicines if this were needed. New staff confirmed that they did not give any medicines as they had not yet received the appropriate training.

Staff were recruited safely and the provider checked people's identity, work history, references and eligibility to work in the UK. The provider also carried out checks with the Disclosure and Barring Service (DBS) to ensure potential members of staff had no history of criminal convictions which would make them unsuitable or unsafe to work in this kind of service.

There were enough staff to carry out the calls in a timely way and ensure people's needs were met. All the comments we received were positive about the reliability of the service. One person said, "I have four calls. They are always on time. They have never been late". Another person commented, "On time? Within reason – they have never missed a call". One person was keen to tell us about how flexible the service can be to accommodate their needs saying, "Yesterday I had some furniture delivered…so they came a bit later".

Where two staff were needed to carry out a care visit we found that two staff always attended. A staff member said, "It's ok as there are always two of us". They also told us that they felt that there was enough time to carry out the care tasks explaining, "There's more than enough time for each call. It's never a demand that you're panicking". People who used the service confirmed that they did not feel rushed.

Staff were trained in infection control. Staff we spoke with told us of measures they used to reduce the risk and spread of infection. Staff told us they practiced effective hand washing, used personal protective equipment (PPE), and disposed of waste appropriately. We observed good practice and saw that the provider staff reminded staff about the importance of infection control.

The service had a system in place for reviewing and investigating incidents and near misses. Staff understood the importance of recording significant incidents and of informing the provider so that they had accurate oversight of the service. A recent incident at the service had caused them to review their communication policy to ensure that people's data remained fully protected.

Good

Is the service effective?

Our findings

People who used the service were very happy with the way staff supported them with their needs and felt that staff had the training and skills needed. One person told us, "I moved [care agency] as I like [the provider]…If my needs increased I'm sure they would accommodate me". Another said of the staff, "They know what they're doing. If there's somebody new they shadow".

Each person had received an assessment of their needs before a service was provided to them and people trusted the provider. We saw that assessments were detailed and looked at the whole of a person's life and not just their specific care and support needs. We saw that there was information in each care plan about how to work with other professionals involved in a person's life and the person's consent to share information with other professionals was recorded. A person's mental health was assessed alongside their physical health needs and specific details were recorded. For example one person was described as being 'calm under pressure'.

One person's assessment had been carried out with the assistance of an advocate to ensure all the person's needs and preferences were fully recorded. The service also worked with family members, some of whom had lasting power of attorney to speak in their relative's best interests. Where this was the case it was clearly recorded in the care pan and we saw that relatives were appropriately involved in making decisions about people's care and support.

We considered whether the service was operating in line with the Mental Capacity Act 2005 (MCA).The MCA ensures that people's capacity to consent to their care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved. This aims to ensure that any decisions are taken in people's best interests according to a structured process.

We found that people's capacity to consent to their care had been assessed and people had signed to record their agreement for various aspects of their care to be provided. For example, one care plan included sections on consent to answering questions for a care assessment and consent to involve other professionals in their care. We noted that one person's consent form regarding their care had been signed by the previous manager. We brought this to the attention of the provider who assured us they would review this part of the care plan.

People who used the service, and their relatives, were very positive about the skills and competency of the staff. One person told us, "The staff definitely seem to know what they are doing". Records showed that staff undertook a comprehensive induction when they first took on their caring role. The provider carried out a detailed assessment of their previous experience of providing care. This helped to identify the level of support and training they would require. One new member of staff told us, "I shadowed all staff to see how everything was done for quite a while really. It's only when I've felt confident to do it that I try on my own and they watch me and supervise and make sure". The person was new to care and added, "They have been totally supportive of me". They described the training they had received and told us further training was

planned.

Staff told us that they had the training and support they needed to deliver effective and high quality care. Some training was due to be refreshed and the provider told us plans were in place to update staff knowledge. We saw that staff had undergone training in a variety of topics including food hygiene, moving and handling, health and safety, infection control and personal care. One staff member told us that they were being put forward to complete a level 5 qualification in care. Some people who used the service had specific health conditions which required specialist support. This support was taught to new carers by more experienced carers. One new carer told us, "I've been shown. I would be able to do it. They said 'When you feel confident to do it you can – don't do it until then'. It's ok as there's always two of us….They have shown me enough times but [there's] no pressure to do it – just when I'm ready". Whilst this appeared to work very well we would also expect to see some recognised training related to this delivered by an external trainer. We fed this back to the provider.

Staff received supervision sessions every six months and attended staff meetings to receive feedback and benefit from peer support. The staff we spoke with described themselves as feeling well supported by the provider. One told us, "[The provider] is supportive. If she was not supportive I don't think I'd still work here!" An annual appraisal system was also in place to review staff performance.

Staff provided very little in the way of support regarding eating and drinking as people who used the service were either independent or had relatives to help them with this area of their life. However care plans considered people's needs and provided guidance for staff. For example one plan prompted staff to make sure two kettles were filled so that the person could make a cup of tea after staff had left as they struggled to fill the kettle themselves.

We found that people were well supported with their healthcare needs. Two people had significant health needs which the staff managed well. Care plans clearly identified the kind of support people needed with their health and good records were kept. One person required support to wash and apply cream to their leg. Their care plan was very detailed and they told us, "[Staff member] said 'It's the best kept leg in Downham Market!'" Staff supported one person to attend the local GP surgery. A staff member said, "We do this as [person] is on [their] own."

The service worked in partnership with other health and social care professionals to ensure people remained well. We noted that a district nurse had been involved with one person as they had developed a pressure ulcer. This had now resolved and we saw that staff had followed advice and guidance to help the person improve.

Good

Is the service caring?

Our findings

People who used the service, and their relatives, were very positive about the kind and caring approaches of the staff. One person told us, "They treat you as a friend. I look forward to them coming". Another person commented, "I'm treated with the greatest respect – it's not put on, it's real" They continued, "[New staff member] has a good heart. She's always cheerful – so are all the others. We have a laugh and a joke. [I would] certainly recommend".

Staff respected people's choices and preferences and we observed extremely warm relationships had developed between the people who used the service and the care staff. Care records set out clearly how people liked to receive their care and support and included specific details. For example one care plan stated 'I like to be called [name]' and 'Please put house keys back in the ashtray' and we saw staff observed this. Staff also made a point of asking if there was anything further people needed before leaving to go onto the next call. One staff member told us, "You have to be patient" and we observed staff giving people enough time and not rushing them.

Staff explained they encouraged people, or their family members or advocates, to be involved in decisions about people's care. An advocate had been involved in the initial care assessment for one person to ensure they understood the information provided and help ensure their views were noted.

People had been involved in drawing up their care plans and had signed them as a record of this. Each person had a service user contract which contained clear information about what the person could expect from the service. People were encouraged to feedback about their care and raise any issues related to it. One person told us, "I have a dear friend locally who came to ask to see [the provider]. [They] asked some pointed questions and [they] were satisfied" .

People received care from a small team of staff they had got to know well. One relative told us they found the approach reassuring. Their relative was living with dementia and having consistent staffing helped ensure they were less confused. They said, "It's been good – much better as a smaller company, especially dementia wise, so [my relative] knows them". We noted that this person's care plan stated 'Minimal amount of different care staff'.

We observed staff working respectfully and people told us their privacy and dignity was respected when staff gave them personal care. Staff ensured people were covered up as much as possible during personal care and asked if they were comfortable. People were encouraged to be as independent as they could with their personal care. One person said, "I am independent. They just remind me".

Several people remarked about how staff were very mindful of confidentiality. Staff understood about keeping people's information private. One person said, "The confidentiality – it's important to me. They respect that". Another person echoed this saying, "I don't think they spread things around. They all listen. They're good". Records were kept securely and only basic information, such as times of calls, was shared by text and did not identify people or their care needs.

Good

Is the service responsive?

Our findings

People told us they received care and support which reflected their preferences and met their needs. Before people received a service they had a detailed assessment of their care needs and a full care plan was drawn up following on from this. Care plans included the person's relevant history, likes and dislikes and other information to help and guide staff to give person centred care. People's cultural and religious needs had been considered alongside those relating to any disability. Exactly 'how' care was to be delivered was recorded alongside the care needs themselves. One person's plan clearly stated 'female carers only' and this was respected.

The provider assessed all aspects of a person's life including their mental health, ability to consent to their care, health and social needs and issues relating to their independence and dignity. Care plans ensured that staff had clear guidance about the care and support which should be offered. For example one person's plan stated, 'Please wash my leg and apply cream and allow my foot to soak'. Another person's plan identified the their specific needs related to their hearing loss and also prompted staff to make sure they checked the person's skin carefully for signs of any sore spots which might develop into a pressure ulcer.

We found that information had been drawn up in consultation with the person concerned and reflected their wishes, with a strong emphasis on maintaining independence. Information was clear which would help any newer members of staff ensure they delivered the right care and support.

There was flexibility within the service and people told us they had no problems occasionally rearranging their calls. This was greatly appreciated and staff communicated well with people to ensure that care was provided when the person had requested it. One person was keen to praise how the provider had helped them with some complex paperwork even though this was outside the usual remit of the care calls. They said, "[They] really helped me".

A complaints procedure was in place and each person had been given information about how to make a complaint. People were very satisfied with the service overall and nobody had felt the need to make a formal or informal complaint. Both the provider and their deputy carried out regular care shifts and this provided people with the opportunity to raise issues directly should they need to. One person told us, "I would raise concerns with [the provider and the deputy]…If I have something bothering me I ask if they can come and see me one to one". Another person commented, "I have never made a complaint. I would recommend [the service]. If I couldn't, I wouldn't be using it!" A relative commented, "I can't complain about them at all".

One person raised an informal issue with us about the manner of one member of staff. We fed this back to the provider and received assurances that they would take the matter forward.

The service was not providing end of life care, and had never done so. However the provider had drawn up a training programme to help ensure staff had the skills needed to support people should this become necessary in the future.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in post. The previous registered manager had deregistered 27 October 2017 and another prospective registered manager had been immediately appointed. However they had left the service shortly before our inspection and before their registration process had been completed. The provider told us they intended to recruit to the position as soon as possible and were advertising the post in various ways. They understood this was a key role in the service. During the interim period the provider herself was acting as manager and she and her deputy were overseeing the daily running of the service.

Feedback from people who used the service, relatives and staff was positive about the provider and the leadership of the service. The provider led by example, working shifts herself on a regular basis and was clear about what she expected from the staff. Staff were well supported and new staff, especially if new to care, were supported to progress at their own pace. Staff were encouraged to share ideas, informally or during staff meetings. For example one staff member had recently suggested that a different time for a care visit might work better for a person and this had been put in place. The provider told us that the previous registered manager had given people formal opportunities to give feedback and share constructive criticism via a checklist. However we did not see evidence of this and no recent surveys had been undertaken.

The business is currently small and the provider told us that future growth would be managed carefully so that the personalised service remained. Following our inspection we were contacted by the provider to tell us they were going to be setting up a small respite service and were about to admit one resident. The provider was unaware that this constituted opening a care home, for which they were not currently registered. This, and the failure to ensure that a registered manager and a nominated individual were in place, meant we were not assured that the provider was able to fully demonstrate an understanding of how services are regulated. Following our inspection the provider themselves registered with us as a nominated individual.

There was no formal audit of the care delivery in place but the business was very small and the provider was very much involved in delivering care and told us they were able to monitor the quality of the service in this way. Communication with relatives and families was good and the provider was confident that they would be alerted to any quality issues quickly.

We found an open, honest and transparent culture and have found the provider has worked quickly to address any concerns we highlighted during the inspection process. We had received some feedback from other parties before we inspected and we discussed this with the provider. We were able to be assured that the provider was overseeing good, person centred care. None of the people we spoke with had any concerns about the care they received and praised the service. One person said, "I would use them if I needed more care…I am quite happy with [the service]". Another person said, "It would worry me if I had to go to somebody else".

Since the departure of the registered manager, the provider and deputy had taken over responsibility for reviewing care plans and risk assessments. We noted that some sections of the care plans were now due for

review and the provider assured us they would undertake this. Records were mostly very good but we did find some duplication in some care plans and some information which could have been archived. This made them more difficult to navigate. The provider told us they would take this on board.

The service did not have a formal business continuity plan. However, the provider had ensured that care continued to be delivered when a previous manager had left with no notice and when the provider had themselves required to have some time off due to ill health. Feedback about this period acknowledged that the business had not run so efficiently but that no calls had been missed and all felt that the service was now operating effectively once again. We noted that the service worked well with other professionals and hoped in the future to offer care funded by the local authority.