

Total Care Nursing Limited

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Inspection report

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Leeds
West Yorkshire
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17 June 2019

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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? | Good ● |

Summary of findings

Overall summary

About the service

Total Care Nursing is a domiciliary care service that was providing personal care to 15 people; mainly older people, but also to younger adults, people with a learning disability or autistic spectrum disorder, people with physical disabilities, mental health, sensory impairment and people living with dementia. Not everyone who used the service received personal care. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were happy with the care and support they received. Relatives said they had confidence in the staff who supported their family member and would recommend the service.

Staff were described as kind and patient. They understood people's cultural needs and were respectful of this. People were involved in making decisions about their care and staff promoted people's independence.

People felt safe. Staff protected people from avoidable harm, were knowledgeable about safeguarding and felt able to raise concerns. Systems were in place to recruit staff safely. People were supported by a small team of regular staff which provided continuity.

Staff received appropriate training and support to enable them to carry out their roles effectively and safely. Staff supported people to access healthcare and maintain nutrition and hydration where they provided this support. People's needs were assessed before they began to use the service.

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

People had care plans regarding their support needs. Staff knew people's needs, life histories, preferences and routines well. The provider had a system in place for responding to people's concerns and complaints. Any complaints or concerns raised were used as an opportunity to improve the service.

The provider's quality assurance systems were effective. There was a positive culture within the service where people, staff and relatives felt listened to and their feedback was used to improve the service.

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

Rating at last inspection

At the last inspection the service was rated Requires Improvement (report published 16 June 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to

show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 Care Nursing Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by one inspector.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 June 2019 and ended on 17 June 2019. We visited the office location on 14 June 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, office staff and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure the safe management of medicines and risks to people using the service. Systems were not in place to ensure lessons could be learned from incidents. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely.
- Guidance for staff was in place to ensure people received their 'as required' medicines when they needed them.
- Staff were trained and had their competency checked to ensure they were safe to administer people's medicines.
- Staff were aware of the reporting procedures for accidents and incidents.
- All incidents were used as a learning opportunity by the provider.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they or their family member felt safe. Comments included, "My relative is well looked after and safe" and "I feel very safe. I used to be afraid of falling in the shower; but not anymore."
- The provider had a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns.
- Staff were confident the registered manager would act on any concerns reported.

Assessing risk, safety monitoring and management

- People were supported and protected against the risk of avoidable harm.
- Each person had detailed personalised risk assessments, and these were regularly reviewed and updated. Care plans clearly identified what staff needed to do to keep people safe.
- People's home environments were risk assessed to ensure they were safe for people and staff.

Staffing and recruitment

- There were enough staff to meet the needs of people who used the service.

- People received care from a consistent team of staff.
- The provider had thorough recruitment procedures which ensured suitable people were employed.

Preventing and controlling infection

- Staff understood the importance of the management and prevention of infection and had completed training. Records confirmed this.
- Staff had access to personal protective equipment such as gloves and aprons to wear when providing care to people.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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

- People's needs were assessed prior to their service starting to ensure their specific needs could be met.
- People were involved in making every day decisions and choices about how they wanted to live their lives.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff completed an induction before they started working with people and completed training in a range of subjects relevant to their roles.
- Staff had received regular supervision and an appraisal of their work performance.
- Regular team meetings were held at the service. Staff felt supported by the management at the service.

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

- People had care plans and risk assessments in place to identify their dietary requirements.
- Staff assisted people to eat and drink when this was required.

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

- People were supported to maintain good health and had access to healthcare support as necessary.
- Staff liaised with healthcare professionals for advice on people's needs. This included district nurses, GP's and dieticians, with all advice included in people's care records.

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.

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

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can

authorise deprivations of liberty

- Care records showed that people had consented to their care and our discussions with the manager and staff showed they understood the requirements of the MCA.
- The registered manager told us they had not needed to make any applications to the Court of Protection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People and their relatives gave positive feedback regarding staff's caring approach. Comments included, "Staff and the manager are absolutely lovely. I feel comfortable with all of my carers" and "I know my family member is happy and relaxed with the carers."
- People were treated equally, with no discrimination. People's preferences, cultural background and faith were identified during the initial assessment.
- Staff demonstrated a good knowledge of people's personalities and individual needs, and what was important to them.

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

- People had been involved in the development of their care plans and assessments.
- People were asked for their views on their care.
- The service positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People felt staff respected their privacy and dignity and made them feel at ease whilst being supported with personal care. One person told us, "I was worried at first about having carers assist me with certain parts of my care but they have been so professional I didn't need to worry at all."
- People were encouraged to be as independent as possible. One person told us, "The staff get me to do everything I possibly can for myself."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care that was responsive to their needs from staff who knew them well.
- Peoples care plans were individualised and gave good detailed information on how people wished to be cared for.
- The registered manager said they would always aim to support people with end of life care if this was their wish.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of their responsibilities under this legislation.
- People's communication needs were assessed and included within their care plans. Information was then provided to them in a format they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were protected from the risk of social isolation and loneliness as social contact and companionship were encouraged.
- Staff supported people to maintain relationships that mattered to them, such as family, community and other social links.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints and felt confident they would be listened to.
- The registered manager acted upon concerns in an open and transparent way and used them as an opportunity to improve the service.

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

At our last inspection the provider had failed to establish systems to drive improvements within the service and ensure that good standards of record keeping were maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17

- Quality and safety monitoring checks were robust and as a result we found previous breaches of regulation had been met.
- The provider ensured regular quality assurance audits were completed. Any issues found were quickly acted upon and any lessons learnt to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-organised with clear staffing structures.
- People and their relatives spoke positively about how the service was managed. They informed us the registered manager and staff were approachable and had a good understanding of people's needs and backgrounds.
- The registered manager understood the regulatory requirements. For example, when notifications should be sent to CQC to report incidents that had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff felt part of the team and received regular feedback from the management team and office staff.
- Feedback from people who used the service, relatives, health care professionals and staff was obtained using a variety of methods. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service.
- The registered manager understood their duty of candour responsibility, taking responsibility and being honest when things went wrong.

Working in partnership with others

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