

## Total Health Support and Training Services Limited

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### Inspection report

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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

This inspection took place on 13 March 2018 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure the relevant staff and information would be available in the office.

At the last inspection in February 2017 we found the service was not meeting all fundamental standards as required. Staff were not being provided with appropriate training, competency assessment and performance appraisals and the provider had not established an effective system that ensured their compliance with the fundamental standards. Following that inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions safe, effective and well-led to at least good. At this inspection we found the provider had taken the action they said they would and had improved the service to an overall rating of good, with a rating of good in all key questions.

Total Health Support and Training Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older and younger people, some of who may be living with dementia. This service also provides care and support to younger adults who have learning disabilities or autistic spectrum disorder living in 'supported living' settings. This is so that they can live in their own homes as independently as possible. In supported living, people's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection only looked at people's personal care and support. At the time of our inspection there were 82 people receiving a service. Of those 82 people, 14 were living in supported living settings in five different houses.

The provider is also registered to provide nursing care to people in their own homes. No nursing care was being provided at the time of this inspection.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was present and assisted us during the inspection.

People were protected from the risks of abuse. Risks were identified and managed effectively to protect people from avoidable harm. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

People were treated with care and kindness. They were consulted about their support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people and the relatives who gave us their views. People were encouraged and supported to maintain and increase their independence.

People received care and support that was personalised to meet their individual needs. In the supported living houses, people were supported to access local events to enhance their social activities. This meant people had access to activities that took into account their individual interests and links with different communities.

People received effective care and support from staff who knew them well and were well trained. They told us staff had the training and skills they needed when providing their care and support. People received effective health care and support. Medicines were stored and handled correctly and safely.

People knew how to complain and knew the process to follow if they had concerns. People's rights to make their own decisions were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Where people were potentially being deprived of their liberty, the service had made the relevant commissioning authorities aware. This was so that commissioners could make applications to the Court of Protection for the appropriate authorisations.

People's right to confidentiality was protected and they received support that was individualised to their personal preferences and needs. People's diversity needs were identified and incorporated into their care plans where applicable.

People benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff. Staff were happy working for the service and people benefitted from staff who felt well managed and supported.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service had improved to good and was safe. The service had introduced a new medicines training system. They had ensured that all staff were fully trained and assessed as competent before being allowed to assist people with their medicines.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

There were sufficient numbers of staff, and recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

### Is the service effective?

Good ●

The service had improved to good and was effective. The service had introduced a new training and performance appraisal provision and monitoring system. This meant people benefitted from a staff team that was well trained and felt supported by the service. Staff had the skills needed to deliver care and support to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. Where people were potentially being deprived of their liberty, the registered manager had contacted their funding authorities so that appropriate applications could be made to the Court of Protection.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health needs were met.

### Is the service caring?

Good ●

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

was caring and respectful.

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

People's right to confidentiality was protected. People's dignity and privacy were respected and people were supported to be as independent as possible.

### **Is the service responsive?**

**Good** ●

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service provided was responsive in recognising and adapting to people's changing needs.

People spoke to care staff if they had any concerns and felt they responded well to any concerns raised.

### **Is the service well-led?**

**Good** ●

The service had improved to good and was well-led.

Quality assurance systems had been put in place to monitor the quality of service being delivered and the running of the service. The system introduced was effective in ensuring the service obtained and maintained compliance with the fundamental standards.

Staff were happy working at the service. They felt supported by the registered manager and local managers and thought the training and support they received helped them to do their job well.

# Total Health Support and Training Services Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 March 2018. It was announced and was carried out by one inspector. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

We used information the provider sent us in the Provider Information Return (PIR). 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. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with the registered manager and the office staff. As part of the inspection we sought feedback from 17 people who use the service and received responses from four. We received feedback from five relatives of people who were not able to give us their views. We requested feedback from seven community professionals and received responses from two. We also requested feedback from 28 members of staff and received eight responses.

We looked at five people's care plans, daily notes, monitoring records and medication sheets. We saw six staff recruitment files, staff training records and the staff supervision and appraisal log. We reviewed a number of other documents relating to the management of the service. For example, audits, policies, incident forms, staff meeting minutes, compliments and concerns records.

# Is the service safe?

## Our findings

At the last inspection on 14 and 15 February 2017 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff were suitably competent to handle medicines. At this inspection we found people's medicines were handled safely. The provider had taken the action they said they would take to improve and had met this fundamental standard. The training records confirmed staff had received training and that their competence had been checked by a manager observing them administering medicines. Only staff trained and assessed as competent were allowed to administer medicines. Medicines administration record sheets were up to date and had been completed by the staff administering the medicines.

People were protected from the risks of abuse. Staff knew what actions to take if they felt people were at risk. They were confident they would be taken seriously if they raised concerns with the management. People told us they felt safe from harm or abuse from their care workers. Relatives said they felt their family member was kept safe by the service. Community professionals felt people were safe at the service and that risks to individuals were managed so that people were protected.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with moving and handling or related to specific health conditions such as epilepsy. Risk assessments of people's homes were carried out and the majority of staff were aware of the lone working policy in place to keep them safe in their work. One member of staff said they were not aware of the lone working policy. This was passed to the registered manager who planned to remind all staff about the policy.

People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included all required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks.

Staff were provided in line with the hours of people's individual care packages. All staff except one said they had enough time to provide the care people needed within the time allocated to them. One staff member commented, "not all the time". The registered manager planned to check with staff and review packages if any times needed adjusting. Relatives said staff usually arrived on time and did everything they should do at each visit. Community professionals felt there were enough staff to keep people safe and meet their needs.

Emergency plans were in place, such as emergency evacuation plans and plans for extreme weather conditions. Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. The log showed appropriate action was taken promptly to deal with any incidents. Care plans were updated with actions staff needed to take to reduce the risk of a recurrence of incidents wherever possible.

## Is the service effective?

### Our findings

At the last inspection on 14 and 15 February 2017 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured care staff had received appropriate training and appraisal. At this inspection we found the provider had taken the action they said they would take to improve and had met this fundamental standard.

Following the last inspection the provider employed an additional, experienced, member of staff. The additional member of staff worked alongside the registered manager and together they introduced and implemented a new training and compliance monitoring system. All staff training provision had been reviewed and, where due, training had been arranged and undertaken by the staff. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire safety, health and safety, food safety and safeguarding adults. Other mandatory training included first aid, medicines and infection control. Additional training was provided to staff depending on the needs of individuals they worked with, such as epilepsy and dementia. From the training records we saw all staff training was up to date. The new system in place was working well and highlighted four weeks in advance to the registered manager when training for individual staff would be due. Where staff were due refresher training, dates had been booked. We saw a complimentary letter sent to the service by a relative the week prior to our inspection. In that letter the relative spoke about how pleased they were with the care received by their family member. They complimented the staff about always finding time to speak and explain things and went on to say, "I can only think it is down to the wonderful mandatory training you put in place and their loving, caring, dedicated nature."

The registered manager explained any new staff were provided with induction training which followed the care certificate developed by Skills for Care. The care certificate is a set of 15 standards that new health and social care workers need to complete during their induction period. Seven of the eight staff who provided feedback said they had completed an induction which had prepared them fully for their role before they worked unsupervised. One said they hadn't, although it wasn't clear from their feedback form if that staff member had started recently or prior to the last inspection. The registered manager planned to explore this feedback with the staff team to make sure all staff now felt they received the training they needed.

Some staff held additional relevant qualifications. Of the total care staff, six held a National Vocational Qualification (NVQ) in care at level 2 and four held an NVQ in care at level 3.

People benefitted from staff who were well supervised. The service aimed to provide staff with one to one meetings (supervision) six times a year followed by an annual appraisal of their work with their managers. Records showed staff were up to date with their formal supervision meetings and annual appraisals. Staff told us they had regular supervision which they felt enhanced their skills and learning. Relatives told us staff had the skills and knowledge they needed when providing care and support to their family members.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA) and understood their responsibilities. The MCA provides a legal framework



for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had a good understanding of the MCA and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. However, if people are living in their own homes it is still possible to deprive a person of their liberty in their best interests, via an application to the Court of Protection. The registered manager was aware that applications to the Court of Protection were necessary. Where applicable, she had contacted the people's funding authority to have appropriate assessments carried out and, where indicated, applications made to the Court of Protection for a deprivation of liberty order.

People received effective care and support from staff who knew how they liked things done. Community professionals felt the service provided effective care. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. The care plans were kept under review and amended when changes occurred or if new information came to light.

Where part of their care package, people were able to choose their meals, which they planned with staff support if needed. Staff supported people to obtain foods to meet their individual taste and diverse needs. Where there was concern that someone was losing weight, staff made referrals to the GP. Where nutritional intake was a concern, food eaten was recorded in the daily notes. The care plans incorporated advice from dietitians and speech and language therapists where people were on special diets or swallowing problems were a concern.

People received effective health care support from their GP and via GP referrals for other professional services. Community professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

## Is the service caring?

### Our findings

People and their relatives told us the care workers were caring and kind. One relative added that their family member had asked them to contact social services and let their social worker know that their "carer is fantastic" and another relative said staff were "very kind". Community professionals said the service was successful in developing positive, caring relationships with people using the service and one added, "[I have] found staff appear to be genuinely warm and caring and keen to offer a good quality of life to service users."

Staff knew the people who use the service and how they liked things done. Staff told us the time allowed in the care packages meant they were able to complete all the care and support required by the people's care plans. People told us they received care and support from staff they knew and who knew them. Staff were respectful of people's cultural and spiritual needs. Their equality and diversity needs were identified and set out in their care plans.

People and their relatives said staff treated them with respect and dignity. This was confirmed by community professionals, who told us the service promoted and respected people's privacy and dignity. People said the support and care they received helped them to be as independent as they could be. The care plans set out instructions to staff in how to provide care in a way that maintained the person's level of independence. The care plans gave details of things people could do for themselves and where they needed support.

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

We saw a compliment sent by a community health professional to the service after one of the people they supported had passed away. The professional wrote, "I wanted to say thank you to you and your staff for the hard work in caring for [name] with such complex needs. I have appreciated your contact and feel that between all of us we could not have done more to promote [name's] well-being." We saw another compliment from a relative sent at the end of a package of care for their parents. In the letter they commented, "The [staff] were wonderful – showing such care and compassion towards both my parents. I would have no hesitation in recommending your agency to anyone."

## Is the service responsive?

### Our findings

People received support that was individualised to their personal needs. Relatives said their family members received the care and support they needed, when they needed it. Community professionals thought the service provided personalised care that was responsive to people's needs. One professional added, "Based on my input with specific service users, staff appear to try hard to meet individual needs."

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal care. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people wanted. The daily notes demonstrated staff knew the people well and provided personal care based on the way individuals liked things done. People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes in people's health or needs to their senior or registered manager so that the care plans could be updated. The daily records showed care provided by staff matched the care set out in the care plans. People told us they were happy with the care and support they received from the service. The care plans we saw were well written and up to date.

People in the supported living houses were able to participate in different activities they were interested in. They could choose what they wanted to do and were also able to try out new activities when identified. They were involved in the local community and visited local shops, pubs, cafes and other venues. This meant people had access to activities that took into account their individual interests and links with different communities.

Information was provided, including in accessible formats, to help people understand their care and support. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was in the process of documenting the communication needs of people in a way that meets the criteria of the standard.

People and their relatives knew how to raise a complaint and were confident the service would take appropriate action. They said staff responded well to any concerns they raised. Staff were aware of the procedure to follow should anyone raise a concern with them. One relative commented, "If there is any problem it is corrected immediately."

# Is the service well-led?

## Our findings

At the last inspection on 14 and 15 February 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not established an effective system to enable them to ensure compliance with the fundamental standards. At this inspection we found the provider had taken the action they said they would take to improve and had met this fundamental standard.

Various different checks and audits had been introduced and were effective in monitoring the quality of the service provision. For example, at the end of each month all care records were audited including daily log records and medicines. Once a week the training records were checked to ensure any upcoming refresher training was booked. Staff files, supervision and appraisal records were also checked to ensure staff were up to date. Managers carried out spot checks on staff which included competency checks on their care practices in moving and handling and medicines management. The spot checks also assessed how staff worked with people who use the service. We saw that any issues identified during audits were dealt with. All records seen were up to date and accurate.

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

Feedback on the service provision was sought regularly from people and their relatives. The service had found that sending out annual survey forms was not working so they had introduced a new system and had started to ask people for feedback during spot checks, quality visits and twice yearly care plan reviews. They were developing a telephone survey that could be done more frequently also. People and their relatives confirmed they were asked their opinion on the service they received. On one care plan review we saw one relative had commented, "They are great, the carers are very professional and respectful."

People received a service from staff who worked in an open and friendly culture. Staff told us their managers were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager.

People benefitted from a staff team that were happy in their work. Staff said they were asked what they thought about the service and felt their views were taken into account. They felt well supported by the management team. Team meetings were held every month and, where possible, were arranged for times when all staff were able to attend. One staff member told us, "I have worked in different care agencies before but Total Health are the best. I really like working for them. They are a great agency." The service had a positive culture that was person-centred, open and inclusive. It had a well-developed understanding of equality, diversity and human rights and put these into practice.

Community professionals felt the service demonstrated good management and leadership and delivered

good quality care. Relatives said they would recommend the service to another person. One relative commented, "The service has been excellent." Another relative wrote to the agency saying, "I need to let you know how happy and appreciative we feel for the wonderful care my [relative] is receiving. The personal care is the best I have seen from any care agency." We saw a compliment from one person who was writing to the service to commend a named member of staff. The person wrote, "[name] is looking after me very well, with kindness, care and professionalism. Many-many thanks to her."