

Total Quality Care Services Ltd

# Total Quality Care Services Ltd Birmingham

## 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

The inspection took place on 22 August 2017 and was announced. We gave the service 48 hours' notice of the inspection because we wanted to ensure that the registered manager was available. This was the first inspection of this service since it registered with us on the 07 January 2015. This is because although registered with us no one was using the service until 2017.

Total Quality Care is registered to provide a personal care service to adults in their own homes. At the time of the inspection three people were using the service. The service is a family run service employing three staff and supporting three people. On occasions the registered provider/manager would also undertake care calls.

There was a registered manager in post who was also the provider. 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.

The registered manager and staff were knowledgeable about how to keep people safe and recognized the different forms of abuse and the action to take if required, in order to keep them safe.

The registered manager and staff had the necessary skills and knowledge to meet people's individual needs.

People received the support they required with their diet. Other health services were advised of changes in people's health and circumstances by family members.

People's rights were protected and their consent was always sought before and during care. The service was delivered in a way that enabled people to make decisions on how they were supported and their wishes were met according to their preferences and choices.

The registered manager and staff had undertaken appropriate training so they would know how to support people who lacked capacity to make decisions for themselves. People's dignity, privacy and independence was respected.

People were involved in the planning, assessment and review of their care and knew who to contact if they were unhappy about any aspect of their care. There was a system in place to manage complaints.

Systems were in place to monitor the service to ensure people received quality care.

## 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 was safe.

People were supported in a way that made them feel safe and there was sufficient staff to ensure people received support as planned.

There were systems in place to identify risks to people and staff and the registered manager was aware of these, and how to minimise risks.

Safe recruitment processes were followed. Pre-employment checks were carried out to ensure staff were safe to work with people.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received support and care from staff that were knowledgeable about people's needs, preferences and choices.

People were supported by staff that had the skills and knowledge to assist them and their consent was sought before they received care and support.

People were supported by staff with healthy meals where appropriate. People were supported to contact other healthcare professionals when required.

People's rights were protected by staff that understood their responsibilities to care for people lawfully.

### Is the service caring?

Good ●

The service was caring.

People had developed good relationships with staff and the registered manager who said they were caring, polite and

promoted their independence.

People were supported to express their views and make decisions about the care and support they received.

People felt their privacy and dignity was maintained and their independence encouraged.

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

**Good** ●

The service was responsive.

People were included in the planning and reviewing of their care so that care was delivered in a way that met people's individual needs and preferences.

People's views were sought and the provider used this feedback to drive improvements.

People knew how to make a complaint if they were unhappy and were confident that these would be dealt with efficiently and effectively.

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

**Good** ●

The service was well led

People had confidence in the registered manager and felt the service was well run.

There were systems to capture and respond to people's experiences and monitor the quality of the service provided.

# Total Quality Care Services Ltd Birmingham

## **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 was 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 22 August 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services and we needed to ensure that the manager would be available to assist with the inspection.

The inspection team consisted of one inspector. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events such as safeguarding concerns, accidents and incidents that may affect the welfare of people using the service.

During the inspection we spoke with one person who used the service and a relative of another person. We also spoke with the registered manager who was also the provider and a staff member. We looked at records relating to all three people using the service. We looked at three staff recruitment records to check the provider's recruitment processes and at records relating to the management of the service including systems used for monitoring the quality of care provided. We also looked at the information the provider had sent to us in the Provider Information Return [PIR]. This is information we request from the provider so they can tell us how the service is being managed. The PIR also gives the provider the opportunity to tell us what they are doing well and what improvements they are making to ensure an effective service is provided to meet people's care need safely.

## Is the service safe?

### Our findings

People we spoke with confirmed that they felt safe with staff and how staff supported them. One relative told us, "I feel yes he is safe, [named person] is looked after and the staff member is very kind and caring. [Named person] would be able to tell me if he did not feel safe and he has never said anything. [Named person] likes the care worker and says that he looks after him well. The only comment I would make is that the care worker needs to use his Initiative a bit more, for example, if [named person] needs support with a doctor it is not necessary to contact me unless there is a problem, named person will tell the care worker. Apart from that we are both happy with the care." Another person told us, "Yes I feel safe with staff. He listens to what I want doing and always makes sure that I am safe and well before leaving."

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "If I had any concerns I would report them to the manager." A recent safeguarding had been raised and the registered manger had taken the appropriate action to safeguarding the person.

A recent visit by the local authority had identified areas for improvement. We saw that an action plan was in place from the local authority. The registered manager had completed the work that had been recommended. But was yet to be assessed by the local authority. This involved improvements in meeting people's needs and identifying and managing people's risks in the environment. Records we looked at showed that risks assessments were detailed and were reviewed regularly to ensure that any changes to peoples identified risks were recorded so that staff had the information they needed to keep people safe. One person told us, "I am involved in every aspect of my care; we discuss what I want, what the risks are and come to an agreement. It is my choice what risks I want to take and the staff support me in this."

Staff spoken with had the knowledge they needed to support people with their medicines if needed. All three staff had completed training in the administration of medicine. Staff told us that if they had any concerns about medicines, for example a new prescription they would discuss this with the registered manager and the individual they were supporting. One person who used the service told us, "He (staff member) will support me if needed. But I do my own medication. I will continue to do so until I feel I need help." This showed that there were systems in place to assist people to be as independent as possible with the management of their medicines.

The providers information return (PIR) told us, "As an agency we do operate a robust recruitment and selection process. We are able to attract the right level of candidates who have the passion, zeal and above all who are caring. All our employees have their DBS taken prior to starting employment with us. Our employees undergo mandatory trainings before they are signed off as competent lone workers. We ensure that they complete the Care Certificate during the induction period. By so doing our workers are knowledgeable about the legal requirements for the completion of the job role."

Staff recruitment files and all of the staff we spoke with confirmed that the provider's recruitment processes promoted the protection of people who used the service. This included a formal interview, references and a

Disclosure and Barring check (DBS). We saw that staff performance was monitored and managed through regular supervision meetings and spot checks. This showed that the service had effective policies and procedures in place to keep people safe.

People using the service have regular care staff who support them. People told us that there were no missed calls and staff arrived on time. The agency is a small agency with three staff and three service users. People currently have the same member staff to care for them which means all three service users received continuity of care from the same staff. The registered manager told us it was their intention to recruit more staff before expansion. This would allow staff to be matched to individual people and continue the continuity of care. The registered manager told us that she intended to expand slowly as it was most important that people received care that was not rushed and was person centred. The registered manager told us that she did not want to lose that aspect of the service. We found that the provider return (PIR) reflected what we saw during our visit.

## Is the service effective?

### Our findings

Everyone we spoke with told us that they thought the staff were trained and they were confident that the staff that supported them had the knowledge and the skills they required to do their job safely and effectively. One person told us, "I think they have had training but what I like is that he (staff member) allows me to train him in how I liked to be supported. I am very happy with the care I get; I do not know what I would do without him. He is kind and is always willing to help." A relative told us, "I not sure what training staff have had but they look after [relative] well. But as said earlier a bit more initiative is needed." Staff we spoke with told us the training they had received ensured they were able to do their job effectively. This included an induction programme which covered the care standards as well opportunities for shadowing with the registered manager before they started care calls independently.

The provider information return (PIR) told us, "As an agency we ensure that we keep in line with current legislations through research and also ensuring that our employees continually develop through trainings. We ensure that our employees receive supervision as well training that is in line with the adult that they support." Records we looked at showed that the staff had completed training to ensure they had the knowledge and skills they required to meet people's needs. The registered manager had support systems in place to ensure staff had regular supervision to develop their skills. Staff meetings were held so discussion could take place about improvements if needed. Staff told us that they were confident if they had any questions or concern that the registered manger would listen and support them. The training completed by staff included the care certificate. The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction. We found that the provider return (PIR) was an accurate reflection of what we saw during our visit.

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 people 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. People currently using the service were able to make their own decisions. Staff spoken with told us if they had any concerns about a person's ability to make decisions they would inform the manager. The registered manager had a good understanding of the principles of the MCA.

We found that people were supported to maintain good health. Care records we looked at had very detailed information about people's health and care needs, which included specific information about the individual's medical conditions. This showed that information was available for staff if and when required.

One person told us if they needed support with contacting the doctor the staff would help them. they told us, only have to ask for help and its there. Sometimes I cannot use the phone to call the doctor so staff help me." The registered manager told us that they would support people to access health and social care services where required. Staff confirmed that if a person was unwell, and they could not call the doctor then



they would assist them to do this and always inform the family that they were feeling unwell with the permission of the individual. All staff spoken with knew what procedures to follow in the event of an emergency or not being able to access a person home and there were on call arrangements in place for out of hours.

Where required people were supported with their dietary needs. Staff assisted people with their meals by preparing food for them. People told us that they chose their meals and staff would prepare the meals for them. Staff told us if a person was not eating to stay well then they would report to the registered who would complete a review and if needed contact their family.

## Is the service caring?

### Our findings

People told us they were happy with the service provided. The registered manager was able to tell us how they involved people in making decisions. People were given every opportunity to make choices for themselves, for example when choosing clothes to wear or how they wished to be supported with personal care. Records showed and the registered manager confirmed that an assessment of the person's care needs was completed so the agency could be sure that they could meet the person's needs. In discussion with the individual a care plan was produced. This included information about the person's abilities and what they could do for themselves as well as the areas they required support with. We also saw information about how staff were to support the person to maintain their independence and build their confidence. Any changes to the person's care needs, including when areas of need had become areas of dependence were recorded in the person's care records.

People spoken with confirmed that the registered manager and staff discussed all aspects of their care and included people's preference and the choice they had made. One person told us, "Staff always ask their views and discuss what they want on a daily basis." They went on to say, "Each day is very different and staff adapt to what I want so I am in charge of the support I get. Very happy with the agency; they help me remain independent."

The registered manager ensured staff were trained properly and knew how to show dignity and respect to people. During induction staff were introduced to the person and ensure that they knew how they wished to be supported. One person told us, "They always treat me with respect, and call out when they first come in so that I know who it is." We found that the provider return (PIR) was an accurate reflection of what we saw during our visit.

The registered manager and staff were clear about what was important for people in respect of their individuality, preference, choice, privacy, dignity and independence. For example the registered manager told us, "We have to do what people want us to do, not what we want to do, it's their choices so their dignity is respected." Staff told us that when they visited people they were guided by what they wanted and how they wanted things done. One staff member told us, "We ask people what they want us to do"

## Is the service responsive?

### Our findings

We found that the registered manager ensured that people received personalised care that was responsive to their individual needs. One person told us, "It's my choice of what is needed. Staff do what I want, they never do anything I have not requested. Staff are so willing to please."

People were introduced to the staff member who would be supporting them which was reviewed to ensure that the staff were meeting the person needs; if required adjustment were made. For example, a risk assessment had been completed for one individual in relation to their care and the environment. This was discussed with the individual who had the opportunity to exclude information that they did not want included in the risk assessment. The information was documented so both the agency and the individual had a clear understanding. There was an agreement to re assess at regular intervals.

Peoples' care records we looked at were individualised and contained information and guidance about all aspects of people's health, social, and personal care needs. Care recorded included background information about people's expectations and ability to make decisions. Changes in people's care needs were discussed with people recorded, reviewed and updated. Care plans included people's emotional needs and people's wellbeing so staff would be able to recognise when people were acting differently so that the appropriate actions could be taken.

People spoken with knew how to raise issues with the register manager if they were unhappy with their care. One person told us that they had spoken with the registered manager about an issue and this was very quickly resolved. They told us, "If there were any problems I know that these would be addressed." There was a complaints procedure in place that was given to people using the service so they would know who to contact.

People spoken with confirmed that the registered manager and staff discussed all aspects of their care and included people's preference and the choice they had made. One person told us, "Staff always ask their views and discuss what they want on a daily basis." They went on to say, "Each day is very different and staff adapt to what I want so I am in charge of the support I get. Very happy with the agency; they help me remain independent."

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they wanted things done. One staff member told us, "We ask people what they want us to do"

## Is the service well-led?

### Our findings

People spoken with and a relative were happy with the service provided and told us that care staff were kind and considerate. The service had a registered manager. 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.

The registered manager told us and we saw that although there were only three people using the service, systems for monitoring the quality and safety of the service were in place. We saw that the registered manager undertook audits to identify any shortfalls in the service and to ensure that any issues were addressed in a timely way. For example, we saw changes were made to people's care records when needed and risks were identified and monitored for trends and patterns. We also saw that the registered manager consulted on a regular basis with the person who used the service and their relative to ensure they were satisfied with the service and the care being provided was meeting their needs. This meant that the registered manager had policies, procedures, systems and processes in place for managing the service to ensure that people received a good service.

The provider information return told us, "As an agency we respond positively to feedback. When things go wrong we are open and honest with the people who use our service about the things that have gone wrong and why this has happened." We found that the registered manager knew and understood the requirements for notifying us of events that may affect the health and welfare of people who used the service. The registered manager was open and transparent with clear visions and values, in relation to providing good care for people. A visit had taken place from the local authority and areas for improvement had been identified. The registered manager had acted and implemented systems to address the issues identified.

Staff told us that the registered manager was always open to suggestions and very good at communication. The staffing levels were suitable to meet the needs of people using the service. The agency is a family run service with both the registered manager and partner undertaking calls. The agency employs two staff who are related however do not work together when visiting people who use the service. We discussed with the registered manager the need for a policy in relation to employing people who were relatives. This would ensure that people using the service were protected and conflicts of interest would be minimised. We found that the provider return (PIR) reflected what we saw during our visit.