

Total Care Nursing Limited

Total Care Nursing Limited

Inspection report

4 Plane Tree Avenue
Leeds
West Yorkshire
LS17 8UB

Tel: 01132888728

Date of inspection visit:
20 March 2018
27 March 2018

Date of publication:
13 June 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook this unannounced site inspection of Total Care Nursing Limited on 20 and 27 March 2018. This inspection was prompted by information shared with CQC about the potential concerns around the management of people's care needs. We examined those risks.

Although this is the first comprehensive inspection of this location the service was previously registered at a different location where it was rated as good overall with the domain effective rated as requires improvement.

Total Care Nursing Limited is registered with the Care Quality Commission to provide personal care to people in their own homes. This service is a domiciliary care agency. It provides a service to older adults. Not everyone using Total Care Nursing Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection, 15 people were supported with their personal care needs by the service. There was 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 2008 and associated Regulations about how the service is run.

The registered manager was also the registered provider of the service. In the report, we use the term 'provider' for ease but staff and people used the term 'manager' in their conversations with us.

There were no systems in place to assess and monitor the quality of the service so this information could not be used to drive improvements. We could not be assured that all guidance staff needed to keep people safe was available and this demonstrated a lack of leadership within the service.

The provider did not ensure medicines were managed safely, Medicines Administration Records (MARs) were not appropriately completed and contained gaps. Records were not available to confirm staff's competency in this area.

People told us staff had the knowledge and skills to provide care however, staff training records did not show that all staff had completed the required training. Records relating to staff recruitment and supervision were not complete. There were no records to show that annual appraisals had been completed with staff.

We found risk assessments were insufficient and did not inform staff of people's individual support needs. Risks people faced were not always identified. This resulted in a lack of guidance for staff being available to ensure they supported people in a safe way.

People received person centred care however, care records did not always contain up to date and accurate information about people's current care needs.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Records relating to the assessment of people's mental capacity were not completed thoroughly. The documents in use at the service required review. The provider took action to address this issue whilst we were on site.

Complaints were documented but records were not available to show they had been investigated as per the provider's complaints policy.

The provider did not have a policy in place regarding the Accessible Information Standard. We have made a recommendation about this.

The provider did not hold staff meetings to give care staff the opportunity to share their views and opinions on the running of the service. We have made a recommendation about this.

Staff told us they knew how to keep people safe and were knowledgeable about safeguarding procedures. People told us they felt safe with staff and had developed positive relationships with them.

We received positive feedback from people and relatives regarding the overall running of the service. Care staff spoke positively of the management team and the support they received. People told us they had not had any missed calls and the office staff always let them know if staff were going to be late.

People were cared for by staff who showed kindness, care and attention. People told us they communicated well with staff and they encouraged them to make their own decisions and remain independent.

People were supported to access healthcare professionals when they needed them.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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.

The management of medicines was not always safe. Records were not clear and were not up to date.

Risks associated with people's care were not clearly identified and guidance was not available for staff to follow.

Monitoring of accidents and incidents was not carried out by the provider.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Records relating to staff training were not up to date.

Records were available to demonstrate that staff had completed an induction, but did not always demonstrate that staff were supported.

Staff sought consent in line with the Mental Capacity Act (MCA) but records did not demonstrate the principles of the MCA were followed by the service.

The provider worked with other health care professionals to support people using the service.

Is the service caring?

Good ●

The service was caring.

People had good relationships with the staff who supported them.

Staff treated people with dignity and respect and we received positive feedback from people and relatives about the staff approach.

People were encouraged to be independent and involved in making decisions about their care.

Is the service responsive?

The service was not always responsive.

People's care plans were not always person-centred and did not always contain sufficient information to help ensure people received responsive care.

Complaints information was made available to people, however records in relation to complaints was not always stored appropriately.

The provider did not have a policy in place regarding the Accessible Information Standard.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

People were not protected by a quality assurance system that effectively identified the areas of improvement needed within the service.

Records relating to the management of the service and people's care were not always up to date.

People were invited to give their views and feedback about the service.

The staff worked with other health and social care professionals.

Requires Improvement 

Total Care Nursing Limited

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 checked 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 was prompted by concerns raised with us about the quality of care people receive from the service. This inspection examined those concerns.

This site inspection took place on 20 March 2018 and was unannounced. The inspection was carried out by two adult social care inspectors. Telephone calls were made to staff and people using the service on 27 March 2018 by one of the inspectors.

We gathered feedback from eight people who were using the service and five relatives. We also spoke with five staff whose primary role was to deliver care to people in their own homes. When we visited the office we spoke with office staff who scheduled care visits and the registered manager who was also the provider. We looked at documentation in relation to 10 people who received care from the service. We also looked at five staff recruitment/training files, the provider's training matrix and other information in relation to how the quality and safety of care was monitored by the provider.

Is the service safe?

Our findings

Individual risks to people had not been considered. Before people began using the service, an assessment was completed by a member of the management team. This was to establish whether the person's care needs could be met by the service. We saw examples of where this form had not been completed and associated risks had not been identified. For example, one person's assessment stated that they had multiple health concerns including dementia. However, no further information was available to elaborate on the risks associated with these conditions, or how these conditions may affect the person. In addition, we saw examples of where individual risk assessments had not been developed for the person following incidents that had occurred. For example, one person had fallen during the time they used the service. This had resulted in them requiring equipment to aid their mobility. There was no individual risk assessment in place for this. Other examples of issues of this nature were identified by us and discussed with the provider during the inspection. They told us that following our visit, they would be carrying out a full review of everyone's care which would include updating care records.

We could not be assured the systems in place to manage medicines were safe. People who required support with medicines did not always have an assessment which identified the level of support they required. They also did not always have a risk assessment or care plan in place to guide staff on how to manage any associated risks, and provide support safely. For example, one person was prescribed a medicine to be administered using a skin patch. These medicines were not documented on a body map. This meant there was no guidance provided to care staff on where to apply the patch, or the requirement to rotate the application site, for example, to prevent skin irritation.

People's use of medicines was recorded using a Medicines Administration Record (MAR). A MAR is a document showing the medicines a person has been prescribed and the recording when they have been administered. We found instances of where staff had failed to sign the MAR. For example, where one person was prescribed three different medicines, we found 40 gaps on their MAR between 1 February to 20 March 2018. This meant we could not be assured that the person had received their medicines as prescribed.

We checked whether care staff had been trained and assessed as competent to support people with their medicines. The provider told us that all staff had completed medicines training. However, there were no records available to confirm this. We spoke with care staff and received mixed feedback. Some staff told us they had attended medicines training, others told us they had not. Due to the lack of records available, we were unable to corroborate staff training and competency in this area.

We reviewed the provider's policy relating to medicines which stated, 'Training for domiciliary care staff regarding medication should be provided if it is relevant to their role. It should include: (a) basic knowledge about common medications and how they are used and (c) what to do in the event of an error in administration.' Without records to confirm training had been completed by staff and the number of errors relating to medicines that we identified, we could not be assured that staff were competent to support people with their medicines.

We spoke with the provider about our findings relating to the lack of management of risk and medicines. They confirmed there were no systems in place to monitor incidents and mitigate any risks we had found. Therefore, we could not be assured that staff had taken the appropriate actions where medicine errors had occurred.

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

There were procedures in place and staff demonstrated an understanding of safeguarding. Staff we spoke with told us they had completed safeguarding training and knew what to look out for with regard to suspected or actual abuse. They were knowledgeable about how to report any concerns they had and told us they would not hesitate to do so.

People who used the service told us they felt care was provided to them safely. One person told us, "I'm safe with the staff. They are always here on time." A relative also commented, "The staff are wonderful, they always do their best for my relative and I have no concerns about safety."

Appropriate staffing was in place to ensure people received their calls on time and staff stayed for the allocated length of time. The registered manager showed us the time sheets of all staff which showed staff had time for people's calls and travel time in between. Staff we spoke with confirmed that unless traffic was bad, they were able to get between calls to people with no issues and had enough time to deliver care. The provider explained that where there were any staff shortages, staff would usually pick up calls to people. They said staff worked flexibly and people were always cared for by staff they knew. People and relatives we spoke with confirmed this.

The provider told us staff were recruited safely. We reviewed five staff files which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. However, other information relating to the recruitment of staff was inconsistent with some files containing information which others did not include. For example, gaps in employment, records of the interview process, two references including one from previous employment and health checks required before employment commenced had not been completed for all five staff. The provider told us they knew the files required auditing and planned to do this immediately after our visit.

We recommend the provider review recruitment procedures and policies to ensure they are comprehensive and robust.

There were infection control procedures in place and these were followed. People and staff told us there was enough personal protective equipment to use. One person said, "They have gloves and aprons when they come to see me. The girls are all very good, they wash their hands before they start to support me." All of the staff we spoke with told us personal protective equipment (PPE) was always available from the office. Although the provider had a policy in place there was no audit currently being completed by the provider in this area.

Is the service effective?

Our findings

The provider told us that all staff completed a three day induction when they started working for the service. This included all of the mandatory training staff were required to complete for example, first aid, safeguarding and health and safety. Staff told us they had completed all of the required training and felt they had the skills they required to carry out their role effectively. They also said they had attended refresher training in the last 12 months. Records we reviewed showed nine out of 13 staff had not completed an induction. In addition, only five out of 13 staff had completed refresher training in the last 12 months. We discussed our findings with the provider who told us they would review all staff training records immediately and update them. They also said they would book any training required for staff.

Staff told us they felt supported as they received regular supervision from the office staff and the registered manager. Not all staff could recall having an annual appraisal. We found records were inconsistent with only some showing evidence that supervisions had occurred. We found no evidence to show annual appraisals had taken place. The provider told us annual appraisals had been completed and others were booked for staff but there were no records to support this. We saw examples of recent supervisions which showed discussions with staff about training needs, people they were caring for and aspects of performance. However, some supervision records seen were not always detailed to the staff member involved and contained identical actions to other staff member's records of supervisions.

We found the provider was not always fully completing assessment documents. We saw gaps relating to people's homes where staff would be providing care, contact details for other health professionals involved and people's preferences in relation to their support. Examples were also found which showed information gathered at assessment was not used to formulate a care plan for people. For example, one person had been assessed as requiring support to eat and drink. This involved care staff preparing meals for the person. We spoke with the person who received this support and they told us they were happy with the care and support they received from staff. They told us, "The staff always offer me a choice. I'm happy with the support they give me." We did see that where staff had supported the person with their meals, it had been recorded in their daily notes. This meant care records relating to people's care were not as person centred as they could be. We discussed this issue with the provider who assured us that a full review of all care records would be carried out immediately.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 or 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In a domiciliary care service this means an application must be made to the Court of Protection.

In our discussions with people and their relatives we found people were supported to make choices and they did not feel they were restricted in those choices by staff. In addition, when we spoke with staff they did demonstrate a good understanding of the MCA. However, records were not always fully completed in this area. We found capacity assessment documents were not fit for purpose as they did not allow the completing person to record their decision as to whether the person had capacity or not, and in what areas. We also found documents for people to sign to say they consented to their care were not always completed. Before we left the inspection, the office staff had begun work on sourcing a more appropriate document to use for assessing people's capacity.

We asked people and relatives if they felt that care staff were trained to support them with their care needs. Feedback was positive, comments included, "Yes I think the staff are well trained, they always seem to know what they are doing." We spoke with care staff who told us they regularly completed training to enable them to carry out their role. Comments included, "Yes, I have done all the training and attended refresher training. This included moving and handling, first aid, fire safety and medication."

People were only supported with their health and medical needs where this was required. Some people had family to assist when they needed to engage with health professionals. Daily care records completed by care staff indicated where a professional such as a district nurse or GP had been involved on that day.

Staff we spoke with gave examples of where they had contacted other professionals involved in the person's care where the need arose. For example, a staff member told us that a person they had visited the previous day had told them they felt unwell so staff had contacted their GP for them. One staff member described how they provided information to a visiting district nurse about their visits to the person and their observation of the person concerned. This showed us that the service shared information with other organisations.

Is the service caring?

Our findings

People told us staff had a caring nature and took time to support them. One person told us, "They are very caring. They are very respectful and considerate. I can have a chat and a laugh and they make sure everything is done before they go." Another person told us, "The staff are kind and really caring. They genuinely care about how I'm feeling and are always asking if there is anything else I need. I could never be without them."

People told us they were treated with respect and had developed good relationships with staff. One person told us, "I am treated in a very respectful way. They have taken the time to get to know me and how I like things to be done. The staff are professional and well mannered. I feel very happy with the care I receive." Another person told us, "The staff do little things for me which really mean a lot. They make sure I am given enough support to do things like get dressed and get myself sorted for the day. They are always on hand to help but give me time which is important. Staff always speak to me in a respectful manner. I really appreciate them."

People were encouraged to be independent and make their own decisions. One person told us, "I am able to do most things for myself and the staff are there to remind me." Another person told us, "The girls who come to me are regular and know what I can and can't do. It's mainly about me having the confidence to do things as I'm not sure I would if the staff weren't here to reassure me." We spoke with staff and asked for examples of how they supported people to maintain their independence. A staff member told us about one person, they said, "Some people are able to do things for themselves and they really enjoy seeing the sense of achievement this gives, I think it's important. I often think we are there just to make sure they are safe and that they feel safe when doing things. Most of the people I visit have a routine and a way of doing things. I'm there to support when needed and stand back when I'm not."

People told us staff respected their dignity and privacy. They gave examples of how staff did this which included covering them with a sheet during personal care and asking them if they wanted to wear jewellery and make up which they would then help them with.

People told us they were supported to make decisions about their care as much as they were able to. Other people such as health care professionals were involved in supporting people to make decisions about their care, where appropriate. One person told us, "I think they see to my needs very well. I do feel involved in my care because how could I not, it is about me and how I want things done. The staff are respectful of that." A person's relative told us, "I feel very relieved and assured that the service have taken everything into consideration where my relative is concerned. They asked for my views as well and they work around me to ensure we are all working towards the same outcome. I can't praise them enough."

At the time of our visit no one using the service received input from an advocate but the office staff told us they had previous experience of this and had the contact details of a local service.

Data protection procedures were in place so people knew their private information would be kept

confidential and secure. All care plans and private information was kept securely in the service office.

Is the service responsive?

Our findings

People who received support from Total Care Nursing Limited told us that the care they received was personalised and met their needs. One person told us, "They always have enough time. They do stay and have a chat with me so they always make time for that." A second person told us, "They have always been more or less on time. They know me well and my routine that I like to keep to. If they have ever ran late I have been called by office within ten minutes." No one we spoke with told us they had a missed visit. A person's relative said, "The service has been very good. They have made a real difference to my relative." Staff we spoke with were able to describe people's needs and how they supported the person. They gave examples of how they had developed routines with people which meant they delivered care in a person centred way.

However, we reviewed people's care records and found were not always person-centred and they did not always contain sufficient information to help ensure staff would provide responsive care. For example, one person required support with washing and dressing however, the care plan did not provide guidance for staff on how to support the person in the way they wanted to be supported. In addition, care plans did not always contain information about people's life history. There was no additional information about any likes, dislikes and hobbies.

We also saw that systems were not in place to ensure people's care was reviewed and records updated to reflect this. For example, some records we looked at were dated 2015, 2016 and 2017 and did not include any evidence to show if the records had been reviewed to date. We spoke with the provider and staff who both regularly visited people in their homes. They were able to describe people's current care needs and what their preferences were however, both agreed that where people's care needs may have changed, records had not been consistently updated to reflect this. The provider told us that with immediate effect they would begin a full review of people's care, which would include their records to ensure they were accurate and up to date.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a complaints procedure which was made available to people supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We reviewed one complaint that the service had received. We found that the investigation carried out by the registered manager was not kept within the file. We saw the outcome of the complaint had been recorded with a copy of the letter sent out to the complainant. The provider told us they would ensure records of completed investigations were stored appropriately.

People who used the service and their relatives told us they knew how to make a complaint if they were unhappy about anything. One person said, "I've never had to complain, the manager is approachable and I would raise an issue immediately."

People's care visits were documented by staff. We found that the records kept were comprehensive with staff recording what the person had to eat if they were being supported at a mealtime. In addition, we saw examples of staff recording where they had concerns about a person and that they had contacted the person's GP.

We checked if the service supported people at the end of their lives. At the time of the inspection, nobody was being supported in this regard. We asked the provider how they worked with people and their families for advance care planning. They told us there was a section in the service user registration assessment form to discuss advance care planning, however, not many people wished to discuss end of life care at that stage of assessment.

Some people were unable to easily access written information due to their healthcare needs. The provider did not have a policy in place to provide staff with guidance on the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with this standard.

We recommend the provider implements guidance for staff to follow regarding the Accessible Information Standard and also incorporate this into relevant documents within the service.

Is the service well-led?

Our findings

The information we gathered during our inspection demonstrated that the provider did not have robust systems in place for the purpose of monitoring the quality and safety of the service. Our concerns related to poor standards of record keeping, management of risks, management of medicines and the lack of monitoring of accident and incidents.

Most of the records we looked at during our site visit were not well organised and it took time for the provider and office staff to gather information we requested. The provider told us there had been some changes recently at the office with a number of staff leaving and new staff members commencing in their post. They said the service was undergoing some required changes which involved sorting out records and setting up new systems of quality assurance that they knew were needed.

Records did not show that people's on going care needs had been effectively reviewed by the service. The provider told us they carried out regular reviews of people's care needs however, this information had not been recorded. People and their relatives confirmed that these reviews had taken place.

Although people's MAR charts and daily notes were reviewed by office staff, this was not done in a planned, consistent way. We saw that these records were often not brought back into the office by staff on a monthly basis as required. The gaps on MAR's that we found had not been reported to the office and therefore, no further action taken. The policy relating to medicines stated that actions staff were expected to take where an error had occurred was to, 'Report it immediately to your Manager' and 'Complete an initial enquiry form to Safeguarding.' This had not been done for any of the errors we identified. This combined with the provider not having an effective governance system in place meant the provider could not be assured that any shortfalls were addressed robustly.

Information relating to investigation of complaints was not available. Staff training and supervision records had not been updated and records of annual appraisals were not available. Records relating to staff recruitment were not complete with differences in the level of information held between files. Medication errors which should have been reported to safeguarding had not been. We asked that immediate action was taken in relation to the number of errors we identified. Areas of potential risk had not been properly assessed and care plans were not always available to provide staff with guidance on how to support people safely. Care records did not always contain personalised information which meant staff may not be able to deliver care in the way the person preferred. MCA documents used by the service were not fit for purpose.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, we wrote to the provider regarding the issues we had identified. We asked that they provide us with a detailed plan to state what actions they would take to ensure they addressed all of the issues and meet the requirements of the regulations that had been breached. They responded with an action plan which included specific timescales. We will check for improvements at our next inspection.

People who used the service were given the opportunity to share their views and opinions on the service. Results from a recent satisfaction survey the service had sent out showed people were positive about the service they received and valued the staff. Comments included, "I just thought I'd let you know that we are extremely pleased with your employees and the way that things have turned out" and "Your service has gone beyond all expectations in taking care of my elderly relative. I'm very grateful."

Relatives we spoke with praised the staff at the service. They told us they felt a high standard of care was delivered and always found the office staff to be pleasant and helpful.

Staff were positive about working for Total Care Nursing Limited and the support they received from the provider and office based staff in general. Comments we received from staff included, "The manager is very approachable and always at the end of the phone. I have always been able to go to her with anything" and "We have a really good team of staff. I have never had a job like it. I get a great sense of job satisfaction and felt appreciated by the manager." However, we found that staff meetings did not take place. The provider told us they met with the office based staff weekly to discuss the coming week but that the team as a whole did not meet.

We recommend the provider ensures regular staff meetings take place. These give staff the opportunity to share their views and opinions on the running of the service.

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>Individual risks to people were not considered or reviewed.</p> <p>When accidents or incidents occurred, there were no current systems in place so that improvements could be made and lessons learnt.</p> <p>The provider did not have effective systems to assure us that people received their medicines safely and as prescribed.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were no systems in place to drive improvements within the service.</p> <p>The provider had not ensured that good standards of record keeping were maintained.</p> <p>Regulation 17 (1) (2) (a)(b)(c)(d)(ii)</p>