

Total Homecare (Yorkshire) Limited

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Inspection report

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Date of inspection visit:

03 August 2017

04 August 2017

07 August 2017

08 August 2017

Date of publication:

11 September 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Our inspection of Total Homecare took place on 3, 4, 7 and 8 August 2017 and was announced.

At our previous inspection on 30 January 2017 we found breaches of regulation relating to safe care and treatment, good governance and failure to notify CQC of incidents. We rated the service as 'requires improvement' at that time, and 'inadequate in the well led domain'. We saw some improvements had been made to meet the relevant requirements and the service was no longer in breach of regulations regarding good governance and notifications. However, further improvements needed to be made around medicines management before the service was no longer in breach of regulation regarding safe care and treatment and we recommended further improvements to the quality assurance system.

Total Homecare is a domiciliary care agency, which provides care and support to people in their own homes throughout the Bradford area. The agency provides a range of services including personal care, preparing meals, shopping, domestic duties and day sitting. The registered office is located in Saltaire, near Bradford. At the time of our inspection there were 50 people receiving the regulated activity of personal care.

A registered manager was in post. 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.

People felt safe with the care and support provided. Safeguarding policies and procedures were in place. Staff had received safeguarding training and understood how to recognise signs of abuse. Accidents/incidents were documented with record of actions taken.

A list of people's medicines was kept in people's care records. However, these were not always up to date with the information on people's medicines administration charts (MARs). We identified some signature gaps on people's MARs although some omissions had been identified at audit by the quality manager.

Sufficient staff were deployed to keep people safe and safe recruitment procedures were followed. Staff received appropriate training to offer safe care and support and treated people with kindness and respect for their privacy. Staff supervisions were in place although staff appraisals still needed to be implemented.

Staff mostly arrived on time and stayed for the allotted period, although this was not consistently so. Some people told us they were not informed if staff were going to be late.

People's independence was supported and choices respected. People and/or their relatives were involved in the initial planning of their care and support. Care records reflected person centred, individualised care. Care reviews were on-going as people's care and support needs changed, although some people said they had not received a recent care plan review.

Complaints were taken seriously, investigated and appropriate actions taken. People were generally satisfied with the service they or their relatives received.

The registered manager was pro-actively seeking ways to improve the service and staff told us the registered manager was supportive and approachable.

People's opinions were sought about the quality of the service and some quality assurance systems were in place. However those relating to medicines management needed to be more robust.

We have made a recommendation about quality assurance systems.

We found one breach of Regulations and you can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Some improvement was required with medicines documentation.

Safeguarding policies and procedures were in place. People felt safe with the care and support provided although some people said staff did not always arrive on time.

Sufficient staff were deployed to keep people safe and ensure all care tasks were completed during visits. People gave us mixed responses about timeliness and reliability of care staff.

Is the service effective?

Good ●

The service was effective.

Staff training was in place and mostly up to date. A system of supervision and spot checks was in place.

The service was complying with the legal framework of the Mental Capacity Act 2005.

People were appropriately supported with their nutritional and healthcare needs.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind.

Staff understood about respecting people's privacy and dignity.

Care records demonstrated people's independence was supported.

Is the service responsive?

Good ●

The service was responsive.

Care records were person centred and individualised. Plans of care were formulated after completion of needs assessments.

People's personal preferences were respected.

Complaints were recorded and investigated appropriately.

Is the service well-led?

The service was not always well led.

A detailed quality assurance process to reflect analysis and lessons learned needed to be fully implemented.

The registered manager was supportive and approachable.

People were satisfied with the management of the service and quality feedback was sought from people who used the service.

Requires Improvement 

Total Homecare (Yorkshire) Ltd

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.

Our inspection of Total Homecare took place on 3, 4, 7 and 8 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the registered manager would be in.

The inspection team consisted of two adult social care inspectors, an inspection manager and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience used on this occasion had experience of domiciliary care services.

Prior to our inspection we reviewed the information we held about the service. This included looking at the information we had received about the service and statutory notifications we had received from the service. We contacted the local authority commissioners and safeguarding teams to ascertain their views on the service. The service had completed a Provider Information Return (PIR). This is a document which tells us about the service, what it does well and improvements it plans to make. We received the PIR in a timely manner and took this into consideration when making our judgements.

We commenced our inspection by speaking on the telephone with 11 people and five relatives of people who used the service on 3 and 4 August 2017. We visited the service's office on 7 August 2017 and spoke with the registered manager, the quality manager, the care co-ordinator and two care staff. We looked at how peoples' medicines were managed, looked at elements of five people's care records and reviewed other

records relating to the management of the service such as call logs, quality assurance audits, staff recruitment files and training records.

On 7 and 8 August 2017 we spoke on the telephone with four further staff members.

Is the service safe?

Our findings

People and their relatives told us they felt safe around care staff. Safeguarding policies and procedures were in place. Staff told us they received training in safeguarding vulnerable people and this was confirmed when we reviewed training records. The staff we spoke with were able to confidently identify different types of abuse. Staff told us they would report any concerns to the registered manager and felt assured that appropriate action would be taken. A whistleblowing policy was in place and staff were aware of this. Processes were in place for the documentation and analysis of accidents and incidents including missed calls although none had occurred since our last inspection.

Risk assessments were in place in care records which demonstrated individual risks to each person had been assessed. These covered areas such as the home environment, moving and handling and skin integrity. These provided information to staff on how to deliver safe care. However, one staff member told us the moving and handling training they received did not include practical demonstrations of how to safely use equipment such as hoists and slide sheets. They told us they were confident in how to use such equipment as they had worked in care for a long time but were concerned about staff who were new to care.

People told us staff supported them safely with their medicines and they received their medicines at the correct time. Comments included, "They do my medicines, they're alright I think", "They put my pills out for me to take," and, "They do my pills alright."

However, we observed although medicines spot checks and audit processes were in place, improvements were required with medicines documentation. For example, we saw signatures missing from a number of medicines administration records (MARs) although daily records indicated medicines had been administered. For example, one person's daily statin had not been signed for on 23 June 2017. The same person had signatures missing for the administration of their pain relief on the MAR on 18, 19, 20, 24 and 26 May. The quality manager told us they audited MAR charts monthly and we saw examples of where they had found errors with actions taken. However, they agreed the issues we highlighted had not been picked up. We concluded from speaking with the quality manager and reviewing daily records that people had likely received medicines as prescribed and this was a documentation error. However this meant there was not a clear record of the medicine support provided to each person.

People's medicines were administered via a dosette box system which reduced the risk of medicines errors. Information about people's medicines was listed in their individual medicines care records. However, we saw in some cases the information had not been kept up to date. For example, on one person's MAR we saw they had been prescribed pain relief four time daily, another medicine at night and another tablet to take once a day. There was no information about these medicines, what they were prescribed for or possible side effects in the person's care records. This meant staff did not have access to up to date records about people's medicines in order to ensure safe medicines management.

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

Staff told us they supported the same people each week which meant that they could get to know people and their needs really well. All of the staff we spoke with were very knowledgeable about the people they supported and had a good understanding of how to meet people's individual needs.

Staff told us where people required two staff members to help them move there were always two staff members allocated for these visits. We reviewed call logs and saw people were allocated two members of staff to assist with their care and support needs where required.

The registered manager told us they had recently introduced electronic call monitoring. They told us staff logged in and out of calls using a mobile phone application which alerted the office if staff were over 20 minutes late attending a visit or if the staff member left the visit early without documenting the reason. This meant the service could promptly identify any missed calls and mitigated the risk of people being left without care and support. After our visit to the service's office, one staff member told us there had been approximately four missed calls for one person in the month prior to our inspection. CQC raised a safeguarding alert with the local authority safeguarding team regarding these concerns. However, we spoke with the care co-ordinator following these concerns who told us there had not been any missed calls. They confirmed the computer system would generate an alert if this had happened. No alerts had been generated.

The registered manager told us they had introduced travel time onto the staff rotas and aimed to have the same staff on visits where possible. Staff told us they had noticed a significant improvement since the introduction of travel time and we saw this was reflected on staff rotas. They told us this meant they were less rushed and usually arrived at people's houses at a consistent time each day. Staff told us if they were running over ten minutes late they would contact the person to let them know or call the office who would contact the person on their behalf.

We reviewed call logs on people's daily records and saw these had showed some improvement since our last inspection and care staff were mostly staying for the required time. However, we saw some instances where staff had not stayed the allotted time and had not documented reasons for this in the daily records. For example, one person received a 45 minute call in the morning. On 2 and 3 June 2017, care staff had stayed 35 minutes. On 28 June, care staff remained 18 minutes at the teatime call instead of the allotted 30 minutes. Another person was supposed to have a 30 minute lunchtime call. Staff had left after 12 minutes on 7 June, 15 minutes on 13 June and 14 minutes on 15 June. The quality manager showed us evidence staff had been spoken to about leaving these calls early. We also saw this was an agenda item at staff meetings. The quality manager explained that sometimes the person asked the care staff to leave once all tasks were completed. When we spoke with people and their relatives, no concerns were expressed about staff not completing tasks or leaving the call early. However, the registered manager agreed this was not always documented in the daily records.

People we spoke with gave differing responses about the consistency and timeliness of staff. Comments included, "They are on time", "They are on time, they used to be late in the mornings but that's much better now", "They are pretty much on time, sometimes they are late, they don't ring to say", "They are not often on time", "They are quite late, over an hour sometimes, they don't ring,", "It's all different ladies but some are more regular than others," and, "Regular carers? Not really, I call it the 57 varieties; we get all sorts." People's relatives commented, "They come four times a day and they are more or less on time, very seldom have they ever been really late. We have two carers as (relative) is hoisted and they come pretty much together", "We have two visits a day which are double ups and they are pretty much on time, it's usually two of three regular carers" and, "My issue is with the care agency is that if someone goes off sick the whole shift changes rather than getting someone from the office to fill it. If someone comes who has never been before they might as

well not come." People's experiences were therefore mixed and showed there were still some timeliness and reliability issues to be addressed by the service.

We looked at staff rotas and saw sufficient staff were deployed to keep people safe. Staff told us that unexpected absences such as sickness were usually covered by staff picking up additional calls. Staff did not raise any concerns about staffing levels and overall said the office staff worked hard to ensure all calls were covered. Staff told us they had sufficient time in each call to ensure all tasks were covered. On call arrangements were in place with members of the management team rotating and holding an 'out of hours' phone.

Procedures were in place to ensure safe recruitment procedures were followed. This included attending an interview and completing safety checks including references and Disclosure and Barring Service (DBS) checks before starting work. Our discussions with staff and examination of staff records confirmed these mostly took place although we saw one staff member's application form had gaps in employment with no documented evidence of this being discussed at interview. The registered manager told us they would amend the recruitment process to address this omission.

We saw a supply of gloves and aprons were readily available for staff at the service's office. Staff signed to show when they had taken stocks of these. We saw staff signed for gloves regularly throughout June 2017, however only three members of staff had signed to say they had removed a stock of aprons. People and relatives we spoke with told us staff wore gloves but most people said they had not noticed staff wearing aprons. We saw the use of aprons and gloves was an item on the staff meeting agenda and the registered manager told us they had sent out text message reminders to staff about the use of protective equipment. A staff member we spoke with commented, "I just came in the other day for more gloves and aprons."

Is the service effective?

Our findings

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and the registered manager understood their legal responsibility under the Act. Staff had received training on the MCA and understood how to apply the principles in their role.

People's care records contained information about their ability to make decisions including capacity assessments. We saw evidence that people or their relatives had been involved in decisions relating to care and support. We saw consent forms were present in people's care records for areas such as medicines administration, key holding and authorisation for viewing care records.

People told us they were offered choices during their care and support which was evidenced in their daily records. Staff gave us examples of how they offered choices, such as what the person wanted to eat or drink, what they wanted to wear and when they wanted to get up or go to bed.

Staff told us they received regular training on key areas such as moving and handling, safeguarding and medicines management. The staff we spoke with demonstrated a good understanding of the key topics we asked them about which showed us their training had been effective. Most people told us they felt confident staff had been trained effectively. One person's relative commented, "The girls all know what to do, we have a hoist in the bedroom and one in the living room and that's done all fine as (relative) is in wheelchair now. The girls spotted (relative) needed a new hoist strap as (relative) has lost so much weight and got it ordered, so they are on to things like that." However, another relative commented some staff needed to take more time over their relative's manual handling.

We spoke with the registered manager who told us all new care staff attended a four day induction training course at a local venue and received practical training such as moving and handling at that time. Staff then spent a day at the office, going through policies and procedures and the induction booklet, before spending time shadowing an experienced member of staff on a number of shifts, dependant on their experience. Staff new to care were enrolled on the Care Certificate. This is a government recognised training programme designed to equip staff new to care with the necessary skills for the role.

New staff told us they had received an induction which included training on key subjects and a number of

shadow shifts. We saw staff had received initial training in subjects such as moving and handling, infection control, food safety, equality and diversity, Mental Capacity Act, medicines, safeguarding, first aid and palliative care. However, some staff told us the induction process could be more thorough and include more shadowing shifts for staff new to care to increase their confidence.

We saw the registered manager had a training schedule displayed on the office wall which identified which staff had attended training and where training was required. For example, we saw seven staff members had been identified as requiring further moving and handling training. Other on-going training included Mental Capacity Act/Deprivation of Liberty Safeguards, safe administration of medicines, catheter care and Parkinson's.

We saw regular supervisions had been introduced since our last inspection and staff were subject to regular spot checks. These covered areas such as timeliness, infection control, completion of tasks and medicines. We saw the registered manager had yet to implement a system for annual appraisal. However, they told us they had identified three staff members who had been employed for over two years where these were overdue and planned.

Some people were supported with their nutritional needs. We saw clear guidance in place in care records to ensure staff were aware of people's dietary preferences. This included what food they enjoyed eating at different times of the day and what drinks they wanted staff to prepare. For example, we saw one person liked to have hot drinks left in a flask for them to drink after care staff had left. We saw daily records confirmed this took place.

All the people we spoke with told us they or their relatives managed their health care needs. However, staff we spoke with were clear on what they would do if concerned about a person's health and would call relatives, the person's GP or an ambulance if the situation was an emergency.

The registered manager told us that staff worked with the same people where possible to build up relationships and increase the effectiveness of communication. Most staff we spoke with confirmed this. People we spoke with commented that communication with the office was good. We saw the service had a system in place whereby any service specific information was communicated via text message which staff could then access with their mobile phones. This ensured staff were kept up to date effectively with any changes to people's care and support.

Is the service caring?

Our findings

People told us staff were kind and caring. Comments included, "The girls are very nice, very nice indeed", "They are very good to me", "The girls are very nice", "They are all very kind, very cheerful and quick," and "They are very nice to me." One person commented some staff were nicer than others. Relatives also were complimentary about the care staff. Comments included, ""They are very nice to (relative), very kind and they are polite to us", "They are very pleasant to my (relatives)", "They are very good with (relative) and they get on with each other fine", "My(relative) has got used to them now and has a little chat with them; (relative) quite likes them," and, "When (relative) was in hospital the carers would ring me to see that (relative) hadn't come home unexpectedly and I needed help; so kind."

Staff told us they knew people's care and support needs and generally visited the same people which maintained consistency and allowed them to build a rapport with people. Staff demonstrated their knowledge of people in the responses to our questions. A staff member told us, "I generally get the same clients. I can get everything done in time and will have a cup of tea and a chat."

Staff demonstrated a good awareness of the need to maintain people's privacy and dignity in their day to day work, such as ensuring they closed doors and curtains when supporting people with personal care. Comments from relatives included, "They look after (relative's) dignity well," and, "The girls are very nice and they look after my (relative's) privacy well; they do all the sort of things they should."

Care records and feedback from staff and people who used the service demonstrated a high regard for promoting people's independence when possible. For example, a staff member told us how they encouraged a person to mobilise independently and to wash areas they could reach themselves with a flannel during personal care.

We saw care records were stored securely at the office premises. This showed the registered manager had taken steps to treat people's confidential information appropriately.

People and their relatives told us they had been involved with planning their care when they commenced at the service. One person told us, "We had a care plan in the beginning. It's in the folder on the desk," and a relative commented, "We did a care plan when we started."

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. Staff provided examples of how they respected people's specific cultural and religious needs. For example, one staff member described in detail the specific steps they took to ensure they respected one person's religious needs when supporting them with their personal care.

Is the service responsive?

Our findings

Staff told us people's care plans were detailed and provided them with sufficient information to meet people's needs during each visit. Staff told us if there had been a change to people's needs their care plan would be promptly updated and staff who supported this person would receive an email to inform them of the changes. One staff member told us, "We get messages about updates," and another commented, "I read care plans before I commence care. I always read the care plans to see if anything has changed."

We saw people's care and support needs were assessed prior to service commencement to ensure the service could provide the required level of support. The registered manager told us they would turn down care packages and had done so if they were unable to fulfil people's care and support needs. Plans of care were put in place which we saw were completed with discussion and agreement from the person receiving care or their relative. People or their relatives had signed to confirm they agreed with the care plan.

Our review of care records concluded these were person specific and contained detailed information about what was required at each call and information about the person. This included information about the person's history, preferences, likes and dislikes. For example, we saw one person's nutritional records stated they liked to have a drink left for them in a flask, which would be tea or coffee during the day and a milky drink during the evening. Daily records confirmed this had been done. Another person's care records showed they enjoyed specific food and we saw from daily records this had been provided.

Care records were reviewed as people's needs changed although the registered manager told us they aimed to review all plans of care annually. We saw review documentation in care records although some of these had not been completed. We spoke with the registered manager who told us they intended to utilise these forms when reviews took place in the future. We also spoke with them about involving people and/or relatives with care plan reviews wherever possible to ensure updated care records were as person centred as possible. They told us they tried to involve people and/or relatives with reviews but this was not always possible. A relative told us, "They are coming out to do a full re-assessment for my (relative) soon," and another said, "We have had a review of the care plan." One person commented, "Someone came and asked me a lot of questions a little while ago." Other relatives and people said they had not yet been involved with reviewing care plans. One relative told us, "I don't think there has been a review recently, my (relatives) don't have good English so would need me there and that hasn't happened."

A complaints policy was in place and most people told us they were aware how to complain if they needed to. People we spoke with told us they had not needed to make a complaint. We saw one complaint had been received since the last inspection. We saw this had been investigated by the registered manager and responded to within a timely manner. The registered manager told us they would analyse complaints to look for themes and trends as part of the quality process. This demonstrated the service took complaints seriously and investigated appropriately.

The service had received two written compliments since our last inspection. People were mostly positive

about the quality of the care they received and told us staff provided good support. Comments included, "They all seem well trained", "They know what they are doing," and, "We are quite happy with it." One person's relative commented on how impressed they were with the responsiveness of staff when their relative appeared unwell, contacting them and the GP.

Is the service well-led?

Our findings

At our last inspection in January 2017 we rated the well led domain as inadequate. At this inspection we saw improvements had been made which meant this the domain was no longer inadequate. The new manager in post at the last inspection was now registered with the Care Quality Commission. However further sustained improvements were required before this domain could be rated above requires improvement.

At the last inspection, we found processes and systems were not in place to monitor and drive service improvement. At this inspection we saw the registered manager had put in place a number of quality assurance systems, such as reviewing and checking medicines administration records (MARs), quality spot checks on staff and care plan and quality survey reviews for people who used the service. We saw actions had been taken as a result of these in order to drive improvements within the service; for example, discussions with staff at supervision or staff meetings. Only one complaint had been received which had been investigated and analysed. However, we saw a more robust system of quality assurance needed to be implemented, particularly with regards to the medicines audit to ensure issues such as those we found at inspection were identified and addressed, including reviewing and questioning short call times.

We would recommend that the registered manager implements a more formal and detailed quality assurance process, reflecting analysis and lessons learned in order to accurately reflect service improvement.

People's feedback was sought through regular service user questionnaires, telephone surveys and from speaking with people when they completed staff spot checks. We saw the results of these which showed people felt the service had improved over the last few months.

Most people we spoke with were satisfied with the management of the service although most said could not remember receiving a survey or feedback about the service. Comments included, "The office is lovely if you ring, no worries love it's all fine", "It's all fine", "The office are OK when you ring them, I've had no problems with that. I have had a survey. No complaints really but I think it's pretty much the same as when we started," and, "It's very good, I have no complaints. The office is very pleasant if you ring them. It hasn't changed." However, one person told us, "I think they have got worse lately." Relatives we spoke with also were generally satisfied with the service although one commented they thought improvements had not been sustained, saying, "It did get better for a while but it seems to have gone downhill again. They lost two good carers at Christmas and it shows. The office aren't very 'customer friendly' and they seem to panic a bit." Another relative commented, "We haven't had a questionnaire. They did get much better over the last few months but with the holidays it's gone backwards again, as we have had different carers over the last few weeks, but generally it's improved. The office is quite helpful if you ring."

Feedback from staff indicated that there had been an improvement in the management of the service since the new registered manager had come into post. Staff told us the registered manager was accessible and approachable and was prompt to act on any concerns. One staff member told us, "The new manager is

brilliant, things have really improved since they came on board." Another staff member told us, "The new manager is so much better. I find them more approachable and you can email her directly with any issues. They are really on the ball and always get back to you to resolve issues straight away. Before they came you wouldn't get a response from the old manager, so I feel more supported." Another staff member described how they had raised concerns to the registered manager regarding a person's health and wellbeing. They said the registered manager promptly arranged for the person's GP to visit them which had resolved the situation.

Some staff said that other members of the office staff should be more professional such as by ensuring they didn't "gossip" about other staff members. During our inspection, we found the management team to be open and honest about improvements still to be made at the service and were keen to implement these. The registered manager attended local area provider meetings and had joined an online forum in order to keep updated with best practice.

The registered manager told us they received good support from the provider who visited the service to discuss any issues or concerns on a monthly basis. They told us the provider contacted them on the telephone each week to check the service was running smoothly. We saw the provider also conducted telephone surveys with people who used the service and had visited some people in their own homes since the last inspection to discuss the quality of the service and improvements that could be made.

We saw two staff meetings had been held since our last inspection and staff had signed to indicate their attendance. Items on the agenda included infection control, travel time, sickness, call monitoring, communication sheets and MAR charts. Staff surveys had been sent out by the provider since our last inspection and results summarised, although a formal system of feedback needed to be implemented. This confirmed staff were involved in discussions about improving the quality of service provision.

Some staff told us that office staff regularly performed unannounced spot checks to observe their practices. We also spoke with a senior care worker responsible for performing these checks. They told us they checked a range of areas such as whether staff were wearing the correct uniform, arrived on time, whether they completed care records and MAR charts correctly and how staff interacted with people. They said any issues were addressed through staff supervisions. However, our discussions with staff indicated that the provider needed to ensure all staff received these checks, including staff who only worked night shifts.

Most of the staff we spoke with told us they would recommend Total Homecare to others because they felt the service provided good quality care. One staff member told us, "I would definitely recommend the service to others. We provide a good standard of care because staff work well as a team and always put clients first." Two staff members told us they had already recommended the service to others.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The proper and safe management of medicines; the recording of medicines was not always in line with current legislation and guidance.</p> <p>Regulation 12 (1) (2) (g) Health and Social Care Act (Regulated Activities) Regulations 2014 Safe Care and treatment</p>