

Total Healthcare Solutions PVT Ltd Limited

TOTAL HEALTH CARE SOLUTIONS PVT LTD LIMITED

Inspection report

Swanton Close
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Total Healthcare Solution PVT LTD is a domiciliary care service which provides support with personal care, domestic tasks and companionship to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection seven people were using the service.

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

People told us they felt safe whilst using the service. Systems were in place to help protect people from the risk of abuse. Risk assessments were in place which included information about how to mitigate risks people faced. There were enough staff working at the service to support people in a safe way, and pre-employment checks were carried out on staff to check their suitability.

Staff received appropriate training and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life. People's rights to make their own decisions were respected. People were supported to access healthcare services when this was required. People's care plans were detailed and contained information with regards to preferences for support.

People received caring and compassionate support from the staff. People and their relatives were complimentary about staff and the positive relationships they had with them.

People were able to express their views and be involved in making decisions about their care. People knew how to complain.

The service had recently experienced change in relation to the management team. The new manager was working hard to ensure the service continued to operate without any disruption to people. We received positive feedback from people and relatives about how the service was being managed.

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

Rating at last inspection

This service was registered with us on 30 October 2019 and this is the first inspection. We carried out this inspection at the providers address. This was because the provider had recently moved their office in to the new location, however, since the inspection appropriate CQC applications to change the address of the location are being submitted.

Why we inspected

This was a planned inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

TOTAL HEALTH CARE SOLUTIONS PVT LTD LIMITED

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector and one 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager in place who recently had applied to become registered with the Care Quality Commission.

Notice of inspection

This inspection was announced.

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the manager would be in the office to support the inspection. Inspection activity started on 20 June 2021 and ended on 28 June 2021. We visited the office location on 24 June 2021.

What we did before the inspection

We reviewed information we had received about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person and six relatives of people who use the service and about their experience of the care provided. We spoke with seven members of staff including the manager, team leader and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, providers policies and procedures and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from the risk of abuse.
- Staff had been trained in safeguarding adults and were aware of their responsibilities to escalate safeguarding concerns. One staff member told us, "If I had any concerns or issues, I would report it to the office. If nothing was done about it, I would escalate it to the safeguarding team."
- People told us they felt safe. Comments included, "My [relative] feels safe and comfortable with the carers and [person] likes them," and, "My [relative] is very safe as the carers are so well trained."

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed to keep people safe.
- Care plans included the risk assessments and detailed description of the care which the person required. People with specific health needs who required specific medical equipment had detailed risk assessments in place to guide staff. Care plans were securely stored and available to staff so that they could support people to stay safe.
- Care plans were person centred and had been completed with the people using the service and their relatives. Comments from relatives included, "[Person] has a comprehensive care plan and risk assessments were completed."

Staffing and recruitment

- There were enough staff to support the needs of the people currently using the service.
- Safe recruitment processes were in place and followed. Records showed pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.
- People and their relatives told us they were supported by a consistent team of staff. One relative told us, "[Person] has consistency of care, but if there is a new carer they are introduced and shown her routine."
- Staff told us that overall, they had enough travel time in-between calls and we saw evidence which confirmed this.

Using medicines safely

- People received their medicine as prescribed.
- Staff had received training in administration of medicines and had their competency assessed by the manager to ensure they were fully aware about their responsibilities.
- The manager had carried out regular medicine audits to ensure medicines were given as prescribed.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- People were protected from the risk of cross infection as appropriate measures were in place.
- Staff told us they had received training on how to put on and take off their PPE.
- Relatives told us staff wore PPE such as gloves, aprons and masks. One person told us, "They [staff] always wear their PPE."

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong.
- Staff told us that even though there were no incidents they understood their responsibilities to raise concerns and report incidents should they occur.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs were assessed before they started using the service.
- Following the initial assessment, risk assessments and individual care plans were developed with the person and their relatives where appropriate. One relative told us, "My [relative] has a comprehensive care plan that I was involved with."
- Staff told us they had access to people's care plans via a secure application on their mobile phones. Care plans were personalised to people's needs and relatives told us staff always followed the care plans. Comments included, "[Person] has the same carers and the carers follow the care plan."

Staff support: induction, training, skills and experience

- People were supported by staff that were trained and skilled to carry out their jobs.
- Newly recruited staff completed an induction programme and Care Certificate training if they were new to the profession. The Care Certificate is a nationally agreed and recognised set of standards for social care.
- Staff told us they had received enough training for their role. Staff were encouraged and supported to develop their skills through the local college.
- Staff were supported with regular supervisions and appraisals, and said they found these useful. Staff practice was assessed through regular spot checks or direct observations of the care they provided by the management team.

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

- People received support with eating and drinking, where they had needs in this area.
- Staff had monitored people's food and fluid intake when they were at risk of malnutrition. If staff had concerns about people's diet this was escalated with relatives and the management to ensure medical advice was sought.
- Where people received support with eating and drinking, they said this met their needs and preferences. One relative told us, "[Person] doesn't like microwave meals so the carer in the morning will prepare dinner so [person] has a proper dinner." Another relative said, "They [staff] offer choices of what [person] would like to eat and drink."

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

- People were supported to access external healthcare professionals to monitor and promote their health.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in

people's health. One relative told us, "If my [relative's] mood changes and [person] is not themselves staff will know [person] may have a urine infection and let me know so I can get the doctor." Another relative told us, "When the doctor came to visit [person] they said [person] hasn't looked so good for years."

- The service worked collaboratively with other health professionals to understand and meet people's needs. For example, the occupational therapist (OT) was involved when people required support with moving and handling equipment. The advice from the OT was included in the care plans to give staff instruction on how to correctly use the equipment."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- No one using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- People's consent was obtained prior to staff supporting them. Written consent records were in place. A relative told us, "They [staff] will always ask my [relative] if they agree to certain things before they do any tasks."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received a service from staff who were friendly and polite.
- People and their relatives spoke positively about staff being kind and caring. Comments included, "The carers are very attentive and compassionate", and "Their [staff] attitude is wonderful".
- People and their relatives were treated equally and supported to live as full and free life as possible. This included helping people to develop and maintain relationships of importance to them. A relative told us, "Staff are so compassionate, and they have supported me when I was unable to visit my [relative] they give me real confidence." Another relative said. "[Relative] loves staff, they are so chatty and friendly, and they are brilliant companions."

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

- People were asked their views and opinions about the care and support.
- The manager told us, and relatives confirmed, they had often visited people to obtain their feedback about the care and staff who attend their calls.
- People and their relatives were given information about the service and were provided with information about other organisations and sources of advice should they need it.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Relatives felt staff had promoted their loved one's privacy and dignity. One relative said, "[Person] is treated with dignity and respect and staff maintain [person's] privacy during personal care, staff close the curtains and the door." Another relative said, "Privacy and dignity are high on the company's agenda."
- Personal records about people were stored securely electronically and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information confidential.

Is the service responsive?

Our findings

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation

- People received personalised care to ensure they had choice and control over their own lives.
- People's care plans were well written and contained information about people's daily routines and specific care needs. Care plans guided staff to focus on the person's wellbeing and outcomes they wanted to achieve from their care package.
- Relatives told us staff knew people's needs well. One relative told us, "Staff have a great rapport with my [relative]", and another said, "The carers sit and chat to [person] and they talk about things [person] used to like, family members and they reminisce about all sorts."
- Relatives told us the service had gone above and beyond what was expected during the lockdown. They said, "When my [relative] died during lockdown the carers stayed with [their spouse] all night holding their hand, they go over and above what you would expect." Another relative said, "My relative was safe during lockdown as I couldn't see them the carers were absolutely amazing, and they facetedimed me with my [relative] so we could chat."

Meeting people's communication needs

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

- Systems were in place to assess people's communication support needs and preferences to ensure staff could meet these when this was required.

Improving care quality in response to complaints or concerns

- A policy and procedure was available in an accessible format, with guidance for people and their relatives on making a complaint.
- The service had not received any recorded complaints. A relative told us "We have no complaints and would recommend them."
- The service was responsive to people's and their relative's requests. For example, one relative told us that when they asked for a different staff to support their relative, they raised this with the manager who then quickly replaced staff to accommodate their request.

End of life care and support

- Nobody was receiving end of life care at the time of our inspection, but people and relatives were encouraged and supported to discuss and plan this if needed.
- Staff had undertaken end of life training.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team showed a commitment to provide good quality person centred care.
- Staff told us there was an open and positive culture at the service and they praised the management team. One staff member said, "I am proud of the company ethos, we treat our clients in the same way as we would expect our relatives to be cared for."
- Staff said they felt supported by the management team and were able to raise any concerns or issues without any delay. Staff spoke very highly about the management, comments included, "The management are very responsive, they are always very thankful for the work we do - I never actually experienced anything like that before."
- People who used the service and their relatives spoke positively about the service and support provided. Comments included. "One of the directors is excellent, [name] is very good and tries to get things sorted out", and, "They are very on the ball and I would recommend them, we have had no problems."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider had recently moved their office in to a new location and was carrying out the regulated activities from premises which had not been registered with CQC. This was due to an unforeseen change in the management team. The provider was open and transparent about this issue and was addressing the issue. We signposted the provider to the correct application process and the provider assured us, they will submit the required application. It is a legal requirement for providers to carry out regulated activities from the locations registered with CQC. This had not affected the services provided to people.
- The management team was able to demonstrate a good understanding of the fundamental standards, the principles of good quality assurance and was driving improvements in the service.
- Systems were in place to ensure oversight and governance of the service. This included spot checks, reviews of care plans and risk assessments and regular contact with people to ensure they were satisfied and happy with the services they received.
- The manager was aware of their duty of candour and we saw evidence where they had acted on the duty of candour. The registered manager was open and honest with us about the improvements they had made since the unexpected change in the management and about the improvement they were going to make moving forward.

- The manager told us they were planning to continue to provide services to a small number of people, because they wanted to ensure they can maintain close relationship with them. The manager said, "We can't run before we can't walk; we are driven by passion not by the money."
- Feedback from relatives about Total Healthcare Solutions was overwhelmingly positive, one relative said, "You ask if there are any improvements the company can make...no, as everything is very good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were regularly asked for their views about service they received. This happened via management visits and telephone surveys.
- Feedback was sought from staff both informally and at staff meetings. Staff said they felt able to raise any issues they had.

Working in partnership with others

- The manager and staff had worked proactively and in partnership with other organisations, such as the local authority, social services and healthcare. They responded to feedback and made improvements if necessary, for the benefit of people using the service.