

## Total Case Management Limited

# Total Case Management

### Inspection report

Frodsham Business Centre  
Bridge Lane  
Frodsham  
WA6 7FZ

Date of inspection visit:  
11 November 2021  
19 November 2021

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Total Case Management is a domiciliary care agency providing personal care and treatment of disease, disorder and injury to 11 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported to have maximum choice and control of their lives and staff supported the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives and staff told us that people had been involved with decision making however, records did not always reflect the principles of the Mental Capacity Act (MCA) 2005. We have made a recommendation about improving records relating to the MCA.

Care plans and risk assessments were thorough and gave staff detailed guidance on how to keep people safe from avoidable harm. Relatives told us that their loved ones were kept safe. Comments included, "I feel [person] is safe in their care, I feel comfortable going out and leaving [person] with staff."

Staff were safely recruited, and people were fully involved with the selection of their staff teams. Staff received training and competency checks to ensure they administered medicines in line with best practice standards. Staff received training in infection control and used personal protective equipment (PPE) to help prevent the spread of infections.

Care plans showed detailed information around people's eating and drinking needs and included people's preferences. Innovative methods had been introduced to encourage people to be more independent with food and drink. Staff followed the advice of healthcare professionals and people achieved positive outcomes because the relationships between organisations were effective.

People were treated with kindness and respect. Relatives told us, "The care [staff] give is outstanding." People's communication needs were recorded in their care plan. Where people had limited verbal communication, assistive technologies were used effectively to allow them to express their views and be involved in decision making.

Relatives felt that the service was helping to meet their loved ones needs, preferences and outcomes. The views of people using the service were at the core of quality monitoring and assurance arrangements and governance was well-embedded into the running of the service. People told us they had not had to raise a

complaint but felt they would be listened to and felt confident any issues would be resolved.

The service had a systematic approach to working with other professionals to improve care outcomes and to ensure people met their goals. Visiting professionals spoke positively about the person centred care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This is the first inspection for this newly registered service.

Why we inspected

This was a planned inspection.

Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Total Case Management

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service specialises in the care and support of people with acquired brain injuries. Each person using the service has a direct relationship with a case manager who coordinates peoples care, support and rehabilitation.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 November 2021 and ended on 26 November 2021. We visited the office location on 11 November 2021 and 19 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five relatives about their experience of the care provided. We spoke with twelve members of staff including the provider, registered manager, office manager, case managers and care workers.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly work with the service.

# Is the service safe?

## Our findings

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

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

### Preventing and controlling infection

- Staff received training in infection control and used personal protective equipment (PPE) to help prevent the spread of infections.
- Staff completed weekly COVID-19 tests however, the type of test used was not always in line with current government guidance. We signposted the provider to government guidance and they took steps to immediately review their testing regime.

### Staffing and recruitment

- Staff were safely recruited.
- We were assured there were enough staff to safely care for people. However, agency care staff were consistently used to ensure staffing levels remained sufficient to meet people's needs. Where possible, they use the same staff to ensure people receive consistent care and support.
- Relatives told us that agency use was higher than they would like but acknowledged that the service was working hard to recruit permanent staff. One relative told us, "[staff] listened to me and there has been some improvements with numbers of agency staff used.
- People were fully involved with the selection of their staff team. For example, one person attends the interviews of potential staff before agreeing to accept them as part of their team.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong;

- Risk to people's health and safety had been assessed on an individual basis.
- Care plans and risk assessments were thorough and gave staff detailed guidance on how to keep people safe from avoidable harm.
- Accidents and incidents were responded to appropriately. There was an open culture in which all safety concerns raised were highly valued as integral to learning and improvement.

### Using medicines safely

- People were supported to take their medicines safely.
- Staff received training and competency checks to ensure they administered medicines in line with best practice standards.
- Medicine Administration Records (MAR) were well completed and showed medicines were given as prescribed.
- When medicine errors occurred, they were robustly investigated, and action was taken to reduce the risk of further errors.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had effective safeguarding systems in place and had access to a safeguarding lead who provided advice prior to making referrals to the safeguarding authority.
- Staff were aware of their safeguarding responsibilities and described the action they would take to report abuse.
- Relatives told us that their loved ones were kept safe. Comments included, "I feel [person] is safe in their care, I feel comfortable going out and leaving [person] with staff."



# Is the service effective?

## Our findings

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

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Relatives and staff told us that people had been involved with decision making however, records did not always reflect the MCA processes had been followed. The provider and registered manager had already identified this gap and work in this area was ongoing.

We recommend the provider continues to review their policies and procedures relating to the MCA to ensure their records clearly reflect correct legal processes have been followed.

- Staff knew the importance of gaining people's consent before delivering care and support. One relative told us, "[Staff] always obtain consent and [person] is fully involved" and "If [person] doesn't want to go somewhere, [person] doesn't go, [person] has got full choice."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

- People's needs were thoroughly assessed when they first started using the service and assessments focused on people's personal likes and preferences as well as their physical care and support needs.
- People had hospital passports which contained detailed information about their care and support needs. This ensured healthcare professionals in other healthcare services knew how best to support the person.

- Relatives told us that people had access to healthcare services as and when required. Comments included, "[Person] does get access to health professionals as needed, [staff] know [person] and know when something isn't right."

Staff support: induction, training, skills and experience

- Staff received training to complete their job roles effectively. Where people had specialist care needs, we saw that training was arranged.
- The registered manager regularly supervised staff to help ensure they had the skills and knowledge to perform their jobs safely.
- Relatives told us staff were competent in their roles. Comments included, "[Staff] are appropriately trained and very knowledgeable" and "[staff] know what they are doing."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Care plans showed detailed information around people's eating and drinking needs and included people's preferences.
- Innovative methods had been introduced to encourage people to be more independent with food and drink. For example, one person had recently started using a Neater Eater. A Neater Eater is a manually operated assistive technology to enable people with tremor or weakness to eat independently.
- Staff followed the advice of healthcare professionals and people achieved positive outcomes because the relationships between organisations were effective. One professional told us, "[Staff] maintains close liaison with myself as a treating clinician, to ensure that [staff] is abreast of the clinical goals."

# Is the service caring?

## Our findings

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

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

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

- People were treated with kindness and respect. Relatives told us, "The care [staff] give is outstanding" and "[staff] treat [person] like an adult and don't speak to [person] in a patronising way."
- Staff showed good understanding of people's likes, dislikes and preferences and explained how they supported people according to these. For example, one person liked to know what staff member would be supporting them the following day so staff created a photo board and before bed, they showed the person a photo of the staff who would be in the next day. Staff told us, "this gives [person] massive reassurance and stability."

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

- People and their relatives were involved in the planning of care needs. Care plans were reviewed regularly to ensure people's views were considered.
- Staff supported people to make decisions about their care. For example, we saw that people were included as part of team meetings and were encouraged to provide their input.
- People's communication needs and any assistance they needed was recorded in their care plan. Where people had limited verbal communication, assistive technologies were used effectively to allow them to express their views and be involved in decision making.

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in a way which focused on promoting people's dignity and independence.
- Staff had an opportunity to meet people prior to carrying out care tasks. This helped to maintain people's dignity.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted.
- Visiting professionals told us that the service is focused on providing person-centred care and support, and achieves good results.
- People's backgrounds, past interests and current goals and wishes were considered in helping to produce an activity programme which was tailored to them. For example, one person who had previous links with a military organisation wanted to dress in uniform and attend a remembrance Sunday commemoration. We saw that this was arranged according to the person's wishes.
- Staff had a good understanding of people's support and behaviours. For example, one person responded well to music, so the service arranged music therapy sessions. The relative of the person told us, "the difference in [person] was unbelievable, she was trying to get verbal with the music therapy and started saying some words."
- Staff actively seek out new technologies and other solutions to make sure that people live with as few restrictions as possible. One relative told us about the lengths staff went to ensure their loved one had a good experience on a recent holiday, they told us "they even hired a special wheelchair to go on the sand and on the boats."
- Staff supported people to stay in contact with those important to them. For some people, relatives were very involved in the care and this was acknowledged in care plans.

Meeting people's communication needs

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

- People's communication needs were discussed during the initial stages of the care planning process. This meant the service could identify if information needed to be developed in accessible formats.
- We saw examples where a translator had been used and the service had plans to recruit staff that spoke the same language as the person they supported.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place and people and relatives were provided with a copy of the complaints policy.

- Relatives told us they had not had to raise a complaint but felt they would be listened to and felt confident any issues would be resolved.

#### End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. However, the registered manager understood their responsibility to provide compassionate end of life care.

# Is the service well-led?

## Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The culture of the service focused on ensuring people received person-centred care that met their needs and preferences.
- Relatives felt that the service was helping to meet their loved ones needs, preferences and outcomes.
- The service had a systematic approach to working with other professionals to improve care outcomes and to ensure people met their goals.

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

- Staff were clear about their roles and responsibilities. People were directly supported by a case manager. The registered manager and provider had overall oversight of these relationships and ensured case managers were complying with regulatory requirements.
- Case managers had a variety of clinical expertise and we saw that regular discussions took place to share best practice and learning.
- The registered manager was clear regarding their role and responsibilities in accordance with reporting notifiable incidents to the CQC.
- Relatives spoke positively about the registered manager. Comments included, "[registered manager] is straight to the point, transparent, what you see is what you get, gets top marks from me."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The views of people using the service were at the core of quality monitoring and assurance arrangements.
- The service involved people, relatives and staff through regular reviews, team meetings and satisfaction surveys. The registered manager understood the importance of using this feedback to improve the service.
- Regular audits on areas of care provision including medicine administration and care plan reviews were undertaken to monitor standards, and to identify where improvements could be made.