Total Homecare (Yorkshire) 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

This inspection took place on 13 and 17 September 2018 and was announced. At our previous inspection of Total Home Care in August 2017, we found the service was in breach of Regulation 12, safe care and treatment, of the Health and Social Care Act 2018 (Regulated Activities) Regulation. This was in relation to the proper and safe management of medicines. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of 'is the service safe' to at least good. At this inspection, we found improvements had been made and the service was no longer in breach of Regulations.

Total Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. On the day of our inspection there were 51 people receiving care and support from the service.

There was a registered manager in post. 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.

Medicines were managed safely and people were receiving medicines as prescribed.

Staff were recruited safely and there were enough staff to take care of people. Staff received appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and received formal supervision where they could discuss their ongoing development needs, although these needed to be more regular.

People who used the service and their relatives told us staff were helpful, kind and caring. Staff explained how they respected people's dignity. This was confirmed by people we spoke with.

Care plans were up to date, easy to follow and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any identified risks. People felt safe with staff and appropriate referrals were being made to the safeguarding team when this had been necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The service was compliant with the legal requirements of the Mental Capacity Act 2005 (MCA) and people's consent was sought prior to staff delivering care and support.

The service liaised with a range of health and social care professionals to ensure people's healthcare needs were being met.

Staff knew about people's dietary needs and preferences.

Records showed most complaints received had been dealt with appropriately.

Everyone spoke highly of the registered manager and said they were approachable and supportive. The provider had some systems in place to monitor the quality of care provided. However, these needed to be integrated and embedded within the new electronic processes to ensure quality was being effectively monitored to ensure service improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

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.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and ensure call visits were mostly on time.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to the Mental Capacity Act 2005 (MCA) were being met.

Is the service caring?

Good

The service was caring.

People using the services told us they liked the staff and found them caring and kind.

Staff knew people well, including their likes, dislikes and care and support needs.

Is the service responsive?

Good

The service was responsive.

People's care records were easy to follow, up to date and reviewed to ensure people's current care needs were supported.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A registered manager was in place who provided effective leadership and management of the service.

Quality assurance systems were in place to assess, monitor and improve the quality of the service although these needed to be implemented and embedded within the new electronic system.

People's views on the service had not been sought through questionnaires or surveys since our last inspection.

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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 checked 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 13 and 17 September 2018 and was carried out by one adult social care inspector and an adult social care assistant inspector. The inspection was announced. We gave the service short notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

On 13 September 2018 we spoke on the telephone with people who used the service and/or their relatives and interviewed care staff on the telephone. We visited the office location on 17 September 2018 to see the registered manager and office staff and to review care records and policies and procedures.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. We used the feedback received to inform our inspection.

The provider had completed a Provider Information Return (PIR). The PIR is a document we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke on the telephone with five people who used the service, six relatives and six care staff on 13 September 2018. On 17 September 2018, we spoke with the registered manager, the care co-ordinator, and the risk assessor. We also spent time looking at records, which included five people's care records, four staff recruitment files and records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection in August 2017, we found the service was in breach of Regulation 12; safe care and treatment – safe management of medicines. At this inspection, we found sufficient improvements had been made and the service was no longer in breach of the Regulations.

Each person receiving medicine support had a medicine profile setting out the medicines they were prescribed, their purpose and any side effects. Electronic medicines administration records (MARs) had been put in place since our last inspection. Staff completed these using their mobile devices and were unable to sign out of call visits until these were done. Staff competency to administer medicines was checked during observations of their practice. We saw since the new system had been implemented, MARs were well completed which showed people received their medicines as prescribed, and medicines errors were minimal. The registered manager was able to generate and analyse reports which showed reasons for non-administration of medicines to look for trends. People told us they received their medicines as prescribed. One person's relative commented, "They are good with medicines – [relative] gets them at the right time. They keep a log – they're good with that."

People were kept safe from abuse and improper treatment. People who used the service told us they felt safe with the staff who supported them. Comments included, "Yes; staff go through the checks", "I feel safe. They've been alright up to now", "Oh yes. I trust them all" and "Yes (feel safe); the ones I have are very pleasant." One relative told us, "Oh yes, definitely. We've been with them quite a while now. [Person] would have said if [person] wasn't happy or if [person] didn't like the girls. Everything is clean, tidy and looked after. [Person] seems well cared for." Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team. This meant staff understood and followed the correct processes to keep people safe.

Records showed safe recruitment procedures were mostly in place to ensure only staff suitable to work in the caring profession were employed. The required checks took place on new staff including identity checks, obtaining references and completing a Disclosure and Baring Service (DBS) check. Staff confirmed these checks had been completed before they commenced their role at the service. However, we saw in one staff member's recruitment file, gaps in their employment had not been recorded as having been discussed at interview. We spoke with the registered manager and concluded this was an isolated documentation omission since other recruitment files had this information recorded.

There were enough staff employed to care for people safely. People told us staff usually arrived on time and stayed for the allocated time. They told us staff completed all required tasks and the same staff usually attended visits to ensure continuity of care and support. People told us, "No, they never rush. They're good", "They always ask before they leave (if anything else is required)", "Sometimes there's a problem if they're late with the previous person. I mean, you have to put up with that. But with the traffic as it is today, five minutes either side isn't a problem", They never have been late really" and "Nine times out of ten, staff come when they're supposed to. Get the same bunch of staff." Some people told us they had received calls from

different care staff over the last few weeks. One person told us, "I believe some are on leave. But I've seen most of them of them so I know them; I've had them before." The registered manager explained this was mostly due to staff annual leave and sickness over the summer. Most people and relatives told us they would be informed if staff were going to be more than ten minutes late to the call.

Staff told us there were enough staff to ensure people's needs were met and they worked together to ensure visits were covered. The registered manager told us they turned down care packages if they felt unable to fulfil these due to not having sufficient staff coverage. During our inspection we heard the management team discussing a prospective new care package to identify if they had the resources to cover this. The registered manager told us they had a rolling recruitment process in place to ensure they had adequate cover as well as to develop new business.

An emergency contingency policy was in place and the management team took turns to be 'on-call' out of hours for staff to contact them should an emergency arise.

We saw staff had access to personal protective equipment (PPE), such as gloves and aprons and people told us staff were using these appropriately. We saw the use of PPE was a regular item on the agenda at staff team meetings. Staff had received training in infection control procedures.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Most records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again, although some records required further detail of actions taken. We spoke with the registered manager to agreed to address this. From our discussions, we had confidence this would take place.

Good

Is the service effective?

Our findings

The registered manager completed needs assessments before people commenced the service. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

People who used the service told us they thought staff were well trained and knew what they were doing. One person commented, "Staff do everything they're supposed to do." Another person told us, "Oh yes, they seem to know what they're doing." A relative told us, "I feel confident leaving [person] with them (care staff) They're all good."

The registered manager told us new staff completed induction training and completed several shadowing shifts with an experienced care worker. Our review of care records confirmed this took place. Staff new to care were enrolled on the care certificate. The care certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

The training matrix showed staff were up to date with training which included infection control, medicines, first aid, food hygiene, moving and handling, palliative care and safeguarding. A new video based training programme had commenced and included real life scenarios and competency based questions at the end of each module. Staff received a reminder on their mobile devices when training was due and the registered manager checked to ensure staff completed training in a timely manner. Moving and handling practical training was completed in a person's house, with their permission, which meant staff had the opportunity to learn in a real, live environment. Staff told us this training method was useful and had given them the confidence to provide people with safe, effective care and support.

A programme of staff supervision and annual appraisal was in place. Supervision sessions give staff the opportunity to discuss their work role, any issues and their professional development. The registered manager told us of their plans to ensure regular supervision and annual appraisals took place at more regular intervals. Staff spot checks were in place which included checking they arrived at the person's home on time, stayed for the correct amount of time, completed the required tasks and treated the person with dignity and respect. This provided a support mechanism and allowed the service to monitor staff performance. Staff we spoke with told us they felt supported and said they could go to the registered manager at any time for advice or support.

At the time of our inspection, no-one who used the service had been assessed as at nutritional risk currently. We reviewed records of one person who had previously been at risk. We saw the service had liaised with the dietician and district nurses to increase the person's weight, including offering nutritional supplements and monitoring food and fluid consumed during care visits. This had been successful and the person had recently been discharged after they had put on weight. The service was continuing to monitor their dietary intake and had food and fluid charts in place at the request of the person's family. However, we saw more detailed information needed to be recorded to reflect the amount of food and fluid consumed. The registered manager immediately put plans in place to ensure this was done through a group text to all staff

who provided care and support to the person. This gave us confidence this would be rectified. Where the service was responsible for people's food, we saw information about people's likes and dislikes was recorded in their care records and staff adhered to this information.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of domiciliary care agencies, applications to authorise a deprivation of liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered manager told us they had not needed to make any applications to the Court of Protection. From our discussions we concluded the registered manager understood their legal responsibilities under the Act. People told us staff asked their consent before care and support was provided. We saw documentation that showed where people had legal powers to act and consent on people's behalf, such as lasting power of attorney (LPA).

People's care needs were assessed, and appropriate plans of care put in place. The service worked with a range of health professionals to develop care plans that adhered to recognised guidance and legislation. The service liaised with health professionals including GPs, dieticians, social workers and district nurses to ensure people's health and social care needs were met. One person's relative commented, "If [person's] really not well, they come to me or if they've called the doctor, they inform me. I'm really happy."

Good

Is the service caring?

Our findings

People who used the service told us they were happy with the care and support they received from Total Home Care and said staff were kind, gentle and compassionate. Comments included, "They are friendly", "They're very nice", They're alright actually… they're really good people", "Yes, they're very good. They're younger, but we have a bit of a laugh sometimes" and "Yes, they're all very friendly." Relatives told us, "I have a good rapport with the girls", "They treat [person] really well. They chat to [person] and [person] chats to them. They're really good with [person]", "The care is absolutely fine" and "They (staff) seem to go the extra distance."

Care files contained basic information about people's life histories, interests and hobbies. People told us they felt comfortable around staff. Staff we spoke with knew and were able to give examples about the care and support they provided to people. People told us staff knew their individual needs, likes and dislikes. One person commented, "If I want my skirt on a certain way, they do it right away." Another person told us, "Oh yes, they know what I like and don't like."

People told us they were usually supported by regular staff. This ensured continuity of care and meant good relationships could be developed between staff and people they were supporting. Comments included, "The carers are very good; kind. We get the same bunch of staff." A relative told us, "Three carers come the majority of the time. Two of the three have been coming three and a half years and one has been coming two years. They really know [person] well. They can tell how [person's] feeling just by looking at [person]."

People told us staff treated them with dignity and respect. Staff told us they ensured doors and windows were closed to offer people privacy, as well as covering the person when assisting with personal care. One person told us, "When I'm getting changed, they make sure curtains are closed."
People who used the service and relatives told us they had been involved in developing their care plans. We saw review meetings had been held with people to discuss if the level of care still met their needs. The registered manager told us, "We go through everything with them (people who use the service). We never start a care package without going out to see them. It's better now because we've bought a tablet so we can do it digitally. We can complete the care plan while they're (staff) out there with them (people who use the service). We always ring families to see if they want to be present – like an initial assessment."

Information held about people on staff mobile devices was password protected. Records stored in the office were kept in locked cupboards. This meant that confidential information the service held about people was kept safe.

Staff encouraged people who used the service to be as independent as possible. For example, one person completed a hand washing ritual in line with their religious preferences. Staff encouraged them to complete as much of this as possible themselves and then assisted with the remainder. One relative told us, "[Person's name] will tell us what [person] can manage and what [person] can't…they don't rush [person] and they don't push [person]."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. For example, the service had printed clear instructions for staff to follow regarding one person's religious ritual and staff we spoke with were aware of how to support the person with this. We saw where possible, the service matched staff and people with the same cultural and religious backgrounds.

Good

Is the service responsive?

Our findings

People who used the service and relatives told us they had been involved in care planning and most said they had been involved in the review process. One person's relative told us, "Records are kept up to date, I can always look and see what's going on" and another relative commented, "I was originally (involved in care planning), but I don't think it's changed very much. The council do come through to me, like with the social worker. The original care plan, I was there when we put it together."

Care records were person centred, easy to follow and contained clear information for staff to follow at each call. Plans of care focussed on achievement of goals and included information about what the person could do themselves, to promote people's independence and self-worth. Where specific needs were identified, clear instructions were in place for staff to follow, such as information about shaving a person and supporting another person with their hand washing rituals. Personal preferences were documented to ensure people received the care and support they wanted and needed. For example, one person's record detailed, 'I like to wear joggers and a top.' Staff had access to care records using their mobile devices so they could review key information prior to attending call visits.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. Risk assessments and care plans were reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist moving and handling equipment in place to reduce the risks of them falling or to increase their independence when mobilising.

Information about people's end of life care needs was not always fully recorded in care records. We spoke with the registered manager who agreed this was an area they needed to develop.

Complaints were taken seriously and investigated, with the complainant contacted throughout. However, the registered manager acknowledged two complaints out of eight received over the last year did not have the outcome recorded, or if the complainant was satisfied with the outcome. Most people and relatives told us they had not needed to complain, but would contact the office if there were any concerns and were confident these wold be sorted out. One person's relative told us, "If we've ever had a problem, they've sorted it. You can't ask for more than that."

A high number of compliments had been received about the service from people who used the service, relatives and healthcare professionals. These included, 'We have been very grateful for all you have done and all you tried to do when more and more support was required. I know you tried to be flexible and help [person] and were supportive of us as a family', '[Person] loved [person's] home and all the humour and goodwill you all showed [person] was part of that – keep doing what you do' and 'I thank you from the bottom of my heart for all the care you have given to [person's name] and the moral support you have given us throughout the last year. Especially to all the carers past and present, who kept [person's name] clean and dignified in very difficult circumstances.'

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs. For example, one person had limited communication and spoke with a low speech tone which could be difficult to decipher. Staff used visual aids such as hand and eye gestures, picture cards and an electronic pad to understand and ensure the person's care and support needs were addressed.

Requires Improvement

Is the service well-led?

Our findings

There was a range of audits in place which included medication, care records and call record documents which included call times. These had been audited monthly until June 2018, when the electronic systems were fully implemented, and actions taken to address any issues, including disciplinary action where necessary. The registered manager was looking at ways to ensure audits remained effective within the electronic system. The new system raised an alert if calls were missed or staff were late and the office staff were monitoring this continuously. However, this needed to be formally documented and new audit processes were still to be integrated and fully implemented to monitor systems and processes. The registered manager also acknowledged further analysis, actions and outcomes were required regarding some areas we identified at our inspection such as complaints and accidents/incidents, to make processes more robust.

We found the registered manager open and committed to delivering improvements to the service to make a genuine difference to the lives of people using the service. This gave us assurance that the areas of concern we identified would be taken seriously and addressed. For example, we had concerns about the safe management of medicines at our last inspection and as a result the service had acted to introduce electronic medicines administration records. Staff had to complete these before being able to electronically sign out of the call visit, meaning that the risk of medicines being missed was minimised. We saw there was a clear vision about delivering optimum care, based around supporting people to remain as independent as possible.

People's views about the service were sought during staff spot checks. However, quality surveys and questionnaires had not been conducted over recent months and the registered manager told us they were aware these needed to be reintroduced to ensure people were involved in the service and its improvement pathway.

Although meetings for staff were held to discuss concerns, issues and service developments, these had not been held recently due to annual leave and staff sickness. The registered manager told us they would be holding a staff meeting to update staff over the next few weeks. The registered manager had sent out a targeted on-line survey to staff over the last month about staffing and retention although this had only given staff the opportunity to mark a score, rather than to raise comment. They told us this had been used as a trial and they were hoping to develop a more bespoke system for future use.

There was a registered manager in post who provided leadership and support. All staff, people and relatives we spoke with praised the registered manager and said they knew how to, and would not hesitate to approach them with any concerns. Comments from people included, "I'm really happy" and "I've got a pamphlet of theirs which says who to get in touch with."

Relatives told us, "[Name of registered manager] rings up to check if everything is okay and if there's anything extra we need – and they do it. If ever I have a problem, they sort it – they don't turn a blind eye. I'm well happy", "Total Home Care as a company is good… will always ring if there's a problem… [Name of

registered manager] and [risk assessor's name] are very good – get things done" and "I think it's really good. The standard of care, the girls. I've met quite a few of them. They seem to go the extra distance. We had a company before. We had terrible problems. They've been absolutely fab. They're really conscientious."

Staff made the following comments, "No problems with the company. I feel supported and able to approach [registered manager] – she's lovely", "Best home care I've worked for", "[Registered manager] will take everything on board and get things done" and "I really like [registered manager] – I feel she is fair and approachable."

The registered manager told us they received good support from the provider. For example, they had met with the provider recently to request further office and management team support. As a result, plans were in place which included promoting a care staff member to a senior role to support with staff supervision, appraisal and practical moving and handling training once they had completed appropriate training. Another person was due to commence part-time as office support and to assist with the quality assurance processes. This showed the provider was keen to improve service provision as the service expanded.

Staff we spoke with told us they were happy in their role and would recommend the service as a place from which to receive care and a place to work. People told us they were satisfied with the care and support they received, and would and had recommended Total Home Care.

The registered manager told us they attended provider forums and meetings held at the local authority to discuss and share issues and best practice. The service also worked in partnership with several agencies and specialist services to offer optimum support to people including Skills for Care. Skills for Care is the strategic body for workforce development in adult social care in England. The registered manager also told us they kept up to date with best practice through regular Care Quality Commission (CQC) updates.

The registered manager was aware of and had complied with their obligation to submit notifications to the CQC and to display their up to date inspection rating.