Care Quality Commission

Total Care (Fenland) Limited

Totalcare (Fenland) Limited

Inspection report

15 Upwell Road
March
Cambridgeshire
PE15 9DT
Tel: 01354 661 951
Website: Not available

Date of inspection visit: 28 May, 1and 2 June 2015
Date of publication: 13/07/2015

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Totalcare (Fenland) Limited is a domiciliary care agency which is registered to provide personal care to people living in their own homes. It provides a service in March and Chatteris and the surrounding villages. At the time of this inspection care was provided to 13 people.

The last inspection took place on 28 August and 9 September 2014. We found the provider was meeting all the regulations we looked at.

This announced inspection took place on 28 May, 1 and 2 June 2015. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office providing direct care to people. We needed to be sure that they would be present for the inspection.

The service had a registered manager in place. 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.

Summary of findings

Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff worked long hours to ensure people's needs were met and new staff were being recruited during our inspection. Staff were well supported by managers on a day to day basis. However, there was no system in place to monitor and manage staff practice more formally. Staff had been trained to carry out their roles. However, this training was not always by someone qualified to provide the training. In addition the registered manager and staff had not received update training in key areas such as moving and handling for two years. This meant staff may not have followed up to date and current guidance when providing care.

Staff were aware of the procedures for reporting concerns and of how to protect people from harm. Although there was detailed guidance for staff to follow, risk assessments had not been carried out to help reduce the risk of harm occurring to people. Oral medicines were administered safely, but this was not the case for prescribed creams where no records were kept. This meant people may not have received their medicines in line with the prescribers instructions.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found people's rights to make decisions about their care were respected. However, should the need arise to provide care to people who lacked capacity staff were not aware of their responsibilities under the MCA or DoLS.

People and their relatives were involved in the development of their care assessments and care plans. However they were not always involved in the reviewing of their care plans. Care plans did not always reflect people's current care needs.

The registered manager and assistant manager provided direct care and had weekly contact with all the people receiving a service. People were confident any concerns they raised would be addressed. However, there were no formal systems in place for the provider to receive feedback or monitor the service provided.

People received care and support from staff who were friendly and caring. Staff treated people with respect and kindness. The service was reliable, flexible and staff always attended calls. Staff understood and met the needs of the people they cared for.

We found a number of breaches of the Health and Social Care Act (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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The risk of people experiencing harm was reduced because staff had a thorough understanding of what abuse was and how to report it.

Systems were not in place to ensure people's safety was managed effectively. Medicines were not always managed safely and we could not be certain that people received all of their medicines as prescribed.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff understood and met the needs of the people they cared for.

People received care from staff who were trained. However, this training was not always provided by suitably qualified professionals. Staff received good day to day support, but systems were not in place identify when staff needed to update their knowledge.

People's rights to make decisions about their care were respected. However, should the need arise to provide care to people who lacked capacity staff were not aware of their responsibilities under the

Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards.

People were supported to access healthcare and follow healthcare professional's guidance.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, friendly, caring and respectful.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were listened to and their views were acted on although not always recorded.

People were involved in their care assessments and developing their care plans. However, people were not always involved in the reviews of their care plans. People's care plans were not always updated to reflect their current care needs.

Summary of findings

People had access to the provider's complaints procedure and were confident that any concerns were listened to and addressed.

Is the service well-led?

The service was not always well led.

The provider did not have an effective quality assurance system and there was no system in place to obtain and analyse feedback from people or identify where improvements needed to be made.

Requires Improvement

Totalcare (Fenland) 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 announced inspection took place on 28 May, 1 and 2 June 2015. It was undertaken by one inspector. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office providing direct care to people. We needed to be sure that they would be present for the inspection.

Before our inspection we looked at all the information we held about the service.

We requested and received information from healthcare and social care professionals who have contact with the service. These included a commissioner for the service, a community nurse, a specialist nurse and an occupational therapist.

During our inspection we spoke with seven people and six relatives. We also spoke with the registered manager, assistant manager and four care workers.

We looked at 6 people's care records, staff training records and three staff recruitment records. We also looked at records relating to the management of the service including the accident and incident book, the compliments and complaints log. Following our inspection we requested from the provider, and received, policies relating to medicines, complaints and falls.

Requires Improvement

Is the service safe?

Our findings

Prior to care being provided records showed that staff identified if there were any risks to the person receiving, or staff member providing, the care. These had been reviewed at least six monthly. The records included factors relating to the person's condition, environment and equipment. However, although the risks had been identified, risk assessments had not been carried out to demonstrate whether the risk was acceptable or what actions had been taken to minimise the risk. For example, one person had percutaneous endoscopic gastrostomy (PEG). This is a method of feeding people through a tube which has been inserted directly into the stomach through the abdominal wall. Two other people used bedsides to prevent them from falling from their beds. Another person's record said they were "prone to falls." None of these aspects of people's care had been risk assessed.

This was a breach of Regulation 12 (1) and (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they always received their medicines on time. Staff told us that they had received training to administer medicines and that a senior member of staff had observed them administering medicines and checked their competency although there was no record of this. Records showed staff had completed a short written competency test about the management of medicines during their induction. This included hygiene, side effects and recording of medicines administered.

Appropriate arrangements were in place for the recording of medicines received and administered orally and through a PEG. One person's medicines care plan had not been updated to reflect that several of their medicines had been discontinued. However, the person told us they received the right medicines at the right times and their medicines administration record (MAR) supported this.

The provider's medicines policy stated that, "All assistance with medication must be recorded at the time it is provided." Although people told us that topical medicines were applied as prescribed, we found that these were not included in medicines administration records. Daily care records included entries such as, "creamed legs" but did not state the name of the medicine. In addition we saw that where the person was only assisted with prescribed creams, their medicines care plan was blank. Their general care plan did state to "apply cream on legs", but did not state the name of the cream. This meant there was a risk of the person not having their cream applied as prescribed.

This was a breach of Regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people and relatives we spoke with said that they, or their family member, trusted the staff who provided the care. One person told us, "I feel safe with them." Another person's relative told us, "[My family member] trusts them."

All the staff we spoke with told us they had received safeguarding training. Staff showed a good understanding and knowledge of how to recognise and how to report and escalate any concerns to protect people from harm. Staff told us that they would report any concerns to the on call manager and were aware they could report directly to the local authority. One member of staff told us that they would refer to the "pack" they been given during their training two years before our inspection.

Two healthcare professionals told us they had observed staff moving people safely using equipment. We saw there was detailed guidance for staff to follow when providing care and assisting people to move. However, one person told us this was not always followed and the brakes were not always applied to the equipment before the person moved. We informed the registered manager of this during our inspection. She confirmed she had reminded all staff of the importance of using the equipment safely and said they were purchasing some non-slip matting to try to ensure the equipment did not move.

During our inspection we were made aware of two events that occurred in the last four months. One person was found on the floor beside their chair when the care workers arrived at their home. The other person had fallen while the registered manager was assisting them to move between chairs. A brief record of these events had been made in the people's care notes and appropriate action was taken to assist the people. However, although staff were aware their responsibilities in relation to the provider's reporting, neither of these events had been recorded in the provider's accident book and the registered manager had not identified this.

A "safe systems of work" document had been completed for each person that detailed how many staff were required

Requires Improvement

Is the service safe?

for each task in order to provide care to the person safely. People told us that two staff always provided care where this was identified as being necessary. They also told us that care worker's always arrived at about the right time, stayed for the right length of time and never missed a call. One person said, "Yes they are quite good. They're quite busy at the moment, sometimes 10 minutes late but no more." Another person told us, "They come regularly, generally on time, traffic allowing. You can't expect them to be spot on. When something's happened where they are they call so you always know and you're not left waiting." A relative told us, "They are very, very reliable." One healthcare professional made a positive comment in relation to seeing regular care workers providing care to people.

The registered manager and staff told us that four care workers had recently resigned. This left the registered and assistant managers and four care workers providing care to thirteen people. One member of staff told us this meant they were, "A bit short of staff at the minute," but they assured us they were "not cutting short calls." The registered manager told us she normally worked two shifts each week. She said that she, and other staff, had increased their hours to ensure that all calls were covered. Care workers described their working long hours to us and long periods of working consecutive days. For example, one member of staff told us they had worked 13 consecutive days. Staff told us that these long hours were not impacting on the quality of care people received. No concerns were raised by people or relatives about the hours people worked or how this affected them. Whilst working these hours may be sustainable in the short term, we were concerned that this would not be sustainable in the longer term. The registered manager told us they were recruiting new staff and we saw that an interview took place during our inspection.

There were suitable recruitment procedures in place. The staff we spoke with told us that the required checks were carried out before they started working with people. Records verified that this was the case. The checks included evidence of prospective staff member's experience and good character. However, the registered manager could not locate one care worker's photograph or proof of identification.

People told us that staff always wore gloves when carrying out personal care. However, some people said that staff only "sometimes" washed their hands before and after carrying out personal care and wore disposable aprons while doing so. We saw that staff had completed a short written competency test during their induction about the prevention and control of infections. However, one member of staff who occasionally provided personal care, told us they had not received any training in relation to this and didn't "see it as relevant" to them. Failure to follow good practice in relation to the prevention and control of infections may put people at risk of cross infection.

Requires Improvement

Is the service effective?

Our findings

We found there was a risk staff would not provide care in line with current guidance because they had not been trained to do so. Staff told us they had been trained for their roles, mainly by the registered manager and assistant manager. This training had included safeguarding, management of medicines, and confidentiality. However, none of the staff had a valid first aid certificate or had received training in the Mental Capacity Act 2005 (MCA). Staff members told us they had not received any new training or refresher training in the last two years. The registered manager confirmed this to be the case. She told us, "It's so difficult to get the training fitted in with so few of us."

The registered manager told us that she trained new staff to assist people to move safely although there were no records of this. The registered manager confirmed that she was aware that records should have been maintained. The registered manager told us she kept her knowledge up to date using the training company's website. We found that the registered manager's certificate to train staff in this area had expired in 2013. She told us an extension to 2014 had been granted, but that this too had expired. Staff told us that they had received training from an external company to assist a person with their PEG feed. However, the registered manager told us that the assistant manager had trained one member of staff with this. There was no record of this training, although observation of their practice had been recorded during their induction. The registered manager confirmed that the assistant manager had not been trained to train staff in this area. This meant there was a risk staff may not receive up to date and current guidance because the provider had failed to ensure that staff were trained by suitably qualified staff.

Staff did not receive regular formal supervision and appraisal. The registered manager and assistant manager regularly worked alongside care workers providing care. Staff told us they received feedback on their practice and felt well supported. They said that a member of staff was always on call to provide them with advice. One member of staff told us, "I've worked for other companies, but I love working for Totalcare. I don't worry about getting up for work." However, the registered manager told us that staff had not received any formal supervision since September 2014 or appraisals since 2013. The registered manager told us that they had addressed issues of poor practice with care workers, but no records of these conversations or monitoring of the staff member's practice had been kept. This meant that staff members training and development needs were not identified or planned for.

This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that their, and their family member's, care needs were met. One person told us the care workers were, "superb. I get on with them all first class." They went on tell us the care workers were all competent and "do what I ask them to do." A third person told us, "[The care workers] know what they are doing." Relatives also told us they thought staff were competent and met their family member's needs.

All the staff members we spoke with were aware of people's individual needs and preferences and how to meet these. Records showed that new staff had worked through the Common Induction Standards. This is a nationally recognised induction for care workers. This had included reading information and completing written competency tests about subjects such as safeguarding, the management of medicines and emergency scenarios. The induction also included shadowing experienced staff while they provided care. People and their relatives confirmed this was the case. One person told us, "New staff come with another carer who comes all the time. They're properly trained."

People's rights to make decisions were respected. However, there was a risk that staff may not recognise when people lacked the mental capacity to make decisions because they had not received training in the MCA or Deprivation of Liberty Safeguards (DoLS). People told us that staff consulted them about how and when their care was delivered. We saw that information about the service's terms and conditions were agreed prior to care being provided. We saw that staff were aware of whether people had "do not actively resuscitate" orders in place and were clear about the action to take if a person collapsed. The registered manager told us that none of the people receiving a service lacked capacity to make day to day decisions. The registered manager told us she had received training in the MCA and DoLS in 2009. However, she was not aware of the Supreme Court judgement made in March

Requires Improvement

Is the service effective?

2014 and the impact this could have on people using the service. Care workers told us they had not received training in the MCA or DoLS and they lacked awareness in these areas.

People told us that staff supported them to eat and drink where this was included in their care plan. One person said about the meals they received, "[The care workers] do what I want. They are always helpful." One relative told us that staff always assisted their family member to move into a sitting position before eating and that "They encourage [family member] to eat." Another relative told us that the time of one of their family member's daily calls had been increased so the mealtime was not rushed. Where mealtimes formed part of the care plan, guidance was included for staff to follow to ensure that people were provided with sufficient food and fluids.

Where required, staff supported people to access a range of healthcare professionals. One person told us how a care worker had recognised they were unwell and requested a home visit from the person's GP. The healthcare professionals we spoke with told us that staff follow their advice and guidance and contact them if they have any concerns. For example, one healthcare worker told us that staff assisted the person with exercises, and another that if there were any concerns about the person's skin, the care workers contacted them without delay, or advised the family to do so.

Good

Is the service caring?

Our findings

People told us they were happy with the staff. One person said, “Staff are always nice. They chat and joke.” Another person told us, “The carers are lovely.” A third person told us, “The carers are very friendly.” One person’s relative said, “[The care workers] are really nice to [my family member].”

We observed friendly interactions between the registered manager and people receiving care. People told us that the staff understood and met their needs. They said they felt staff listened to them. One person said, “You can sit and talk to them and they’ll sit and listen. I really appreciate the help I get.”

People told us they were treated with dignity, respect and kindness by the care workers. One relative said, “Staff are respectful. They’re very good. Staff treat [my family member] very well. They always chat to [family member] about the weather or what they’ve been doing, even though [family member] can’t chat back.” A healthcare professional also made positive comments about staff interaction with people. They described staff as, “very interactive.” They told us, “[The care workers] always tell [the person] what they are going to do… and involve [the person] in what’s going on in the outside world.” The registered manager showed us some compliment cards they had received over the last year. These included comments such as, “with grateful thanks to all you lovely ladies for your help and kindness to my [family member].” Another relative wrote, “I would like to thank you for the professional way in which you looked after [my family member]…. at all times you treated [them] with respect and consideration for [their] pain and wellbeing. The whole experience has been exhausting physically, mentally and emotionally, but you made a big difference to us all. We appreciated your concern for us too, which was very touching.”

People and their relatives told us that staff were very caring. One person’s relative told us, “Most carers are really, really good. You get the feeling they do care.” One person told us that a care worker had been passing their house and saw an emergency doctor’s car parked outside the person’s house. Although the care worker was not scheduled to call at that time, they asked the person if they wanted them to stay. The care worker packed the person an overnight bag and waited with them until an ambulance arrived. A relative told us that staff often do “extra’s, like put the washing on.”

People using this service had capacity to make their own decisions and were supported to express their views. We saw that the provider had contracts in place with people that outlined the expectations of both parties. People told us they were involved in everyday decisions about their care. For example, whether the person had a shower or wash and that staff respected their decisions.

Requires Improvement

Is the service responsive?

Our findings

People and or their family members said that staff met their care needs. One person told us, "The carer's are very good. They know what to do." Another person told us the care was, "very good. I asked to come back [to this service]. It's the best move I ever made. They really look after me. They got my skin back to how it is today and healed my sores. I really do recommend them to anyone." A relative said, "They provide very good care." They told us that the care worker did everything that was expected of them "and more. They are very flexible."

People and their family members told us the agency was flexible and responsive in changing the times of people visits. For example, one person said staff accommodated early calls when they had hospital appointments. A relative told us that a call was extended so they could attend a family event. Another person told that that care workers had visited outside of their agreed call times when they had a problem and contacted the service.

People's care needs were assessed prior to the service providing care. This helped to ensure staff could meet people's needs. Care plans provided detailed and guidance for staff to follow and included guidance on assisting people to move, personal hygiene and assistance with medicines. The care plans were reviewed at least six monthly. People and their relatives said they had been involved in developing the original care plan, but only one person's relative could remember being involved in the reviews of these.

People told us that care workers were responsive to their changing needs. For example, one person's mobility had deteriorated and they needed a hoist to move. A healthcare worker told us that staff were "receptive about using equipment and meeting [the person's] needs." We saw this person's care plan had been updated to reflect this change. However, although people told us their care needs and preferences were met, we found that people's care plans were not always updated as people's needs or preferences changed. For example, one person's care plan stated that they "can now take fluids orally." However, the person told us this was no longer the case. In addition, the person's care plan said they had a strip wash in their bedroom, but they told us the staff assist them upstairs to the shower. Another person's care plan made no mention of a catheter that they had had for six months and which staff sometimes assisted with. This meant there was a risk that if new staff provided care the person's needs may not be met.

The complaints procedure was available in the folders in people's homes. Staff had a good working understanding of how to refer complaints to manager's for them to address.

The registered manager told us there had been no complaints in the last 12 months.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager would listen to them and address any issues they raised. One person told us, "I'd go straight to [the registered manager]. She would deal with it." Two people's relative's told us they had raised concerns with the registered manager. Both told us the registered manager had listened and taken action to resolve their concerns leading to the situations improving. However, there were no records relating to these concerns having been raised or how the manager had investigated or addressed the issues.

Requires Improvement

Is the service well-led?

Our findings

The provider did not have a robust system in place to effectively monitor the quality of service that people received. Both the registered manager and the assistant manager provided direct care and saw most people who used the service at least weekly. The registered manager told us that this was how they obtained feedback about the service and monitored the quality of the service provided. The registered manager confirmed that no records were kept of this feedback. Two people's relatives told us that that they had raised concerns with the registered manager which they felt had been resolved. The registered manager told us that action had been taken to address the concerns. However they confirmed there was no record of these concerns having been raised or of the action they had taken. This meant that the information obtained was not analysed for trends or patterns.

During our last inspection in August and September 2014 the registered manager told us that surveys had not been issued to people asking for the views for two years but that they planned to send them in the near future. Again during this inspection in the registered manager told us they had not issued surveys to people asking for their views. One person and another person's relative told us their views were asked for annually in a face to face meeting when their care plan was reviewed. Other people and relatives told us they had not been asked for feedback on the service they received. The information received from the feedback was not analysed for trends or patterns.

Staff were clear about their roles and the lines of accountability within the service. Staff told us they felt well supported on a day to day basis by their managers and that there was always on-call support. However, found that there were not systems in place to drive improvement and ensure that the registered manager and staff stayed up to date with current guidance. Staff told us they had several times requested a staff meeting, but this had not been arranged. They told us they would welcome the opportunity to, "get everyone together and sort things out." The registered manager confirmed that staff had not had formal supervision for eight months or appraisals for two years. The registered manager told us that two issues of concern raised by relatives had been addressed. However, she confirmed there were no records of the concerns raised, actions taken or monitoring of staff concerned.

The provider had not maintained complete records in relation to the care provided to people. For example, we identified two events where the registered manager confirmed that an accident or incident form should have, but had not been, completed. Although people's care plans had been regularly reviewed, three of the five care plans we looked at had not been updated to reflect people's current care needs. Although risks had been identified, risk assessments had not been completed to show how the risk reduced and was managed.

This was a breach of Regulation 17 (1) and (2) (a) (b) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives all told us they were able to contact the agency using the mobile telephone number provided to them in the service's folders. However, one healthcare professional told us they had not been able to contact the agency because the advertised landline number was not working. A landline telephone number was recorded on the provider's statement of purpose and service user guide. However, the registered manager confirmed that this had not worked for over a year. The registered manager told us they were in dispute with the provider of the landline, but, although asked, provided us with no evidence to support this. On 5 May 2015 we asked the registered manager to update their statement of purpose to include a working telephone number and meet the requirements of the regulation. We also asked that they completed a notification to inform us of this change. To date we have not received this.

This is a breach of regulation 12 (2) of the Care Quality Commission (Registration) Regulations 2009.

We received positive comments about the service from the people and relatives spoken with. One person told us the service they received was, "Brilliant." Another person's relative told us, "They do a good job efficiently. Overall provide good service."

A registered manager was in post. They were supported by an assistant manager and care workers. We found that the registered manager and staff had a good understanding of people's care needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who used the service were not protected against the risks of unsafe care because risks associated with providing care had not been assessed. Regulation 12 (1) and (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who used the service were not protected against the risks of unsafe management and administration of medicines. Regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People who used the service were not protected against the risks of unsafe care because staff members training and development needs were not identified or planned for. Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes were not in place to enable the registered persons to: - Assess, monitor and improve the quality and safety of the services provided, - Assess, monitor and mitigate the risks relating to health, safety and welfare of people using the service, - Maintain an accurate and complete record in respect of each person using the service and of decisions taken - Seek and act on feedback on the service provided in the carrying on of the regulated activity This was a breach of Regulation 17 (1) and (2) (a) (b) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Personal care	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose The provider had not updated their statement of purpose to reflect changes to the running of the service. Regulation 12 (1) and (2) of the Care Quality Commission (Registration) Regulations 2009.