Total Homecare Solutions Limited

Total Home Care Solutions Limited Northampton

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Total Home Care Solutions – Northampton provides a domiciliary support service within Northamptonshire and surrounding areas. The service enables people to live independently in their own home. At the time of our inspection there were 52 people using the service.

The inspection was announced and took place on 3 March 2015. The service did not have a registered manager 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 and associated Regulations about how the service is run. The Care Quality Commission had

Summary of findings

been informed of the interim management arrangements following the resignation of the registered manager in August 2014. However the arrangements for appointing another registered manager remained unresolved.

People felt safe and confident in the care provided by permanent staff, who they felt understood they needs and meet them in the way they wanted. However they did not feel as confident or safe when care was provided by agency staff. The recent recruitment difficulties and the reliance on agency staff had impacted on the quality and safety of care provided and the provider had voluntarily taken a range of actions to drive the improvements required.

Staff understood their role and responsibilities to safeguard people and to report any concerns. The provider was working closely with the Local Authority in relation to recent concerns about missed or late calls to people. They had notified CQC and the Local Authority of all relevant matters.

The risk assessments were created using a 'generic' standard template and were not sufficiently personalised to address the specific risks to each individual and on how the risks were to be safely managed. Systems were in place to manage people's medicines when they were not able to, manage them themselves. However missed calls and staffing difficulties meant that people had not consistently benefited from the proper and safe management of medicines.

The staff recruitment practices were robust and the staff received appropriate training, however the reliance on agency staff meant that people did not always receive a consistent quality of care. Staff support systems were in place, however staff did not always benefit from receiving one to one supervision meetings at the frequency set out within the company staff supervision policy.

A range of assessment processes were in place and these were used to develop focused and individualised care plans. These set out the care and support that people needed and were in the main used to guide the way in which care was provided. However agency staff did not always show the same attention to detail and at times missed important elements of care.

Peoples were involved in making decisions about their care and where they lacked the mental capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

People were encouraged to have their say about how the quality of services could be improved and knew how to raise a concern if they needed to do so. A system of quality audits, surveys and reviews were used to monitor performance and manage risks and the provider was open and transparent about the services development needs.

Summary of findings

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.

Robust recruitment practices were followed; however people experienced differing levels of quality and safety of care. This was impacted upon by the reliance on agency staff to supplement the staffing levels.

Risk assessments were created using a 'generic' standard template and were not sufficiently personalised to address the specific risks to each individual and on how they were to be safely managed.

People had not consistently benefited from the proper and safe management of medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Permanent staff understood people's needs and received regular training to support them in their roles, however the use of agency staff meant that some people did not consistently receive the level and quality of care that they needed. Although staff felt supported by management they did not

always benefit from receiving one to one supervision meetings at the frequency set out within the company staff supervision policy.

People were involved in making decisions about the way care was provided and staff worked in line with the principles and requirements of the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement

The service was not always caring.

People and their relatives were involved in planning their care and felt that the permanent staff understood their needs and treated them with dignity and respect. They were positive about the way in which care and support was provided by the permanent staff, however felt that the agency staff were not as caring and did not always have the right attitude or approach to their care.

Is the service responsive?

Requires Improvement

The service was always responsive.

People's needs were assessed and care plans were kept under review to reflect any changes. Permanent staff knew people well and provided care in the way that they had agreed. However there were some inconsistencies when agency staff were on duty as they did not always know the person or understand the specifics of their care requirements.

Summary of findings

People were aware of the complaints process and felt able to raise complaints or issues of concern and were confident enough to provide feedback about their experiences.

Is the service well-led?

Requires Improvement

The service was not always well led.

A registered manager was not in post. The registered manager resigned in August 2014 and arrangements for appointing another registered manager remained unresolved.

The provider was open and transparent about the areas where improvement was required and kept people and their relatives informed of action they were taking to make changes. Staff felt supported however the supervision and communication systems needed to be embedded in practice.

There were some quality monitoring and audit processes in place and people felt that things were improving. There were opportunities for staff, people who used the service and their relatives to provide feedback and to have a say in helping to shape the service. There was evidence that the provider was listening and taking action based on this feedback.

Total Home Care Solutions Limited Northampton

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.

The inspection took place on 3 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. This inspection was undertaken by two inspectors.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also gathered information from Local Authority Commissioners.

We spoke with five people using the service and relatives. We also spoke with the area manager, the company quality, compliance and safeguarding director, two care coordinators and eight care staff.

We reviewed the care records relating to five people who used the service and 10 staff files that contained information about recruitment, training, supervision and appraisals. We also looked at other records relating to the management of the service including care quality audits.

Requires Improvement

Is the service safe?

Our findings

The quality and safety of care provided to people was inconsistent and variable. Permanent staff understood people's needs and people felt safe and confident in the care provided by these staff.

However, at the time of this inspection there was a reliance on agency staff to supplement the staffing levels and people told us that the care and support provided by these staff did not always meet their needs or keep them safe.

We were told that the agency staff did not always make sure that people were safe and comfortable when leaving the persons home. One relative told us an agency worker had left their relatives emergency call alarm pendant in the bedroom, leaving their relative without any means of calling for help in an emergency. In addition a number of concerns had been raised about people experiencing missed visits or receiving late visits and these were under review by the Local Authority safeguarding team in collaboration with the provider.

In response to concerns about missed calls the provider reinforced the use of the 'active monitoring system' which logged the staffs time of arrival and exit from people's homes. This alerted them to any missed calls or when carers were running late. The area manager informed us the system was designed to ensure that no person missed their planned visits. People told us the staff used the system to report to the office the time of their arrival and departure from their homes.

The provider confirmed that they had experienced staff recruitment difficulties and acknowledged that they had been reliant on agency staff. They recognised that the level and quality of care provided by some of the agency staff did not always meet the standards they expected. In order to stabilise the staffing situation whilst ensuring that people received safe care, the provider had stopped taking on any new care packages and had asked the Local Authority to arrange for some care packages to be allocated to other care providers.

Staff recruitment processes were thorough and staff were only employed after a range of satisfactory pre-employment checks had been completed; these included employment history and references checks. Recruitment records were well organised and contained the necessary documentation such as proof of identity, written references and evidence of vetting through the Disclosure and Barring Service (DBS) that included Criminal Records Bureau (CRB) checks.

Permanent staff understood their role and responsibilities to safeguard people from abuse and to report any concerns that they had so that these could be appropriately investigated. The staff told us they had received training on how to recognise and report abuse and they were confident that any concerns reported to the area manager would be dealt with appropriately. They understood the 'whistleblowing' procedure to follow if safeguarding concerns were not addressed by the provider appropriately. One member of staff said, "I would not hesitate to ring the office if I ever had any concerns about the safety or wellbeing of a client."

We saw that the provider acted appropriately to allegations or concerns about people's safety. Records confirmed that they had reported safeguarding incidents to the Local Authority (LA) safeguarding team and the Care Quality Commission (CQC) or other relevant parties. We saw that the provider co-operated with the LA safeguarding team and commissioners when they carried out safeguarding investigations. The providers voluntary restriction on new care packages demonstrated their willingness to take action where required to ensure that people received safe care.

People's care records contained risk assessments that had been regularly reviewed. However we found the provider used a standard risk assessment template for all people using the service that covered environmental risks and hazards in the home. It was noted within one person's

assessment documentation the names of three people using the service had been inserted into the risk assessment template in error. This meant that risk assessments were not sufficiently personalised to address the specific risks to each individual and on how the risks were to be safely managed.

Systems were in place to manage people's medicines when they were not able to, manage them themselves. Medicines administration records (MAR) charts listed people's medicines and correlated with the medicines profiles contained within people's care files. Consent for staff to administer medicines had been obtained from the person or their appropriate relative and the staff had received

Requires Improvement

Is the service safe?

appropriate training to administer medicines to people. However when speaking with relatives two people expressed concerns about how they were being managed. One said that staff did not always sign the medicine administration record medicine charts held within their relative's home. Another said their relative had sometimes missed taking their medicines due to missed calls and staff not always attending to their care needs at the scheduled times. This meant that people had not consistently benefited from the proper and safe management of medicines.

Requires Improvement

Is the service effective?

Our findings

Although people had some concerns about the use of agency staff and about missed calls, they felt that overall staff had the skills and competencies to meet their individual needs. One person who received their food and fluids through a percutaneous endoscopic gastrostomy (PEG) feeding tube; told us that only staff that had received specific training were involved in providing their care.

Permanent staff told us they received formal induction training when they started working at the care agency that had covered health and safety matters and gaining practical skills working alongside an experienced member of staff. One member of staff said, "I'm happy working here, I've been working here over a year now and I really like it."

The staff told us they felt supported by the management and confirmed they had attended one to one supervision meetings with their manager to reflect on their work performance and discuss training needs with their supervisors. However some staff said they did not have regular supervision meetings. Although staff did say that they felt confident to call the office if ever they had any concerns and needed more support. The providers' supervision policy stated that one to one staff supervision meetings should take place every two months, but we found that some staff had not received supervision since June 2014. The area manager confirmed that this would be addressed as a matter of urgency.

We found the last record of a group staff meeting was in May 2014. The area manager told us that due to the staffing shortages it had been difficult to get staff to attend a meeting. In the absence of face to face meetings with staff the provider had sent out a staff newsletter to share information about the service with staff.

People told us that staff asked them for their consent before providing care and support and records confirmed, that their consent was always obtained about decisions regarding how they lived their lives and the care and support provided.

The area manager and staff had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They were able to explain how the requirements worked in

practice. At the time of our inspection no one using the service was deprived of their liberty.

People confirmed that the staff made sure they were comfortable and had access to food and drink. Staff had received training in food safety and were aware of safe food handling practices. They also told us that where there was an identified need for support with monitoring people's food and drink intake this was recorded at every visit. People's care records showed that where people had been assessed at risk of malnutrition, extra measures had been put in place to support them. These included the provision of a 'meals on wheels' service to ensure that people received a balance diet. One relative said, "The staff are brilliant. My [relatives] appetite has really improved; it was something we were very worried about previously."

People and their relatives felt that staff monitored their health needs and were responsive if things changed. The staff we spoke with said they knew the needs of the people they supported well. One said, "I have looked after the same people for over a year and I can pick up quickly if they are not feeling very well." One relative told us that staff kept them informed of changes and were flexible is they needed some additional support or care.

Requires Improvement

Is the service caring?

Our findings

People using the service and their relatives told us that the permanent staff were caring and compassionate. They felt that these staff took the time to explain things to them and provided sufficient information before carrying out any tasks. A relative said, “My [relative] has scheduled visits and sometimes the carer will pop around in between those visits just for a chat.”

However they felt that some of the agency staff were not as caring and did not always have the right attitude or approach to their care. They said that at times they had difficulty understanding the agency staff and that this was mainly due to English not being their first language. They said the communication barriers meant that they did not always feel in control of their care.

People told us that some agency staff spoke to each other in their own language and one relative said “My [relative] should not have to put up with that in their own home; it makes them feel very uneasy, as they don’t know what they are talking about.” Another relative said “Agency staff once left my [relatives] curtains closed; I found this out when I visited at 2pm in the afternoon. My [relative] had been left sitting in a dark room,”

People told us they used to be given a weekly rota to inform them which staff were allocated to carry out their visits. One person said “I have not had a rota given to me for a long time; I never really know who is going to be turning up, although generally it is staff that I know”. This was also confirmed by the other relatives we spoke with. They said they did not get the same carers all the time; they realised that perhaps holidays were difficult to deal with but felt that the use of agency staff created anxiety for people.

All the people we spoke with said that they understood the difficulties placed upon staff to get from one person’s home to another, one person said, “We have to be realistic and accepted that the visit times are not cast in stone.” Another person said, “The staff do the best they can, they always treat me with respect and my privacy is always maintained.”

There was evidence that people were involved in planning their care and had signed documentation to show they agreed with their care plans. Most people felt that the permanent staff understood their needs and made every effort to involve them in decision about how their day to day care was provided. They felt that these staff treated them with dignity and respect, however highlighted that this was not always the case when agency staff were on duty.

Requires Improvement

Is the service responsive?

Our findings

Systems were in place to assess people's needs and to ensure that these were kept under review.

Before people received care from the agency a full care assessment of their needs was carried out. This included gathering a range of information about the person's life, their daily routines and their health and welfare. People were fully involved in this process and their views were sought about the way in which they wanted their care or support needs to be met.

The information gathered as part of the assessments was used to formulate care plans, to guide staff in providing the right support for people. We saw that the care plans were reviewed regularly to ensure the information was current and updated as and when people's needs changed.

A member of staff said, "The care plans have enough detail for you to carry out your job, but it's getting to know people's little ways that really makes a difference." We saw that the care plans contained sufficient detail to inform the staff on people's needs. This was particularly important as the care agency also used staff from other agencies to provide people's care. People told us that staff generally understood their needs and provided care the way they needed. However there were some inconsistencies when agency staff were on duty as they did not always know the person or understand the specifics of their care requirements.

We saw that routine 'spot checks' took place by senior staff to carry out home visits and these were used as an opportunity to ask people for feedback on the care they received. Relatives we spoke with also confirmed that telephone calls were made by senior staff from the agency office to ask people if they were satisfied with the care and support they received.

People and their relatives told us they were aware of the complaints procedure and they knew how to raise a complaint. We looked at records of complaints held at the agency office, which had been dealt with in line with the provider's complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

At the time of this inspection there was no registered manager in post as they had left the service in August 2014 and the service was being managed in the interim by the area manager. The CQC had been informed of the interim management arrangements; however arrangements for appointing another registered manager remained unresolved. 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 and associated Regulations about how the service is run.

The provider recognised the impact of the staff recruitment issues had had on the quality and consistency of care received by people. They were co-operating with Local Authority safeguarding investigations into missed / late calls and had proactively volunteered to restrict the range of services provided to help ensure people received safe care.

The provider was open and transparent in relation to the service development needs, they had kept CQC, staff and the people who used the service updated on the challenges and actions taken to address these. The people we spoke with were aware of the difficulties the service was experiencing recruiting more staff. We saw that the area manager had recently sent a letter to all people using the service and their representatives to apologise for the problems that had been encountered in delivering their expected standards of care and to reassure people of the steps they were taking to ensure the continuity of care. They invited people using the service to complete a questionnaire to seek people's views about their experience of using the service to fully identify areas needed for improvement.

The people and staff we spoke with, whilst acknowledging the recent difficulties described how things had started to improve for both staff and people using the service. Staff said that although staff meetings and supervision was not provided on a regular basis that they were happy in their work and felt supported by the current management team. The area manager informed us that due in the absence of regular face to face meetings with staff important information was being communicated through a staff a newsletter. Systems were in place to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received. This was carried out through face to face home visits and telephone follow ups. Spot checks were carried out by senior staff to observe the care that was being provided for people as agreed in line with their care plans. The visits were also used as an opportunity for the provider to obtain feedback from people on their experience of using the service. We saw that improvement plans had been drawn up with timelines for completion, based upon the feedback people had provided.

The provider had kept CQC informed of all safeguarding concerns and other events that required notifying to CQC. A notification is information about important events which the service is required to send us by law in a timely way.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.