Total Care At Home Limited

Total Care at Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 11 and 12 August and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We gave this notice so the provider could inform people using the service of our inspection. This inspection was brought forward due to information of concern we had received.

Total Care at Home is registered to provide personal care to people who wish to remain living in their own homes. The agency can also provide a 24 hour personalised service to support people at home and in the community.

At the time of this inspection the agency was providing a service to 23 people. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

The service had a registered manager; the registered manager was present during our inspection. 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

Most staff spoken with had a clear understanding of what may constitute abuse and said they would report to the manager in the first instance. All staff spoken with were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. However, staff were not aware they should escalate safeguarding concerns to the local authority if necessary to make sure issues were fully investigated and people were protected.

Risks to people were poorly managed. When risks had been identified there was either limited or no information on how to support people whilst reducing the risk. Where people had health conditions such as Parkinson's Disease, angina, hypothyroidism and other conditions, there was no information available for staff giving guidance about the symptoms they should look out for or how to deal with them if they arose.

Staff were aware of the reporting process for any accidents or incidents that occurred. We saw from records that accidents and incidents were reported directly to the manager so that appropriate action could be taken.

Although they had a recruitment procedure in place Total Care At Home did not always follow this to ensure people were supported by staff with the appropriate experience and character.

The registered manager told us most staff were newly employed and were in the process of undergoing training Total Care At Home deemed mandatory for care staff. Training records showed a programme was in place to provide staff this training. Some staff were undergoing an induction programme which was based on the Care Certificate; this gave them the basic skills to care for people safely. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us where specialist training had been provided for one member of staff, staff then trained each other.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff gave people choices and respected people's decisions.

Staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

People said they were supported by kind and caring staff and we saw compliments paid to care staff. People told us the staff knew the support they needed and provided this as they required. They said they were treated with respect and given choices in a way that they could understand. One healthcare professional was very pleased with the co-ordinated way in which care was provided.

Staff were respectful of people's privacy and maintained their dignity and there were ways for people to express their views about their care. We saw staff were undertaking additional calls to ensure people had their needs met.

Although there were systems to assess the quality of the service provided, we found some of these were not effective. The audits had not identified the shortfalls we found in care records.

Staff told us the aim of the organisation was to keep people safe in the own homes and provide the support people needed.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?
The service was not safe.

People were at risk of abuse because staff were not aware of how to report safeguarding alerts to relevant authorities.

There were no risk assessments and limited other guidance in place for staff where people had complex medical conditions.

The recruitment procedure was not always followed, so the provider could not ensure people were supported by staff with the appropriate experience and character.

Requires improvement

Is the service effective?
The service was not effective.

People said staff had the skills they needed. A training programme was in place to give staff the skills and knowledge they needed.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and respected people's decisions.

People were supported to access healthcare appointments and a range of professionals were involved in their care.

Requires improvement

Is the service caring?
The service was caring.

People told us they were very happy with the care they received. Several people were very complimentary about the care staff.

Staff were respectful of people's privacy and maintained their dignity.

Good

Is the service responsive?
The service was not responsive.

Care plans did not meet people's needs because information from needs assessments was not used to inform the care plans. Care plans did not have up to date information about some conditions people may need support with.

Where people required extensive support, staff provided a high level of support; however, they respected people's choices when they refused.

People were aware of the complaints procedure.

Requires improvement

Is the service well-led?
The service was not well led.

Requires improvement

Summary of findings

Systems to assess the quality of service provided had not identified the shortfalls we found in care plans and risk assessments.

Several people felt threatened and intimidated by the registered manager. Staff had mixed views whether they felt the registered manager was supportive or not.

Staff were aware of the aims of the organisation and said they were to keep people safe in their own homes and provide support people needed.

Total Care at Home

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.

The inspection took place on 11 and 12 August and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We gave this notice so the provider could inform people using the service of our inspection. The inspection was brought forward due to information of concern we had received. The concerns included an allegation of money being stolen which was reported to the police. The provider responded correctly when the allegation of theft was reported to them. Other concerns included staff not attending planned calls; however during the inspection the registered manager showed us the electronic system which showed only one call was missed in July.

The inspection team comprised of one inspector and an expert-by-experience who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the home, including notifications about important events which staff had sent to us. We looked at the Provider Information Return (PIR) prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During our inspection we spoke with four people who received a service from Total Care at Home and three relatives. We also spoke with three staff, one healthcare professional, the office manager and the registered manager. We observed care and support in three people's homes and looked at the care records for five people. We also looked at records that related to how the service was managed, including internal audits, action plans and quality audits. We reviewed surveys and questionnaires which were used to gather people's views and four staff files. After the inspection, our expert-by-experience telephoned eight people to speak with them.

Requires improvement

Is the service safe?

Our findings

Most staff were new at the time of our inspection and had not completed safeguarding training. A safeguarding policy was available and staff were required to read it as part of their induction. The safeguarding policy detailed the processes involved when raising a safeguarding alert and gave clear guidance for staff. Most staff spoken with had a clear understanding of what may constitute abuse and said they would report to the manager in the first instance. All staff spoken with were confident that any concerns they reported to the registered manager would be fully investigated and action would be taken to make sure people were safe. However, two members of staff were not aware they should escalate safeguarding concerns to the local authority if necessary, to make sure issues were fully investigated and people were protected. Staff said, "I'd raise safeguarding with the registered manager; I'm confident they would follow it up. If not, I'd raise it with a social worker or possibly CQC if it wasn't dealt with" and "I would go to the police." Another member of staff said, "Safeguarding is trying to make sure people are safe and not vulnerable to situations such as making sure people have enough to eat and drink, I always ask them if they want me to leave snacks." This meant people could be at risk of not having abuse reported appropriately because not all staff followed the guidance in the safeguarding policy.

Records of people's risks were not always identified, assessed or recorded which left staff without information and guidance about how to care for people safely. For example, a person who had had a history of falls, one of which resulted in a fracture, had no risk assessment or care plan to provide written information to staff on how to minimise the risk of future falls. Risks associated with people's conditions had not been assessed. Example of these were people with diabetes, Parkinson's disease and angina. This meant staff caring for people with these conditions were not given information on any associated risks and how to manage them for that person.

This was a breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations (2014)Although the provider had a recruitment procedure in place they did not always follow this to ensure people were supported by staff with the appropriate experience and character. We looked at four staff files to ensure the appropriate checks had been carried out before staff worked with people and found there were some omissions. Three of the four files did not contain two written references and did not provide explanations for gaps in employment. We discussed this with the registered manager, who confirmed they would ensure this was attended to. Staff told us, and records we saw confirmed that staff were not able to work with people until the appropriate Disclosure and Barring Service (DBS) checks had been completed. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

People told us, "We had problems a few months ago with the carers leaving." One member of staff said, "Since I started there's been a lot staff coming and going. Recently it's all new staff." Some people said it took a while for them to feel comfortable with and have trust in new carers.

The registered manager told us, "Staffing is a nightmare. We have staffing retention plans in place." At the time of our inspection, the provider was still recruiting new staff. The provider assured us they were able to cover the daily workload with existing staff. When asked if any calls were missed, people said, "No" and "They generally phone if they're late." People told us they felt safe with the staff that supported them. One person said, "They do all that is in my care plan and I feel very safe with them." Two relatives said they felt comfortable and confident their loved ones were safe when supported with personal care. One relative said they felt their loved one was safe because "The carers knew them quite well and knew what to do to help them".

The provider notified us when an allegation of theft was made against a member of staff. The provider followed their own polices when dealing with the accusation against members of staff. This meant people were being protected and the correct authorities were involved.

People were responsible for taking their own medicines, although staff would prompt them if required. When one person was not taking their evening medicines, staff escalated their concerns to an occupational therapist who investigated the possibility of using an electronic dossette box. This would have alerted the person when it was time to take their medicines. Staff said, "We've tried to get (the person) to use electronic equipment because it will help to

Requires improvement

Is the service safe?

maintain their independence." However, when the person refused to use this equipment, staff respected their decision. We saw people had medicines reviews scheduled with their G.P's.

The majority of people supported by the provider and the staff it employed lived locally. This allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. The provider told us, and staff confirmed they would cover for each other and walk to people's homes in the event of severe weather, so people would not be left without support. Staff told us, "Staff will cover for each other I'm sure, but that hasn't been explained to me yet" and "Staff would walk, I guess they'd see who was closest."

The registered manager informed us the service had missed one appointment in July. The service operated an electronic monitoring system called People Planner which automatically alerted the office by email if staff had not logged in at people's homes within 15 minutes of the scheduled arrival time. The registered manager told us this prompted a call to the member of staff to find out the reason for the delay, and if staff hadn't already done so, office staff would phone the person. The office would provide an apology and explanation for the delay and inform them when the member of staff would arrive. People told us, "The carers are always late for the tea time visit" and "They're more or less on time." Staff told us, "I've never missed a call" and "I phone the service user if I'm running late." Staff confirmed they were able to be sent information via People Planner about which calls they had scheduled. We saw they were able to access information such as the name and address of the person, the time the call was due and a brief description of what support was needed.

Staff were aware of the reporting process for any accidents or incidents that occurred. We saw from records that accidents and incidents were reported directly to the manager so that appropriate action could be taken.

Requires improvement

Is the service effective?

Our findings

Everyone we spoke with said they were very happy with their current carers, and felt the service was effective because they were well matched with carers. People said staff had the skills to care for them well. People told us, "I wouldn't really know if they're trained, but they've got the skills they need." One relative commented on the great improvement in their loved one's condition since they had one particular carer. They said, "Within a few months of having this carer, [name] has come on in leaps and bounds. They are now able to get on their feet and are able to walk, ask for what they want and can use the toilet."

Most of the staff we spoke with told us that they had to complete training to make sure they had the skills and knowledge to provide the support individuals needed; however, not all of this training was provided prior to starting work with people. Staff told us, "We do online training and learn a lot" and "I'm doing online training, it's better than writing because it's multiple choice." The registered manager was a registered nurse; they kept their skills and knowledge up to date by on-going training and reading. Many staff were newly employed and were in the process of undergoing training Total Care At Home deemed mandatory for care staff. This mandatory training included moving and handling, infection prevention and control and the role of the care worker. Other specialist training was available, such as Parkinson's Disease and Diabetes. Training records showed a programme was in place to provide staff this training.

Some staff were undergoing an induction programme which was based on the Care Certificate; this gave them the basic skills to care for people safely. The Care Certificate ensures that all care staff have the same introductory skills and knowledge. Staff told us, "I'm in my induction and three month probation period. I can ask the manager or other staff if I'm not sure of anything." Staff were able to access additional qualifications in health and social care, to improve their knowledge and skills. Where one person needed to be fed through a tube, one member of staff had received specialist training for this. This meant the person could be supported safely by this member of staff. However, the registered manager told us this member of staff would train other staff how to provide care for this person. This meant not all staff were not receiving recognised, accredited training and the person may be put at risk.

Staff we spoke with had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff told us the MCA training was done as a package with other training, and they would prefer the training to be separated because there was a lot to learn. Staff said, "We've done online training about MCA and about understanding people's mood swings and how they react to different people and environments" and "I think we need to do separate MCA and dementia training. I've said we need more training."

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The majority of people who received personal care from Total Care At Home had capacity to make their own decisions at the time of our inspection. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interest'.

Supervision records showed staff received regular supervisions. Staff told us, "I've been here three months and had one supervision" and "I haven't had supervision yet, I've been here six weeks." This was in line with the provider's supervision policy because new staff had supervisions after they completed induction and then three monthly. As most staff were new, they had not received an annual appraisal. These processes gave staff an opportunity to discuss their performance and identify any further training they required to help them provide the care people needed.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if required and staff liaised with health and social care professionals involved in their care if people's health or support needs changed.

Requires improvement

Is the service effective?

Total Care At Home arranged for people to see health care professionals according to their individual needs. A healthcare professional told us, “Care staff have given me really good information and a good handover. We’re here today because staff were concerned. We’re doing a joined up piece of work, working together with the person at the centre.” Staff told us, “If people deteriorate, we let the family, doctors and the office know.” Everyone we spoke with told us they were always asked for their consent before staff assisted them with any tasks.

Everyone we spoke with was able to manage their own nutritional needs. Some people had community meals delivered and staff reminded them to eat their meals, other people were completely independent.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. People said, “They’re brilliant, can’t fault them” and “We’ve got a lovely set of carers.” Other comments included, “The care specialists are all happy and very cheerful” and “All the care specialists are great. They stay as long as they should; they’re pretty good” and “We’ve got a good relationship with our carers and are able to have a laugh and a joke with them.” Staff told us, “They come first, they’re our priority. They trust us and we’ve got a good rapport” and “We have a laugh. I did one person’s nails and creamed her face and hands, pampered her.”

The provider showed us compliments they had received about the service. For example, one compliment from a healthcare professional said, “I had the pleasure of seeing [name] again today having not seen them for one year. I have to say they looked brilliant today, their teeth were the cleanest I have seen and their general well-being was nothing short of amazing. I was advised that the care specialist who attended with her today has been caring for her for some time, and have to pass on my congratulations on how much progress she has made. It was brilliant to see.” Another compliment said, “I would like to commend your staff team for the work they carried out with [name]. It was a difficult package of care to sustain but you and your team were prepared to go the extra mile with [name] and their family. It was a good example of joint working with social services to maintain the home placement.” A health care professional told us, “I just wanted to say how fantastic [name] was today. She was a great support in a difficult situation and obviously loves her job.”

Staff were respectful of people’s privacy and maintained their dignity. People told us, “They put towels around me and make sure the doors are shut” and “They keep me covered and always ask if I want the door open or closed.” One person said, “My carer treats me as an individual, and with respect, privacy and dignity.” Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. We saw one person’s care plan identified they may refuse personal care. Care staff told us they would document when personal care was refused, but we found there were times when this hadn’t been recorded.

We observed people being supported in their homes. People told us the staff knew the support they needed and provided this as they required. We saw they were treated with respect and given choices in a way that they could understand. Throughout our inspection staff gave people the time they needed to communicate their wishes. We observed one person being hoisted into a chair. Staff spoke to the person throughout and made sure the person was comfortable. This meant the person knew what staff were doing throughout which reduced any anxiety they may have felt. Two relatives told us staff used hoisting equipment efficiently.

Most people we spoke with had regular carers, which they preferred. People told us, “When care specialists first start someone brings them around and they’re shadowed”, “We get a copy of the weekly rota which tells us what staff are coming. More often than not it’s the same person, which is what we like” and “We did have a problem a few months ago, we weren’t getting the rotas, but it’s ok now.” Another person said, “We’ve had our carer right from the beginning and got to know her very well.” This meant people were happy receiving care from the same carers.

There were ways for people to express their views about their care. The provider asked people to complete an annual questionnaire about the quality of the service they received. The local authority also sought people’s views about the quality of care. People were asked about how they were cared for, the friendliness of their carers and if there were any changes that could be made to improve the service. Analysis of the results for January to June 2015 showed 100% of people using the service and their families were satisfied with the quality of care they received and the competency of staff.

One person told us of the help they were given when their partner became ill. They said, “We’re getting help, our carer is brilliant and she’s extremely helpful” and “They sent me flowers and chocolates, we were well cared for.”

Requires improvement

Is the service responsive?

Our findings

Some aspects of the service were not responsive to people's needs. Each person had their needs assessed before Total Care At Home commenced a service. This was to make sure the service was appropriate to meet the person's needs and expectations. The provider told us they used this information to write care plans, which gave staff the information they needed. However, the care plans we saw did not always reflect the information from the needs assessments. One person said, "My care plan is out of date and it is not stuck to." Staff told us, "You can get a lot of information from the local authority care plans and talking to people" and "We do our own care plans four weeks after the service starts." This meant staff were not able to rely on the provider's care plans to provide accurate, up to date information.

We looked at the care records for five people. One person's care plan noted the person could be reluctant to say when they were in pain and staff were to be aware of the person's body language. However, there was no detailed information about the body language the person would use in the care plan. The provider's planning system noted the person "goes quiet or does not move." We asked the registered manager about this, they told us they had asked healthcare professionals to provide this information. Staff told us, "If we come across something and it's not in the care plan, we pass it back to the office and get someone to look at the care plan." However, we did not see that any of the care plans we looked at had been updated to include additional information.

People did not have care plans that detailed their health conditions, such as Parkinson's Disease, angina, hypothyroidism and other conditions. This meant there was no information available for staff giving guidance about the symptoms they should look out for or how to deal with them if they arose. For example, one person's care plan did not fully identify the conditions the person was living with and there was no information for staff on how the person's diabetes was managed, or what to do if the person suffered an attack of angina. One person told us why they couldn't be touched on their back, this detail was not in their care plan. Another care plan informed staff the person refused their medicines, but did not give information for staff how to deal with this. Where one person used a catheter, there was nothing in the care plan to guide staff how to care for this; however, staff we spoke with knew the correct procedures to be used. This meant any new staff may not be able to provide the proper care as the recorded information about people was not always up to date or accurate.

Although staff we spoke with showed they were knowledgeable about the people they were caring for and the things that were important to them in their lives, some care plans did not record details of things that were important for the support people required. This meant staff did not always have information about the person. These care plans contained limited reference to the person as an individual. For example, one person needed their glasses to be removed before being hoisted; however this detail was not in their care plan. There was a ceiling hoist system in place to make it easier to move the person; however there was no detail in the care plan about this. This meant the person may not receive the same level of care if a new or different member of staff attended them because the records did not provide the detail needed to provide personalised care .

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Some care records had been reviewed and had dates for future reviews set, others had not. The registered manager explained they were in the process of transferring to an electronic system which would automatically generate review dates. One person said, "I don't need to have my care reviewed." People told us they or their relatives contributed to the care plans.

Other aspects of the service were responsive to people's needs. For example, one person required a high level of support to maintain their living environment. Staff were putting different strategies in place to support them but respected the person's decision when these were refused. Staff said, "I'm really worried [name] isn't getting the right support, but what can we do when he refuses." We saw the provider arranged for staff to undertake additional calls every evening in order to complete welfare checks which were free of charge for the person.

People who used the service told us they and their families had been included in developing the care plans. People told us, "I know about my care plan" and "They ring my relatives if they've got any concerns." People said the staff responded to changes in people's needs, for example

Requires improvement

Is the service responsive?

people told us, "Total Care At Home have put things in place for us, they're arranging things so we get what we need. The girls are keeping an eye on us" and "I'm happy things are picked up and dealt with."

People and their relatives told us they had regular contact with their care worker and the manager of the service. They told us "[The staff] keep me informed, almost daily contact." They felt there was good communication with the staff at Total Care At Home and there were opportunities for them to feedback about the service they received. One relative said they had asked for a carer not to be sent to them and this had been respected. People who used the service were given contact details for the office and who to call out of hours in their care file so they always had access to senior managers if they had any concerns.

Total Care At Home used an electronic system called People Planner, which meant information could be sent to staff via their mobile phones. Staff were given a PIN number to keep information secure. We saw some information lacking from care plans was available to staff via the People Planner system. However, the registered manager agreed the full information should be recorded in the care plans.

The registered manager sought people's feedback and took action to address issues raised.

Satisfaction questionnaires were available to obtain feedback from people who use the service. We saw compliments such as, "I just wanted to say how impressed I am with the carers. They are conscientious and hardworking and seem to use their time so productively. They are amazingly experienced, calm, happy and totally organised." The March 2015 satisfaction questionnaires for March 2015 showed everyone was very satisfied. We saw the overall satisfaction rate published in the provider's quality report for six months January to June 2015 was 94%.

People using the service and their relatives told us they were aware of the formal complaints procedure, they said they knew the manager and felt comfortable ringing him if they had any concerns. People told us, "We've got nothing to complain about" and "We've got a lovely set of carers at the moment." We saw that the service's complaints process was included in information given to people when they started receiving care. At the time of our inspection the service had received several complaints, some of which had been resolved and others were being dealt with. Analysis of the complaints highlighted serious concerns relating to the conduct of two different members of staff. As a result, both of their contracts were terminated. The provider developed an improvement action plan and was therefore able to discuss the need to learn from complaints at team meetings. This meant the provider listened to complaints and had a process in place to be able to learn from them.

The Care Quality Commission had received one complaint about the service in the twelve months before we carried out this inspection. The concerns did not suggest that people who used the service were at risk and we passed the complaint to the registered provider to investigate. The registered provider sent us a copy of their report into the complaint which showed they had investigated the concerns thoroughly and changes had been made as a result.

Requires improvement

Is the service well-led?

Our findings

Some aspects of the service were not well-led. Although there were systems to assess the quality of the service provided, we found some of these were not effective. People were not protected from receiving a poor service because the systems the provider had in place did not always identify where there were any shortfalls. Methods used to assess quality included feedback from quality monitoring questionnaires which asked questions about the quality of care and training. The provider's own quality report for January to June 2015 reported, "Care Plans and Progress Notes were examined to ensure that they were up to date and being kept in a satisfactory manner. No issues were identified and all Care Plans and Progress Notes were fully up to date." This meant the audits had not identified the shortfalls we found in care records.

The provider gathered data to ensure people were satisfied with their care and one of the questions was about carers arriving on time. This showed 87% of people said carers arrived on time or within 10 minutes of the allocated time. The provider looked at the feedback from 13% of people regarding lateness of carers and found they needed to review visit times. As a result, after discussions with service users, some of the visit times were changed to better suit their needs.

The registered manager had an improvement plan in place. Recruitment and training were identified as key actions and we saw these were ongoing. Other actions included ensuring people were matched with care specialists with the skills and abilities to meet the needs of people using the service and to ensure people had consistency of staffing.

The service improvement plan contained information about the staff recruitment strategy and said, "All successful candidates have the necessary checks" and "full records are retained". However, when we looked at staff files we found gaps in the records. The registered manager told us spot checks were done every eight weeks when a senior would attend the call to observe the care specialist; however, most people we spoke with said they weren't aware of these checks. The staff files we looked at did not have any records of spot checks being made. This meant the audits had not identified the shortfalls in staff records.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

The vision and values of Total Care At Home was to "provide their customers and service users with high quality personalised care and support in their own home". Staff told us the aims of the organisation was to keep people safe in the own homes and provide the support people needed.

People we spoke with had mixed views about the approachability of the registered manager. Some people told us there was poor communication between themselves and the manager. However, one relative said, "There is always someone at the end of the phone that I can call on if there are problems." They told us the registered manager had taken a big interest in their loved one's rare medical condition and made sure all the carers were aware of how to treat them. A relative told us the manager was also very supportive after two close family bereavements recently. Another person said, "The manager will always listen if you've got something to say." Staff had mixed views whether they felt the registered manager was supportive or not. Staff said, "He's not really supportive", "He's not listening" and "Yes, I think he is supportive." We fed this back to the registered manager, who admitted they could over-react sometimes. The registered manager said the frontline office staff attended to most of the incoming calls.

The provider was not sending information to the Care Quality Commission of all significant events which occurred in line with their legal responsibilities; we wrote to them to remind them of their statutory obligations and since then they have notified us of events. A statutory notification is when providers tell us about significant incidents, events or changes that take place. All accidents and incidents which occurred were recorded and analysed.

The business continuity plan contained information about the staffing structure in the service which provided clear lines of accountability and responsibility. A system was in place whereby staff had a notification call tree showing who each member of staff should call. This meant information could be shared quickly.

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 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established and operated effectively to assess, monitor and mitigate the risks relating to health, safety and welfare of people. Records relating to the care and treatment of each person using the service must be kept and be fit for purpose. Systems and processes were not established and operated effectively to assess, monitor and improve the quality and safety of services. Regulation 17 (2) (a) (b) (c) of the Health and Social Care 2008 (Regulated Activities) Regulations (2014)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.