

Total Community Care Limited

Total Community Care

Inspection report

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Leicester
Leicestershire
LE8 0EX

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out our inspection on 18 August 2016. The inspection was announced.

Total Community Care is a domiciliary care service providing care and support to people with spinal injuries and neurological conditions supporting them to live in their own homes. The office is based in Kibworth Harcourt, Leicestershire. The service provides support to people nationwide. They operated a bespoke model of care which was centred on the individual that received the care and support. At the time of our inspection there were 54 people using the service.

The service had a registered manager. 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.

The feedback we received from people who used the service, their relatives, care staff and other professionals was consistently positive highlighting a person-centred care provision.

People's care was planned and designed to meet their individual needs and preferences. The care they received reflected their preferences and was responsive to their needs. This enabled people to achieve positive outcomes in their health and general wellbeing. This also supported them to be active members of society.

People were safe from harm because staff understood their responsibility to keep people safe from avoidable harm. They were knowledgeable about the support that people required to manage their health conditions safely and provided this in a prompt manner.

The provider had robust systems in place to assess and manage the risks associated with people's care. This guided staff to respond effectively in varying situations and emergencies including relieving people of any discomfort that may be associated with their health needs.

The provider had a person-centred approach to staff recruitment which ensured that people were supported by staff who had the right skills and experience, and met the preferences of people who they would support. There were enough staff readily available to meet people's assessed needs in a timely manner.

Staff had the relevant skills they required to meet people's needs effectively. People that used the service were empowered to be involved in training their care staff on their personal requirements for the care that they received. The provider employed specialist qualified staff who supported staff to meet people's changing needs.

People were supported to be in control of their care packages. They were supported to make their own decisions in accordance with relevant legislation and guidance.

Staff provided people with effective support to manage their health and social care needs. They were knowledgeable about people's health conditions. They worked proactively with health professionals and ensured that people had prompt access to health services when required.

Staff were kind and compassionate to people. They treated them with utmost dignity and respect. They were empathetic about the needs of people that received round the clock care and ensured that they provided opportunities for people to have privacy. They treated people's information confidentially and supported people to be independent as possible to minimise risks of intrusion.

People received support that was focused on achieving positive outcomes for them. They were empowered to participate in daily living activities of their choice. The provider ensured that people had the relevant equipment and support that they required to be active members of society.

The provider listened to feedback from people using the service and staff. People told us that staff acted promptly on their feedback.

People were empowered to be involved in the running of the service. The provider had a clear culture that people were at the heart of the service it offered. Staff had a shared commitment to see people empowered to be actively involved in their care and wellbeing.

People and staff were highly complimentary of the leadership of the organisation. The managers had specialist experience in providing health and social care services. They demonstrated a commitment to continuous improvement and quality assurance to ensure that they provided an excellent standard of care to people that used the service. The registered manager understood their responsibilities.

Staff felt supported to deliver a high standard of care as expected of them. They had easy and regular access from managers when required.

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.

People were protected from avoidable harm and abuse. Staff knew their responsibilities to safeguard people. They knew how they would apply the provider's protocols to report any concerns they had. People's records included comprehensive risks assessments of their daily living tasks. These were reviewed regularly to ensure that it continued to promote people's safety and independence.

The provider had safe recruitment practices which ensured that people were supported by staff who had the right skills and experience and could meet the preferences of people who they would support.

People medicines were managed safely. Staff involved people in the management and administration of their own medicines.

Is the service effective?

Good ●

The service was effective.

Staff had effective induction and training that equipped them with the skills they required meet people's individual needs.

People were supported in accordance with the requirements of the Mental Capacity Act 2005. They were empowered to make decisions about their care and support.

Staff supported people to effectively manage their health conditions and promptly referred them to health care professionals when required. They followed professional advice.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion. They demonstrated an interest in the wellbeing of people they supported.

Staff actively involved people in decisions about their care and support.

Staff respected and promoted people's dignity and human rights. They promoted opportunities for people to have privacy with their family and friends.

Is the service responsive?

The service was very responsive.

People were in the centre of their needs assessment and care planning. Their care plan was designed in a dynamic manner to guide and support staff to respond to their needs. People received support that was specifically centred on their individual needs.

People were enabled to access employment opportunities and social activities of their choice. They received the support they required to follow their interests in the manner that suited them.

The provider ensured that people had a range of opportunities to provide their feedback about the service. They proactively sought out contact with people to hear their views about the service. People told us that the provider responded to the feedback appropriately.

Outstanding 

Is the service well-led?

The service was very well-led.

The provider had a clear culture that placed people in the centre of the service it provided. People were empowered to contribute to the development of the service.

The provider had robust systems in place to monitor the quality of the service and drive continuous improvement. They worked proactively with specialist organisations to keep up to date with best practice in care delivery.

Staff received the support they required to meet the standards that the provider and people that used the service expected of them.

Good 

Total Community Care

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.

The inspection visit took place on 18 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of using this type of service.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We reviewed the feedback from questionnaires we sent to people about the service. We also reviewed information we held about the service. This included previous inspection reports and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We visited the provider's head office in Leicestershire. We gathered our evidence of how people experienced the service by looking at the care plans of four people who used the service. We had face to face conversations with the office manager and clinical director who is also the registered manager. We had telephone conversations with twelve people who used the service, a relative of a person that used the service and four care staff. We requested email feedback from health professionals involved in the care of people that used the service. We also reviewed the recruitment and personnel records of three members of staff, the provider's training records and their quality assurance documentation.

Is the service safe?

Our findings

People that used the service were safe from harm and abuse. The provider had protocols and practices which ensured that people were protected from abuse, avoidable harm and discriminatory practices. People told us that the reasons they felt safe included confidence in staff's ability and commitment to keep them safe and that they could discuss any concerns that they may have. One person told us, "Basically I am paralysed from the neck down. I need support with, washing, dressing, hoisting, outings, cooking and cleaning. I cannot do anything. I have no concerns because I can talk to staff, they arrive on time." Another person said, "I feel safe with my carers, they do personal care, all my needs are quite complex. I have a NHS CHC (Continuing Health Care) package where I am supported 24/7."

Staff we spoke with knew how they would recognise when people were at risk of harm or abuse. They had good knowledge of what constituted abuse and how to recognise and report their concerns. They were aware of the provider's policies on safeguarding and whistleblowing and knew how to apply them when reporting any concerns they had about people's safety and welfare. They told us that the provider empowered people who used the service to also recognise and report any concerns to their own welfare. They were confident that the managers took any concerns raised seriously and acted promptly to remove or minimise any risks to people. We saw from people records that senior staff regularly met with them and this included discussions on how they could report any concerns to their welfare.

Staff were knowledgeable about the support people required to manage their health conditions. A health professional told us, "TCC (Total Community Care) carers are knowledgeable about my client's clinical conditions and are able to give feedback, when asked, about my clients on a day to day basis. The lead personnel responsible for the packages demonstrate a high level of understanding of the clients and are strong advocates of the clients as well. I haven't had any concerns about the safety of my clients even when there have been challenges due to clinical changes." Another health professional said, "I have clients in the community with a home care package provided by Total Community Care. I have had no recent concerns regards their safety or care provided."

People's records included comprehensive risk assessments of all aspects of their care. These included conditions with regards to people's neurological and spinal conditions, the symptoms that staff needed to look out for and guidance on how staff should respond in varying situations to relieve people of any discomfort. For example, one person's records showed that they were at risk of recurrent respiratory issues. Their records included guidance for staff to support them with assisted coughs and how to encourage turning to avoid further complications in times of infection. We saw that these assessments were regularly reviewed by qualified staff to ensure that they reflected the support that people required to meet their current needs.

Care records also included plans on how staff would respond to emergencies with regards to people's health conditions including clear instructions to help staff identify and take immediate action to support people. This included clear descriptive information to guide staff on how to use relevant equipment safely and adjust them to the needs of the person that they were providing support to.

We reviewed records of incident forms and the provider's safeguarding log which showed that staff followed guidance in people records when responding to incidents, accidents and emergencies. Staff recorded these and sent these centrally to their office. The provider had a review system to record actions taken to address each incident. The clinical director had the overall responsibility of reviewing these. Records showed that this information was shared within and outside the organisation where relevant and also used to identify areas for further learning by staff. For example, we saw that information was used to identify areas for further training in safeguarding for a team of staff that supported a person that used the service.

There were enough staff available to meet people's needs in a timely manner. Most people who used the service required care and support for 24 hours of the day. They told us that they found staff reliable at being available and timely in adhering to the agreed shift patterns. People's feedback showed that there were minimal instances where staff had not attended at agreed support times, and when these occurred, the provider managed the situation to their satisfaction by providing alternative cover promptly. One person told us, "One member of staff missed visits several years ago and therefore was dismissed." Another person said, "Sometimes TCC have missed visits but generally they do arrange for cover as soon as possible." Other comments included, "I have regular carers arrive at eight till eight the next day with no missed visits." And, "No missed visits; I have 24-hour care with care staff starting at eight."

The provider told us that they completed people's staffing rota in consultation with them, so that people had the choice of having their preferred staff for any planned task of the day. For example, a person may choose to have a member of staff with a shared interest in sports to accompany them to a sporting activity. People told us that their opinion was sought about their staffing.

The provider had safe recruitment practices. We reviewed staff records which showed that the provider completed relevant pre-employment checks which ensured new staff were safe with people using the service. These records included evidence of good conduct from previous employers and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. We saw that the provider regularly updated DBS checks post-employment to assure themselves that there were no further incidents of staff conduct that may pose a risk to people that used the service.

The provider ensured that they employed staff who had the right skills and experience, and as far as possible were suited to supporting the people who use the service. The provider's person-centred model of care provision meant that people who used the service were involved in the shortlisting and interviewing of the staff that support them as staff were recruited specifically for each individual. A person who used the service told us, "I have a team of four; three females and one male. I had personally interviewed them and agreed this appointment with the agency."

People received the support that they required to take their medicines. A person that used the service told us, "I organise all my medication but staff also know what's what. They help me to keep a record so I know when things are running out and I directly phone the pharmacy." People's records included guidance and information of medicines people required which guided staff to provide the right level of support that people required. The provider had a medicines policy which was in line with relevant legislation and good practice to guide staff to support people with their medicines safely. Staff provided the necessary support to empower people to be as independent as possible with their medicines.

Is the service effective?

Our findings

People were supported by staff who had the required skills to meet their individual needs. Staff were recruited specifically to individuals and received bespoke training that was centred on the person and their specific health needs. Staff told us that their recruitment and training was based on the person they support. One staff told us, "Some training don't apply to us [team]" They said this was due to the person's level of need. Staff training included mandatory courses such as safeguarding and the Mental Capacity Act 2005 (MCA). They also received training on spinal injury and neurological conditions, the ways these affected people and the support they required from staff. People were involved in training their staff in their condition and health needs. Where a person that used the service was unable to be involved in training their own staff, the provider requested the support of another person with similar health condition and support needs to be involved in training staff to understand the needs of the person that they would support. The provider had an ethos that recognised people as experts of how their health condition affected their daily lives. The director described people that used the service saying, "Most of our clients are expert patients". The provider told us that they had appointed 'spinal ambassadors' who were people who used the service who would provide insight into health conditions and lifestyles to other teams to improve the effectiveness of training to staff in the event that other people were unable to participate in their training. People told us that their staff had the skills and knowledge required to support them to meet their health needs and live the lifestyle of their choice. One person told us, "To be honest, as long as all staff are on continuous training or learning programmes, you can never have enough training. This is my view - all my staff are completely trained and I have no worries or concerns in that regard ." Other people told us, "All my staff are fully trained in spinal injury." and, "My team know what they're doing but I still direct them as things change every day." A health professional told us of an incident involving a person that used the service. They said, "I am aware of a recent incident when my client required a 999 call due to life threatening symptoms (name of specific condition). The care staff were told this was not an emergency by the 999 call centre and had to battle with them until a paramedic was dispatched. It is not uncommon for emergency services and A&E staff not to be educated in (name of specific condition) and it can be very difficult for care staff in this situation. The client feels reassured that his staff are well educated in his care."

The provider employed a pool of qualified nurses. This included professionals with relevant practice experience in the specialism of spinal conditions. They supervised and supported staff to provide effective care to people. Care staff also completed an induction and probation period. They told us that they received a comprehensive induction before they commenced their role. This included a period of probation where they received intensive support before they were signed off to fully support people. A member of staff told us, "I had an initial block of training to start up and six months of competency assessments. We saw our trainer as often as we needed to." Another staff said, "TCC training is really good and thorough. I had lots and lots of training, any issues and it is discussed." Staff were supported to access higher education distance learning programmes relevant to their role and the person that they support. Staff received regular supervision. Supervision meetings were completed by liaison nurses or care managers. These meetings were centred on the needs of the person they support. They discussed the support that staff needed to meet these needs. Staff told us that their training programme also included training people that used the service to raise their awareness and knowledge of their health needs.

The 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 MCA 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's care plans showed that the provider had fully considered people's mental capacity and how they would apply the MCA in their assessment and support of people's needs because they considered the requirements of MCA in care planning. They stated that issues regarding people's care were always first discussed with the client. Where required, people's relatives and relevant professionals met to agree decisions in people's best interest. One person's care plan showed that the provider considered how their ability to make decisions may change with fluctuations in their health.

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. Applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All the people who used the service at the time of our inspection did not have any restriction to their liberty.

People's care plans described the support that they required to ensure that their nutritional needs were met. Risk assessments were in place that identified where people required further support with their nutritional needs such as where people were at risk of choking. We saw that staff followed advice from relevant professionals when they supported people with eating and drinking and people were supported to meet their nutritional needs where this was required

Staff supported people to manage their health. A health professional told us, "In one particular package TCC identified and resolved areas of bad practice that were existing from previous care agencies. These were things that I wasn't aware of, for example bowel care regime and the timing of medication... It is evident that TCC staff are very well educated in the clients clinical care and are proactive in challenging and resolving conflicting advice." One person's care plan showed that staff supported them to complete exercises to maintain their joint mobility. Care plans guided staff to be proactive with identifying and supporting people's health needs. Staff supported people to have access to healthcare services as soon as they required this. We saw that the provider had a multi-professional approach to meeting people's identified health needs. TCC clinically trained staff worked collaboratively with people's health care professionals to ensure that staff maintained a consistent continuity of care. People's records showed that staff followed the recommendation and advice of health professionals as agreed.

Is the service caring?

Our findings

Staff demonstrated compassion and interest in the general wellbeing of the people that used the service. People told us that the staff were kind to them. They spoke fondly of their care staff and the relationships they had with them, and how this contributed positively to their general wellbeing. One person told us, "I have got a lovely relationship (professionally) with my team. They have appropriately become my friends." Another said, "Staff are kind, no complaints. My female carers are very good and overall TCC workers, especially the manager, I feel comfortable with. Everything is okay." A relative of a person who used the service commented, "TCC staff were very good. One or two of them were exceptional, I would say over and above what you would necessarily expect." A health professional commented, "The hands-on staff I meet on a day to day basis when I visit always appear committed to the clients and the feedback I have had from the clients and their closest relatives has on the whole been very positive. One of my clients has had a number of care agencies in the past and they repeatedly tell me the TCC staff care and understand far better than other agencies have."

Care plans guided staff on how to apply their training to relieve people of any distress or discomfort which may be associated with their health condition. When we spoke to staff they demonstrated that they viewed their role in a holistic manner as providing all-round support that allowed people to live as they chose. A person who used the service described their relationship with a member of staff saying, "We have always got on very well. [Staff] even does my monthly timesheets and takes the pressure off my shoulders. I can honestly say having her on my package is amazing and she is hands-on with whatever is stated in my care plan."

There was a person-centred approach in the way staff supported people. People told us that staff understood and respected their individuality. The provider supported people to express their views and preference about their support by providing the opportunities and access that they required to do so. For example, people had regular liaison meetings with a care coordinator or nurse to discuss their requirements and any other relevant information. These meetings were held at a location of people's choice. A person who used the service told us, "I am kept up to date with things, such as appraisals, catch-ups and conversations that I need to know. Meetings with the service are frequent. I am absolutely delighted with whatever they provide. Another person said, "I make all of the decisions here, and I meet with the supervisor once every three months." A care staff told us, "One good thing with TCC is that they listen to the client more than staff."

People told us that they had positive experiences of communication with the provider. One person said, "Communication is pretty good; I feel better because I was able to choose female staff to support me." Another person told us, "I am happy with the way TCC support me; now the main thing is about using the right form of communication. I often get an email when a phone call would be better because I don't necessarily check/get my emails every day as I don't live in an office environment. I've got my own life to lead. Emails are sent at short notice and if I have a concern I need to talk to with the supervisor." We brought this to the attention of the registered manager and office manager who told us that they would ensure that they checked with people about their preferred method of communication.

The provider supported people to access advocacy or legal services where required. For example, where people had sustained life changing injuries as a result of an accident, they supported people to access legal services to represent them in legal proceedings or support them to manage their financial welfare.

People were treated with utmost dignity and respect. People we spoke with told us that staff treated them with respect. One person commented, "They treat me with respect – they are very good." People's care plans showed that the provider recognised and supported staff to minimise the risks of intrusion that may be caused by receiving care support 24 hours a day. Staff were guided to support people in a flexible and sensitive manner. They did this by ensuring that they provided opportunities for people to have privacy with their friends and family and maintaining confidentiality at all times. For example, we saw in one person's record that they were empowered to be as independent as possible and arranged that when the person chose, staff would be available within the person's vicinity on an 'on call basis' allowing them private time away from staff. The provider told us in their PIR, "The privacy and dignity of the service user is paramount at all times and particularly in terms of end of life care where the need for family time is increased. Compassion, privacy and dignity, choice and empowerment are key."

Records we reviewed showed that the provider had a clear commitment to enable people to maintain their independence as far as possible. For example, the service user guide stated that people should not be less independent by using the services of TCC. People told us that staff encouraged and supported them to be as independent as possible. One person told us, "I try to have as much independence as possible and the girls support me with that. Staff ask my permission if it's appropriate when fulfilling daily tasks." Another person said, "They try and allow me to have as much independence as I possibly can and motivate me." Other comments included, "They look after me but also like me to be independent as much as possible." And, "I'm independent as much as I can be."

Is the service responsive?

Our findings

People's care and support was tailored to their individual needs. A person who used the service provided feedback to our questionnaire stating, "I have been very well supported by this service through some very traumatic health and personal difficulties over recent years. The service is responsive to my needs, but also very careful in how they deliver the service, including me at every stage. I feel all my health care needs are safely and competently delivered by this provider." TCC's model of care was centred around the needs of the person using the service. Staff were recruited specially to support only one individual and all aspect of people's care were planned and delivered based on the needs and preferences of each person. A care staff told us, "I don't know anything about any other client. It's all about my client." People were involved in shortlisting and interviewing their own staff and where relevant in the staff's training before the commenced the role. This meant that staff support and care were tailored to each individual. Staff teams comprised of the care staff that supported each person.

People told us that their assessment and care planning took into account their views about their health and general wellbeing and reflected how they preferred to receive care and support. They told us that this was regularly reviewed and updated to ensure that it corresponded to the current needs and views. One person told us, "TCC are responsible for the paper work but I know where it is if I want to see it or need it. It is available to me. They went on to tell us that they felt empowered to make decisions about the care they received. They said, "All changes are under my control if I want anything changed. Meetings can be held whenever I require and occasionally get a call by the manager. She's been nothing but supportive and I have no problems in that regard." Another person told us, "TCC have regular meetings to make sure everything is running smoothly."

Before people received services from the provider, staff completed an assessment of their needs including their health and social care requirements. The information from this assessment was then used in developing a care plan which included details of people's preferences, needs, beliefs, routine and the level of control they chose to maintain over their care. This allowed the reader to build the picture of the person as an individual. People's care plans we looked at stated that they were designed as a learning tool and practical guide to the care required by the person. This meant that staff had information to provide support that each individual needed and supported them to remain dynamic to learn of any changing needs a person may have. A care staff told us, "I had training on signs to look out for." Another care staff told us, "Before I started working with my client I went through [person's] careplan, how they had their accident, what to look out for..." We saw that each person that used the service had their daily care records in a format designed for their specific needs. This supported staff to record only information relevant to the individual they supported and allowed staff spend more time supporting people.

Staff supported people to follow their interests and maintain their desired quality of life. People were supported to attend any social or employment opportunity they chose. For example, one person told us staff supported them to maintain links with the community and led an active social life. They said, "They help me up and dress me in the morning, go out with me during the day, help me get to appointments, I meet my friends for lunch, watch films at the cinema etc." People told us they led full lives as they chose and

that they did this because of the support that staff provided to them. Another person told us, "I'm definitely encouraged to be independent as and when possible. They go along with what I want to do and enable it to happen." Some of the records we reviewed included compliments from people who used the service. For example, one person stated that the support they received had enabled them to attend events they previously couldn't attend. Another person stated that they now had a great social life since they started receiving care and support from TCC.

Staff provided support which focused on the outcomes people wanted to achieve. For example, one person had expressed views to return to employment working with children and their records showed that staff had consistently offered support which allowed the person secure a voluntary position in their local school. One care staff told us, "[Client] is in a stable job." This meant the support staff provided allowed people to continue to make economic contributions to their community. Another person was supported to successfully to fulfil their desire to live at home following periods of unsettling residential placements. We saw that staff supported this person to engage in activities which they enjoyed before their health deteriorated such as supporting them to use an adapted bike to cycle on their favourite route and go on holidays. We saw that this person's care staff had won their local Healthcare awards for Healthcare Outcomes in recognition for the support they offered and the positive difference they made in the person's life. We also reviewed another person's records which showed that several medical consultants commended staff stating that the care they provided had increased the person's quality of life.

Staff knew how to support people who may have behaviours that challenged others to help them manage any distress or anxiety. A health professional told us, "One particular client has a high level of behaviour which was extremely detrimental to maintaining care. TCC took over this package and were able to identify particular triggers and strategies to manage this in a far more successful way. It is still a complex package to maintain due to the clients behaviour and the retention of staff has been an issue. TCC are working closely with myself, the client and the CHC to address the situation and appear committed to continuing to support this client." We saw that a person's care plan included clear guidance for staff on how to manage and respond when they displayed behaviours that could be classed as challenging. This supported staff to identify triggers to such incidents and effective distraction techniques that they could use to prevent an escalation. This included using the right communication tools and techniques that they had found to be effective.

People were supported to maintain relationships with those that mattered to them. Staff ensured that people were able to spend time with their loved ones and fulfil their roles in the lives of their friends and family. For example, one person received support which allowed them to continue to live with and spend time with their young family. For another person, staff supported them in their role by providing meals for their family because this had been part of their role before their current health condition. This supported the person to continue doing something that they had previously done and was important to them. A care staff told us, "We have extended periods of time supporting client to visit their family."

The provider made adjustments people required to allow them to be as independent and comfortable as possible. Specialist staff provided the support people required to manage specific spinal and neurological conditions and they worked with other professionals to ensure that people had the relevant equipment and support that they required to be as independent as possible. This included legal support if their condition had been affected by a change of circumstance. This support also enabled people to get the relevant support they needed with their finances. At the time of our inspection, the provider was developing a new website. They had consulted with people and specialist organisations to ensure that information shared on their website could be easily assessed by people with disabilities. Another example of how the provider made adjustments to meet people's needs was by increasing the frequency of visits for people with

palliative needs to reflect their changing needs and allow them to be proactive to the care and support required.

Staff told us that the provider was flexible in the way they delivered care to meet people's changing needs. A member of care staff told us, "Between the three of us in the team and the office, we accommodate the needs of the client to make sure their needs are met. For example, we've swapped shifts before in London to accommodate 'client'. TCC paid for the train fare which is quite refreshing." A health care professional also told us that the provider was flexible to people's changing needs. They said, "If a client or I report anything that requires more attention to the staff managing the care package it is always addressed and I receive feedback. There have been very few incidences of this and I am more likely to hear from TCC that something has been identified and dealt with before I have become aware of it. I am available and in contact with these clients and their families almost on a daily basis so this is very reassuring." They also said, "TCC always highlight any changes or concerns to me that require the case manager's attention. They will usually explain the actions they have taken in relation to a changing need or new identified need and will have problem solved it."

The provider had effective arrangements to gather people's feedback about the support they received and empowered them to provide their feedback in the way that suited them. This included regular 'client visits' from senior staff. The format and frequency of these meetings were tailored to what suited each person. For example, people chose where they were most comfortable to meet with senior staff and who they wanted in the meetings. They could choose to bring a relative or friend. As most people required 24 hours care, some people chose to meet without their care staff being present at the meetings. A care staff told us, "Our direct manager will try to meet up with our client monthly or fortnightly without a carer just to know how things are for them. My client will always ring the office because they can. My client feels that her opinion is valid. That is good." People told us that they had ample opportunities to raise any concerns or complaints that they may have about the service. They told us that when they raised a concern, that the provider dealt with their feedback in a timely manner. One person commented, "I've raised a concern which was dealt with swimmingly." Another person told us about an issue they had which the provider dealt with satisfactorily. They said, "This incident was dealt with promptly." We reviewed records of some of the complaints the provider received, we saw a clear trail of their response and actions to address the issues raised. These were dealt with within prompt timescales and used to develop the service because the provider took people's feedback on board to make changes in the service where this was required.

Is the service well-led?

Our findings

The provider had a culture of empowerment where people and staff felt included in the development of the service. People and the staff that supported them told us that they had opportunities to give their views about the service. They were confident in the managers because they listened to them and responded promptly to any ideas or issues they had. They had regular contact with senior staff through face to face meetings, telephone contact and through surveys. The provider encouraged people to maintain open communication at meetings as this enabled them to ensure that they provided a service that was tailored to their needs. One person told us, "I ring the office occasionally just for small issues that need sorting out. This is dealt with properly and there is always someone available at the office."

The provider consulted with people and staff on any changes within the organisation and took any feedback on board. They also used their consultation as a medium to ensure that information they provided to people continued to meet their needs are remained easily accessible to them. We reviewed records which showed that the provider consulted with people on their proposed rebranding of their website and logo, and we saw that they had taken feedback on board in their new designs. For example, they updated their website so that information could be easily accessed including by all people. A staff member told us, "We are always kept up to date. We receive a quarterly newsletter. You can always ring head office in Leicester. You always feel part of the organisation."

The ethos of the service was based on providing care and support that was centred on the individual that received the care. For example recording systems and training were tailored to the individual needs of people that used the service. This ensured that only relevant information to the needs were provided and recorded allowing staff to easily access the information and focus on the support person needed as an individual. This also supported the managers to maintain an effective overview and auditing of the care that people received because they audited care that was only relevant to each person.

The service had a registered manager, who was also a director of the service. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to Care Quality Commission (CQC). The registered manager sent notifications to CQC when required.

The registered manager was clinically trained and experienced in providing services and care to people with spinal injuries within and outside the UK. They were also actively involved with the Spinal Injury Association. The other directors were experienced and skilled in health and social care provision. Other members of the senior team maintained a wealth of health and social care experience within their specialism and actively maintained the required validation of their skills.

The provider had a clear management structure. Staff had management support at various tiers of the service. The provider had an effective emergency telephone system which staff accessed for management support and advice if they needed it. A care staff told us, "Help is only a phone call away." Another said, "There's always a manager on-call to give advice if needed." They told us that they were encouraged to

maintain open communication about any incidents that occurred. A care staff told us, "When we have staff meetings, people share experiences; the advice is 'you should have got in touch with us'." They went on to tell us that their experience was that they always got the support and advice they required.

People were very complimentary and satisfied in the leadership of TCC and the quality of service it provided to them. One person told us, "I get on with all staff and the care manager who makes sure there are no problems with my care package. I'd recommend this service to others, definitely. My overall rating is 10/10. There are no problems whatsoever so I am incredibly happy."

Another person said, "The service is managed quite well." Another commented, "It is a lovely service; definitely worth recommending." People told us that they had easy access to the managers should they require. They told us that the managers were proactive in maintaining contact with them. One person said, "I can ring the manager – she is approachable." Other comments included, "The manager sees me regularly every month." And "The manager is lovely, I see her every couple of weeks and she keeps an eye on everything for me."

Staff we spoke with were also satisfied with the management team of TCC. A member of care staff said, "They are a very professional organisation. They are always there. I hope they get good feedback from others. They deserve it." Another said, "I've found TCC to be the best employer so far – they treat the client as an individual which is refreshing." A health care professional told us, "TCC are very transparent and I have confidence in their service in providing a high level of clinical care." They went on to say, "As a private case manager, I have to manage far more than just a client's care but when care is not right it becomes the main focus of my work. In the two cases I have with TCC I have found that their management of the packages has significantly reduced mine and I will feel confident about using them for other clients in the future."

Staff were supported to meet the standards the managers required of them to provide bespoke services to people that used the service. They did this through training, competency assessments, easy access to support and regular supervision. At supervision meetings staff and their manager could discuss the staff member's on-going performance, development and support needs, and any concerns. A care staff told us, "Supervision is client based. We discuss how I am doing, I receive some feedback. My team leader is very supportive." Another said, "TCC's process seems to work well – lots of supervision, always at the end of the phone which is good with long distance working." Another staff told us, "I feel pretty well supported. If there's anything my line manager is on the other end of the phone." We reviewed records which also showed that staff teams regularly met with line managers. These meetings were built around the needs of the particular individual the staff team supported who also attended should they have chosen to. Staff used this medium to discuss any support they required to fulfil their role to the person that used the service. One member of staff told us, "Office is fantastic. We have constant access to the office for advice if needed. Resources are never a problem. It's like a conveyor belt." We reviewed records which showed the issues that staff raised in meetings and other contact were addressed promptly. Records also showed that the provider was proactively supporting staff with the challenges they may encounter in their role in the future. For example, we saw that staff were encouraged to join the Spinal Injury Association as this would support them to gain the skills required to support people with spinal injury in the ageing process.

We found that the provider demonstrated a commitment to exploring initiatives and new ways of working to improve the quality of support for people that used the service and the support staff received. They worked proactively with other organisations who specialised in providing services to people with spinal injuries and neurological conditions particularly the Spinal Injury Association. The staff team maintained links with other organisations and professionals to explore ways to achieve better outcomes for people that used the service. We saw that this commitment was recognised by a local commissioning group due to outcomes achieved for people. At the time of our inspection, the provider had recruited additional senior staff to

respond to a commissioner's request to develop a service within their local area.

One of the directors told us that they had identified and was in the process of implementing a quality assurance system which was not currently widely used nationally. This system is geared towards supporting a provider to rehabilitate people where possible. The provider told us in their PIR that this would enable them to measure the outcomes for people that used the service in various aspects of their lives including activities of daily living, leisure and employment.

The provider had suitable arrangements to monitor the service they provided and to drive the delivery of a high standard of care. They completed regular audits which included monitoring of incidents and accidents, supervision, care plans. Where issues had been identified, they checked that staff followed people's individual support plans and they sought professional support where required. We saw that the provider reflected on the reviews of their systems and made improvements where required.

Senior staff met monthly to discuss any operational needs and updates required for individuals that used the service. Clinical staff met every two months to maintain clinical oversight of people's needs. This meant that they had the information required to ensure that people's health needs were met effectively and allowed support to be provided in ways that enabled positive outcomes for each person.

Another way the registered manager encouraged staff to provide a good quality service was by recognising staff who had performed well and 'gone above and beyond their duties with clients' by awarding them gift vouchers and other tokens. Staff and people that used the service also nominated staff for a quarterly recognition prize for staff who had shown outstanding performance in their role.

The provider used also questionnaires and surveys to gather the feedback of staff and the people who use the service. We reviewed records of people's feedback completed in July 2016 which showed that people were positive about the service. They commented that they felt listened to and were satisfied with the training and support their staff team received.