

Total Health Support and Training Services 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

This inspection took place on 14 and 15 February 2017 and was announced. We gave the registered manager notice because the location provides a domiciliary care service and we needed to make sure the relevant staff and information would be available in the office.

Total Health Support and Training Services Limited is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 62 people receiving a service. Of those 62 people, 10 were living in supported living accommodation. The provider is also registered to provide nursing care to people in their own homes. No nursing care was being provided at the time of this inspection.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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. The registered manager was present and assisted us during the inspection.

Staff received some training to enable them to do their jobs. However, initial induction training was not always completed in line with the provider's policy and staff were lone working before completing the training deemed mandatory by the provider. Updated training for staff was not always provided at the intervals the provider had determined. Training in the handling of medicines was not up to date for all staff and no staff had received medicines administration handling competency assessments since 2014.

People, their relatives and staff felt the service was managed well. Quality assurance systems were in place to monitor the quality of the care and support being delivered. However, the management auditing systems in place were not always effective in ensuring the service was compliant with current legislation or in line with the provider's policies. This related especially, although not exclusively, to providing staff with appropriate training and ensuring they were competent to do their jobs. Although there was no evidence that this had had a negative impact on people using the service, people were placed at risk of not being supported appropriately because staff were not appropriately trained.

Safe recruitment practices were followed before new staff were employed to work with people. Although some gaps were found in employment histories, these were quickly rectified and a new checking procedure put in place. Other required checks were made to ensure staff were of good character and suitable for their role.

People received support that was individualised to their specific needs. Their needs were monitored and care plans reviewed regularly or as changes occurred. People's rights to make their own decisions, where possible, were protected and promoted by staff.

In relation to the way their care packages were delivered, 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.

People were treated with respect and their privacy and dignity was promoted. Staff were caring and responsive to the needs of the people they supported. Staff sought people's consent before working with them and supported their independence.

People told us they received the care and support they needed, when they needed it. People's personal care needs were assessed and measures put in place to ensure those needs were met.

People were protected from abuse and staff had a good understanding of action they should take if any concerns were raised or suspected. Staff were available in enough numbers to meet the needs and wishes of the people they supported.

We found breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not provided with appropriate training, competency assessment and performance appraisals as was necessary for them to carry out the duties they were employed to perform. The provider had not established an effective system that ensured their compliance with the fundamental standards. The fundamental standards are regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

The service was not always safe.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. However, steps had not always been taken to ensure staff handling medicines were competent to do so.

People were protected from the risks of abuse and there were sufficient numbers of staff.

Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff were not provided with all appropriate training and performance appraisals.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager understood her responsibilities under the Mental Capacity Act 2005 (MCA) and was aware of the requirements of the MCA in relation to depriving people of their liberty in their own homes. The registered manager was working with the local funding authority to ensure, where this was the case, it was lawful.

Where included in their care package, people were supported to eat and drink enough.

Requires Improvement ●

Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who were compassionate and understanding of their known wishes and preferences.

People's rights to privacy and dignity were respected and people were supported to be as independent as possible.

Good ●

Is the service responsive?

Good 

The service was responsive. People received care and support that was personalised to meet their individual needs. The service provided was regularly reviewed and improved in response to people's changing needs.

People knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The provider had systems in place to enable them to assess, monitor and improve the quality and safety of the service provided. However, those systems were not always effective in ensuring the service was meeting their legal obligations and meeting regulations.

People benefitted from a staff team that worked well together and were happy working at the service. They said they were supported by the management and felt the support they received helped them to do their job well.

Total Health Support and Training Services Limited

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 14 and 15 February 2017. It was carried out by one inspector and was announced. We gave the registered manager notice because the location provides a domiciliary care service and we needed to make sure the relevant staff and information would be available in the office. We were assisted on the day of our inspection by the registered manager.

Before the inspection, we reviewed all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager. We received feedback from five people who use the service and four of their relatives. We also received feedback from thirteen of the service's care staff and one social care professional.

We looked at five people's care plans and associated records, five staff recruitment files, staff training records and the staff supervision and annual appraisal log. We reviewed a number of other documents relating to the management of the service. For example, compliments received, the complaints log, spot check supervision records, a selection of policies and staff meeting minutes.

Is the service safe?

Our findings

In instances where the service supported people with medicines we saw this was set out in their care plans. The plans contained instructions to staff on the level of support people needed with their medicines. The medicines administration records sampled were up to date and had been completed by the staff administering the medicines. However, people were at risk of not receiving their medicines safely because not all staff were up to date with their medicines training. In addition, the registered manager said it was the provider's expectation that all staff would have their medicines competencies assessed after training and then every year, before being allowed to handle or continue to handle medicines. Records showed that two of the 32 current care staff had been assessed as competent to handle medicines in 2014. However, since that time there had been no medicines administration competency testing carried out on any staff. Of the ten newly recruited staff, seven had completed their three months induction period but only one had received training in the administration of medicines. One of the staff members was working in one of the supported living services. The registered manager said they were supervised by a senior when administering medicines. However, we found their supervisor had not been assessed as competent to administer medicines themselves.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff were suitably competent to handle medicines.

Following the inspection the registered manager sent confirmation that training for some staff to receive refresher medicines training had been booked for 17 February. In addition, a date had been set for training staff in carrying out medicines competency assessments.

People felt safe from abuse or harm from their care workers. Staff knew what to do if they suspected one of the people they supported was being abused or was at risk of abuse. Staff were made aware of the company's whistle blowing procedure in their staff handbook, provided to all staff when starting with the company. Staff felt their managers dealt effectively with any concerns they raised. We saw from the service's safeguarding records that any allegations were taken seriously, reported to the local authority safeguarding team and also notified to the Care Quality Commission as required. The records contained details of actions taken by the service to protect people, as well as the outcomes of any investigation. A social care professional thought the service and risks to individuals were managed so that people were protected. They also felt the service made sure that there were sufficient numbers of suitable staff to keep people safe and meet their needs.

Risk assessments were carried out to identify any risks to people, or the staff, when providing the package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any identified risk. For example, care plans set out measures staff should take to reduce risks when carrying out any moving and handling tasks.

The service assessed the environment and premises for safety of staff and people as part of the initial assessment. For example, slip and trip hazards and equipment to be used when providing the package of

care. Other areas assessed for staff safety included the area local to the home of the person receiving the service, and other risks related to staff lone working and lone travelling. Care plans documented what actions needed to be taken by staff to reduce or remove risks to themselves. The service had emergency plans in place in case there were threats to the running of the service, such as severe weather conditions.

People were protected by appropriate recruitment processes. Staff files included the recruitment information required of the regulations. For example, proof of identity, full employment histories, evidence of conduct in previous employment and criminal record checks. In one of the files there was a gap in the applicant's employment history. However, the registered manager arranged for the staff member to supply the missing information by the end of our inspection. The registered manager planned to introduce an additional checking system to ensure all required information was in place before allowing new staff to start working with people who use the service.

There were sufficient numbers of staff to keep people safe and meet their needs. The service used a computerised logging in system to ensure that staff and people were safe and calls were not missed. Staff logged in when they arrived at a call and logged out when they left. If for any reason a member of staff did not log in for a call they were scheduled to carry out within a set amount of time, an alert would be triggered to the office or manager on call. In that way staff could be contacted to make sure they were safe, arrangements could be made to make sure the call was not missed and people could be kept informed of what was happening.

Staff told us they usually had enough time to carry out the care they needed to at each visit safely and to a good standard. Some staff felt there was not always enough time allocated for travel between calls. We passed this information to the registered manager who confirmed some calls were allocated 'back to back' with no travel time allocated. The registered manager took immediate action and senior staff were asked to start gathering information from care staff on which calls needed increased travel time. People confirmed staff had never missed a call and stayed for the agreed length of time. One person told us, "I am very happy [with the service]."

Is the service effective?

Our findings

The provider's policy on staff development and training set out that, "All new members of staff should receive induction training to Skills for Care specification within 12 weeks of appointment to their posts." Of the seven most recent recruits who had been employed for longer than 12 weeks, none had completed induction training that was in line with the latest Skills for Care guidance "Ongoing learning and development in adult social care" published 2016. For example, they had all received training in dignity, equality and diversity, food hygiene, health and safety, moving and handling and the Mental Capacity Act 2005. But only three had received training in safeguarding adults. Only one had received training in infection control and administration of medicines. None had received training in fire safety, first aid or basic life support. Other topics included in the Skills for Care guidance, but not included in the service's training provision for any staff were: person centred care, fluids and nutrition, and positive behaviour support and non-restrictive practice.

The provider's policy on staff development and training set out that, "Staff members will have compulsory mandatory training prior to resuming any lone worker responsibilities." Of the ten most recent recruits, five were lone working without having all the training deemed as mandatory by the provider. None of the five had received training in fire safety, first aid or infection control but all five were carrying out some lone working calls. In relation to refresher training for other staff, not all staff were up to date in subjects the provider considered mandatory for refresher training.

The provider's policy on staff development and training set out that "all staff will have an annual appraisal". Of the 21 care staff employed for longer than a year, 17 had received an annual appraisal of their work in 2016, but four had not.

The above was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although there was no evidence that this had had a negative impact on people using the service, people were placed at risk of not being supported appropriately because staff were not appropriately trained.

Staff had one to one meetings (supervision) with their manager plus direct observational sessions at least four times a year. Direct observational sessions are where a manager observes a member of staff working with a person using the service to ensure they are working to the provider's expectations. The log of supervision provided showed most staff were up to date with their supervision and direct observational sessions. Where they were overdue, dates had been booked.

People's rights to make their own decisions, where possible, were protected. People told us they were involved in decision making about their care and support needs and that staff asked their consent before providing any care. 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.

The registered manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. She was aware of the legal safeguards in the MCA in regards to depriving people of their liberty. The registered manager was aware that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, the registered manager was working with the local funding authority to ensure that appropriate applications were made to the Court of Protection.

People said staff knew how they liked things done and did them that way. Where health issues were identified care staff passed the concerns to their managers or the person's relatives so that appropriate action could be taken.

Where providing meals was part of the package of care and/or where there was a concern, daily records included how much people had eaten. Where people were not eating well staff would highlight that to the person's relative, the registered manager or their senior and advice would be sought from a health professional if necessary.

Is the service caring?

Our findings

People told us their care workers were caring when they supported them. Compliments paid to the service recently included, "I would like to take this opportunity to thank Total Health Support for providing excellent personal care to my mother." The relative went on to say, "They [the care staff] were always so friendly and very gentle and caring of mum. It didn't matter what time of day it was we were always greeted with a smile. They always took time to explain to mum what they were doing. I would not hesitate to recommend this agency." Another relative said the staff were caring and added, "I speak on behalf of my family when I say thank you so very much for the wonderful care my mother received from Total Health Care. My mother was so well cared for and looked after by her lovely team of carers. They didn't just do their job - they genuinely cared. I could see my mother was very fond of them too and enjoyed having a joke with them."

People and their relatives told us they had been involved in planning their care. People were consulted and had, where able, signed to confirm they agreed with the contents of their care plan. Staff knew the people who use the service and how they liked things done. Staff told us the time allowed for each visit meant they were able to complete all the care and support required by the person's care plan at the person's own pace. People told us they usually received care and support from familiar and consistent care workers.

People said staff always treated them with respect and dignity. A social care professional thought the service promoted and respected people's privacy and dignity and was successful in developing positive caring relationships with people who use the service.

Staff had received training in equality and diversity and the service took additional steps to meet people's individual needs where possible. For example, where people did not speak English as their first language, the service was able to match care staff who also spoke their language, such as Portuguese, Polish and Nepali. Those staff would then be allocated to carry out the care visits to those people whenever possible.

People were supported to be as independent as they could be. Staff told us they encouraged people to do the things they were able to. The care plans gave details of things people could do for themselves and where they needed support. This helped staff to provide care in a way that maintained the person's level of independence. People told us the support and care they received helped them to continue doing things they could and confirmed staff encouraged them to be as independent as possible. One person wrote to the service saying, "Thank you so much for helping me back to independence."

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality in their induction training and they were aware of the provider's policy on data protection and confidentiality. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

Is the service responsive?

Our findings

People received support that was individualised to their personal needs. People and their relatives said they had been involved in drawing up their care plans. The care plans included people's individual likes and preferences in the way they wanted things done. People said they were happy with the care and support they received from the service. People and their relatives felt they received the care and support they needed, at the times that suited them. A social care professional said the service provided personalised care that was responsive to people's needs.

People's care plans were individualised and based on a full assessment, with information gathered from the person and others who knew them well. Their usual daily routines were also included in their care plans so that staff could provide consistent care in the way people preferred. The assessments and care plans captured details of people's abilities in their self-care. People told us staff knew how they liked things done and that staff followed their wishes. One relative said, in relation to the care provided to their mother, "They [the care staff] were incredibly attentive and really got to know her temperament and routine."

People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes in people's health or needs to their senior or registered manager so that the care plans could be updated. The daily records showed care provided by staff matched the care set out in the care plans.

People benefitted from a service that was responsive to their needs. One thank you letter to the registered manager said how kind the registered manager had been. This was on an occasion when the relative had phoned to ask for someone to go to help their relative outside their normal care visit time. The agency had sent a member of staff to help. The person said their relative had been very uncomfortable and the staff member had been very patient, had helped the person and stayed until the person was comfortable again. Another card to the registered manager said, "You were so wonderful to lean on. You gave me support and calm."

People and their relatives were aware of how to raise a concern and were confident the service would take appropriate action. One person added, "There's nothing to complain about!" People were given information about how to make a complaint when they started their package of care. They knew who to contact at the agency if they needed to. People told us the staff at the service and their care staff responded well to any concerns they raised. Staff were aware of the procedure to follow should anyone raise a concern with them. The complaints log showed action was taken promptly when someone raised a concern. Details of actions taken in response were clearly recorded in the log, along with the final outcome reached.

Is the service well-led?

Our findings

The provider had not introduced an effective system to check and ensure they were meeting their legal obligations and meeting regulations. For example, there was no effective system to ensure that only staff assessed as competent to administer medicines were allowed to do so. Apart from the nine care staff working in the supported living houses, no other staff were up to date with all the refresher training deemed mandatory by the provider. Refresher training had not been booked to bring all staff up to date. New staff had not been provided with training that was mandatory as part of the provider's induction training.

Policies we sampled did not reflect the practise at the service. There was no audit system in place that ensured the registered manager identified that either staff were not following the policies or that the policies needed amending. For example, the registered manager showed us a copy of the "Policy on staff development and training" which was in use at the service. The policy was marked as reviewed on 5 January 2017. This policy stated, "There will be a programme of in-house training events and discussions held every third month", this programme was not in place. The policy stated all staff would have a personal training file that contained a personal development plan. No staff had a personal development plan. The policy also stated "The agency fully adheres to standard 19 of the National Minimum Standards (NMS) for Domiciliary Care Agencies." Even though that policy was marked as reviewed on 5 January 2017, the reviewer had failed to identify that the NMS were old standards no longer in use. They had been replaced with new guidance in 2010.

In their supervision policy in use at the time of our inspection there were a number of contradictions with other policies and with the practice at the service. For example, the policy stated, "All care staff should have at least one formal supervision session of at least one hour duration every two months." The provider's employee handbook states that the supervisor should, "Ensure supervision takes place no less than once a month." The registered manager told us that staff supervision meetings took place 4 times a year. The policy started by stating, "The service fully complies with: Regulation: 23 of the Health and Social Care Act 2008 {Regulated Activities} Regulations 2010." However, those regulations were revoked in 2014.

The contradictions and lack of accuracy of the different policies made it difficult for the service to ensure they were compliant with the regulations and their own policies. There was a risk of people not being supported by staff who were well trained and supervised effectively. There was also a risk of negative outcomes for people where staff were not working to the most up to date best practice guidance.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the

service and ensure they responded appropriately to keep people safe.

The registered manager had just started the annual quality assurance survey for the service. Survey forms had been sent to people using the service and the registered manager was awaiting their return. Where people were unable to complete the form and had no family to help them, a member of staff was visiting to make sure their views could be recorded. The registered manager told us the responses, when returned, would be correlated and an action plan drawn up to address any issues raised. People confirmed their views were sought and that staff visited them in their homes to gain their views. People felt their views were respected and the service listened if they raised concerns.

People benefitted from a service that had an open and friendly culture. Staff told us they got on well together and felt the management listened to them. Staff felt comfortable raising concerns with the management. They were confident managers would act on what they said. A social care professional felt the service was well managed, that the service delivered good quality care and worked well in partnership with other agencies.

One relative told us, "Total Health Support and Training Service are really good at keeping me informed. I have not needed to complain, but they are very good at receiving feedback. I am very happy with the care my relative receives."

A thank you card stated, "Thank you from the bottom of my heart for all you and your amazing carers have done for my mum." Another complimentary letter said, "I just wanted to say a huge thank you for the way your carers [staff names] cared for my mum. [Name] was fantastic and [Name] was absolutely lovely... she paid such attention to detail and she was so encouraging to my mum."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes had not been established and operated effectively to ensure compliance with the requirements of Part 3 and Section 2 of these regulations (the fundamental standards). Regulation 17(1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that staff deployed were suitably competent. Staff had not received appropriate training and appraisal to enable them to carry out the duties they were employed to perform. Regulation 18(1), (2)(a).</p>