

Totus Care Ltd

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## Inspection report

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19 April 2016

21 April 2016

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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 domiciliary care inspection took place over three days on 15, 19 and 21 April 2016. Totus Care is a domiciliary care agency that provides care and support to people with complex needs arising, for example, from autism and learning disabilities. Support staff are provided to enable people to remain living at home in their local community.

When we inspected the service provided care and support to six people. The service is predominantly provided to people living in and around Kettering although it is not restricted to this area of Northamptonshire.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (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.

People were supported in their own homes by trained support staff that were able to meet people's needs safely. People were also protected from the risks associated with the recruitment of support staff unsuited to the role by robust recruitment systems. There were sufficient numbers of support staff employed to meet people's assessed needs. People or, where applicable, their representatives had been kept informed in a timely way whenever support staff were unavoidably delayed, or when another member of support staff had to be substituted at short notice.

People's care plans reflected their needs and choices about how they preferred their care and support to be provided. Risk assessments were in place to reduce and manage the risks to people's health and welfare.

People benefitted from receiving support from support staff that were caring, friendly, and responsive to people's changing and often complex needs. Support staff were able to demonstrate that they understood what was required of them to provide people with the care they needed to remain living at home.

People were treated with dignity and their right to make day-to-day choices about how they preferred their care to be provided was respected. There were systems in place to assess and monitor the quality of the service and where appropriate and necessary people's representatives were consulted about the service provided.

People benefitted from a service that was appropriately managed so that people received their service in a timely and reliable way. People's rights were protected. People, or their representatives, knew how to raise concerns and complaints. There were procedures in place to ensure complaints were appropriately investigated and action was taken to make improvements to the service when necessary.

## 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 protected from unsafe care. Risks had been assessed and appropriate precautionary measures were taken when necessary to protect people from harm.

People received care and support in their own homes by suitable support staff that had been appropriately recruited.

People's representatives said the support staff that were provided by the agency knew their job and that reassured them that safe care was provided.

### Is the service effective?

Good ●

The service was effective.

People were consistently provided with the support that had been agreed with them and, or, their representatives where appropriate.

People received a reliable service. Contingency support staff arrangements were in place to ensure the continuity of the service when support staff were sick or on holiday.

People were involved in making choices about how they received their care. Support staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and how people's capacity, or lack of, to make decisions had to be taken into account and acted upon.

### Is the service caring?

Good ●

The service was caring.

People benefitted from receiving support from support staff that sustained good relationships with them and respected their individuality.

People's dignity was assured when they received personal care and their privacy was respected.

People received their service from conscientious and sensitive support staff that put them at ease.

### Is the service responsive?

Good 

The service was responsive.

People's care plans were person centred to reflect their individuality and where appropriate had been completed with the involvement of significant others.

People's care needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them and, or, with their representatives, so that the agreed service met their needs and expectations.

People and, or, their representatives were assured that appropriate and timely remedial action would be taken if they had to complain about the service.

### Is the service well-led?

Good 

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by support staff that had the day-to-day managerial support they needed to do their job.

People benefitted from receiving a service that was well organised.

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## 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 announced inspection was carried out by an inspector and took place over three days on 15, 19 and 21 April 2016. With domiciliary care agencies we can give the provider up to '48 hours' notice of an inspection. We do this because in some community based domiciliary care agencies the registered manager is often out of the office supporting support staff or, in some smaller agencies, providing 'hands-on' care to people at home.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us such as, for example, the temporary absence of the registered manager. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we visited the agency office. We met and spoke with three support staff and the deputy manager individually in private. We looked at the care records of the six people who used the service. We also looked at three records in relation to support staff recruitment and training, as well as records related to the quality monitoring of the service and the day-to-day management of the agency.

We took into account people's experience of receiving care by listening to what their representatives had to say about the service. We visited the representatives of two people at home with their prior agreement. With permission, we looked at the care records maintained by the support staff that were kept in people's home. Again by agreement we were able to communicate with people's relatives by email to find out about their experience of using the service. People's representatives were also provided with the inspector's contact number if they wished to comment about the quality of the service.

# Is the service safe?

## Our findings

People were protected from unsafe care. People's representatives said they felt their relative was safe because they felt they could rely upon competent support staff. One person said, "I've always felt that [relative] is in 'safe hands'. They [support staff] always know what's expected and how to work with [relative] so [relative] is able to do things but stays safe." They also said they were kept advised of support staff changes or delays in support staff arriving for duty and that this was reassuring.

People's care plans accurately provided support staff with up-to-date information about agreed changes people's on-going care needs. People had care plans kept in their homes with, where appropriate, their representative's agreement, with an up-to-date copy held at the agency office in Kettering. Care plans contained a detailed assessment of the person's needs, including details of any associated risks to their safety, or that of the support staff, that the initial assessment or subsequent reviews had highlighted. A range of risks were assessed to minimise the likelihood of people receiving unsafe care such as, for example, identifying triggers that may upset a person and cause volatile behaviours that need sensitive and careful management to protect the person from harm. One person said, "The staff take time to get to know [relative] which is imperative for [relative] to build a relationship in which [relative] feels safe..."

People were safeguarded against the risk of being cared for by unsuitable persons because support staff were appropriately recruited. All support staff were checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before support staff received induction training prior to taking up their care duties. Newly recruited support staff 'shadowed' an experienced support staff before they were scheduled to work alone with people receiving a service. Support staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their care duties.

People were protected from harm arising from poor practice or ill treatment. Support staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. There were clear safeguarding procedures in place for support staff to follow in practice if they were concerned about people's safety.

## Is the service effective?

### Our findings

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. The staff team were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

Support staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. Where people lacked capacity to consent to their care because of their condition we saw that there was an assessment in their care records that included details of the representative, such as a spouse or other relative that took decisions in their best interest.

People received care and support from support staff that had acquired the experiential skills as well training they needed to care for people with complex needs living in their own homes. One person said, "We are very satisfied with our [relative's] care."

People received a service from support staff that had been provided with the appropriate guidance and information they needed to do their job. Support staff had a good understanding of people's needs and the individual care and support that had been agreed. Timely action had been taken if there were concerns about people's health or general wellbeing, raising these concerns directly with family members where appropriate or, again with people's consent, with external community based healthcare professionals.

People's needs were met by support staff that were effectively supervised. Support staff had their work performance regularly appraised at regular intervals throughout the year by the registered manager and deputy manager. Support staff participated in 'supervision' meetings and they confirmed that their managers were readily approachable for advice and guidance.

## Is the service caring?

### Our findings

People received their care and support from support staff that were compassionate, kind and respectful. People's representatives said that the support staff were familiar with their [relative's] routines and preferences for the way they liked to have their care provided. People received support from support staff that were mindful of the sensitive nature of their work and they respected confidentiality.

People's dignity and right to privacy was protected by support staff. People's personal care support was discreetly managed by support staff. People were encouraged to manage as much as they could for themselves in their daily routines.

People's representatives spoke positively about the attitudes and characteristics of the support staff that supported their relatives. People's representatives said they [people that received a service] were comfortable and relaxed in the presence of their support staff. One person said, "[Registered manager and deputy manager] are really friendly and ever so helpful. All the 'carers' [support staff] are. They have a 'good heart' and that's essential. [Support staff] have the right attitude that my [relative] picks up on and brightens [relative's] day. I need to be sure they [support staff] actually do care about [relative] and I feel they do."

People received the information they needed about their agreed service and what to expect from their support staff. This information was provided verbally and in writing. It included appropriate agency office contact numbers for people to telephone if they had any queries or were worried about anything.



## Is the service responsive?

### Our findings

People received the flexible care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period when the passage of time introduced additional care needs. Scheduled support visits were organised to meet people's assessed needs in line with their daily routines. Where it was not feasible to accommodate people's time related preferences they were offered alternative timings when their needs were first assessed, or when their needs changed and required a review of the timing of the service provided. One person said, "They [registered manager] makes every effort to be flexible when it comes to sorting things out for [relative]. I only have to pick the phone up and ask and I know they [registered manager] will do their best, but they [registered manager] won't just make promises they can't keep. The last thing [relative] needs is to be let down and [registered manager] makes sure that doesn't happen. [Registered manager] is always realistic and will say if something is not feasible. That's what I like to hear because I know in good time when I need to make other arrangements for [relative]."

People's care plans were personalised and tailored to meet their individual needs. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. People's care plans contained information about their likes and dislikes as well as their personal care needs and provided support staff with the guidance they needed to adapt to changing circumstances. People's care plans contained information about how people communicated as well as their ability to make decisions about their care and support.

People were encouraged to make choices about how they preferred to receive their care, each according to their capabilities. Choices were promoted because support staff engaged with the people they supported at home. One person said, "They [support staff] pick up on how [relative] likes things done. They [support staff] ask me [as representative] as well as [relative]. What's more they listen and don't just go 'through the motions'."

People's representatives knew how to complain and who they could contact if they were unhappy with their service. There was a complaints procedure in place. There were timescales in place for complaints to be dealt with and options available to people if they were still dissatisfied with the service.

## Is the service well-led?

### Our findings

People's care records were fit for purpose and had been regularly reviewed to include pertinent details related to changing needs. Care records accurately reflected the daily care people received. Risk assessments relating to people's care and how that was to be provided were reviewed and were up-to-date and accurate. Records also clearly set out what measures support staff needed to take to minimise the risk of unsafe care. Recruitment and training records were also fit for purpose. They reflected the training and supervision support staff had received. Records were securely stored in the agency office to ensure confidentiality of information. Policies and procedures to guide support staff were in place and had been regularly reviewed and updated when required.

People were assured of receiving a domiciliary service that was competently managed on a daily as well as a longer term basis. A registered manager was in post although was on temporary leave of absence when we inspected. The deputy had been delegated to manage the service.

People benefitted from receiving care from a team of support staff that were encouraged to reflect on the way the service was provided so that good practice was sustained. Support staff had the information they needed about the 'whistleblowing' procedure if they wanted to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People benefitted from receiving a service from a team of support staff that felt valued and motivated to do their job well. Supervision and appraisal meetings with support staff were regularly organised and ideas for improving people's service were constructively encouraged. People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and deputy.