Mrs. Deborah Clark

Total Care

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 was announced and took place on 10 and 11 December 2018. This was because this service provides care to people in their own homes and we needed to ensure senior staff were available to speak with us.

Total Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection, the service was providing support for 88 people.

The service was run by a sole provider, Mrs Deborah Clarke. A sole provider is not required to employ a registered manager. Instead they can opt to manage the service themselves. 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.

Total Care is registered for the regulated activity of personal care. It is a domiciliary agency which provides care and support to people living in their own home. This included people receiving packages of care at the end of their life.

Total Care was previously inspected on 16 and 17 March 2016. The overall rating for the service was good.

At our last inspection we identified concerns in relation to the agency's recruitment procedures. Recruitment procedures did not fully protect people. Staff files seen did not always give information about staff conduct in their previous employment which could possibly place people at risk of receiving care from staff who were not suitable to work with vulnerable people.

At this inspection we found improvements had been made. All necessary checks were being carried out examining at least two employment references and employment history. Staff had been recruited safely

Care records had been reviewed and updated where necessary. Staff had travelling time built into their rotas. Staff had received one-to-one supervision, which provided them with opportunities to discuss their professional development and training needs. Spot checks had been carried out to check that staff were providing care safely and in the way people preferred.

People's records provided information about the medicine they were prescribed and who was responsible for its administration, such as family members or staff. Staff signed records, where they had the responsibility for administering medicines or applying prescribed creams.

Staff attended safeguarding training and understood how to recognise and report abuse. Staff understood risks involved in people's care and managed these well. The provider had developed a contingency plan, which prioritised the delivery of care to people most at risk in the event of an emergency. Staff helped people keep their homes clean and maintained appropriate standards of infection control.

Staff had access to the training they needed to carry out their roles. People's care was provided in accordance with the Mental Capacity Act 2005 (MCA. Staff had received training on the MCA and understood its principles.

People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Staff understood people's healthcare needs and supported them to maintain good health.

Staff were kind and caring. People had developed positive relationships with staff members and enjoyed their company. Relatives said staff treated their family members with respect and maintained their dignity when providing care. Staff supported people to maintain their independence wherever possible. Care plans provided guidance for staff about people's needs and the way they preferred their care to be provided.

The agency was providing end-of-life care at the time of our inspection. The provider had an end of life care policy, which gave guidance to staff if they had to provide care to a person now. Care records also contained peoples end of life wishes.

Staff worked in partnership with healthcare professionals, such as community nurses, to provide people's care. People had opportunities to contribute their views about the service they received. People knew how to complain if they were dissatisfied. People who had complained told us action had been taken as a result of the concerns they raised.

A range of audits were undertaken to monitor the quality of the care and the accuracy of records used to record people's care and support. This information was not always shared with people to ensure they were aware of what action had been taken to improve the service.

Notifications were being made to the CQC as required. Accidents and incidents were recorded, investigated and lessons learnt were shared with staff and the relevant people involved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring	Good
Is the service responsive? The service remained responsive	Good
Is the service well-led? The service remained well-led	Good

Total Care

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 inspection took place on 10 and 11 December 2018 and was announced. We gave the service 48 hours' notice of the inspection visit. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law.

During this inspection we visited the provider's office. We spoke with the provider, financial and legal manager, training manager, office manager, administration staff, six care staff and two health professionals. We visited and spoke with seven people and three relatives in their own homes. We spoke with 30 people and relatives on the telephone. We looked at a range of records during the inspection. These included seven people's care plans, medicine administration records, staff rotas, five staff recruitment files, staff training records and quality monitoring records.

Good

Is the service safe?

Our findings

People and relative felt the service was safe. Comments from people using the service included, "Yes, I feel safe because they are absolutely wonderful, like best friends. It's everything they offer you. They make sure you're happy. Everything is done. They leave the bathroom and bedroom in a good state" and, "Everyone is so good, I don't worry." Another person told us, "Without Total Care I would have to go into a care home and I wouldn't like that. They are excellent." One relative told us, "Yes, absolutely safe. We went with Total Care because we'd had previous good experience with them."

At our last inspection we found that recruitment procedures did not fully protect people. At this inspection we found that staff were recruited safely. Checks undertaken prior to employment included verifying the member of staff's identification, references and undertaking a disclosure and barring service (DBS) check. A DBS check confirms if the individual has any past record that might make them unsuitable to work with vulnerable people.

Staff were able to demonstrate their understanding of abuse and what to do should they suspect abuse. For example, staff confirmed the different types of abuse and what action to take if abuse was suspected, witnessed or if an allegation of harm was made. One member of staff told us, " I would speak to the bosses, contact CQC, social services, police, I know how to whistle-blow, we have been given the number". Staff had access to the provider's safeguarding policy which was located in the care office. Staff confirmed they would report any concerns to the registered manager or deputy manager. The service was appropriately raising safeguarding alerts when required.

Individual risk assessments identified potential risks to people and gave guidance to staff on how to support people safely. Assessments included risks associated with nutrition and hydration, personal care and mobility. Risk assessments promoted independence by detailing what people could do for themselves and where support was required. Staff gave examples of how they supported people with their care. One member of staff told us, "[Name] takes their medicine in liquid form because they are not very good with tablets. They could choke. We even mash up their food to make it easy to swallow". The risk assessment confirmed these details and reflected those specific support needs.

People received their medicines safely. Staff who were responsible for administering medicines had received training and competency checks. During the inspection we observed staff administering medicines to people safely. Staff talked to people about their medicines and if they required their medicines for managing their pain relief. Medication Administration Records (MAR) were current and up to date and accurately reflected if people had received their medicine.

Accidents and incidents were recorded and staff were clear about their responsibilities for reporting them. Records confirmed details of incident and accidents including any injuries sustained and action taken. The manager analysed all incident and accidents monthly so that any trends could be identified to prevent similar situations from occurring again.

People were supported by adequate staff to meet their individual needs. People felt supported by regular staff who were familiar with their needs. Staff arrived when they should, although this could be affected by traffic delays. People told us, "Yes, they arrive on time. There is a half hour leeway to allow for traffic". A relative commented, "The time of arrival varies but they stay for their allocated time."

People were supported by staff who had a good understanding of infection control procedures. Staff confirmed they wore gloves and aprons whilst supporting people and washed their hands after providing care to them.

Good

Is the service effective?

Our findings

People spoke positively about the service. Comments included, "They are very good. Very flexible. They wash me in the chair, hey are very skilled in meeting individual needs" and, "Health problems? Yes, they definitely pick you up if you're not feeling so good and they make sure I've had my medication". One relative told us "They're very good they ask [Person] if anything is needed. I think they're the bee's knees".

People's needs were assessed prior to receiving care and support from the service. Needs assessments were completed with information from health or social care professionals, where required. Staff worked with health and social care professionals who visited people to provide current, up to date information and advice about meeting people's care and support needs. We also saw that staff discussed how best to meet people's needs and consulted current guidance to ensure people received the right care to meet their needs.

Staff had regular supervision sessions with one of the senior staff within the care and support team. Various staff meetings were held on a regular basis either on a monthly, two monthly or quarterly basis. Staff we spoke with confirmed that they had received regular supervision sessions and that feedback was given to them about their performance. A record of spot-checks was available on staff files with positive comments as well as constructive feedback recorded. Staff who worked with the service for over a year confirmed that they had received annual appraisals and these were available on staff files.

Staff members confirmed that they received support through one to one meetings. All the staff members told us that they could discuss issues and development opportunities at these meetings. They could also speak with the manager or office staff at any time for advice. This gave them the guidance and support to carry out their roles.

The service continued to make sure that staff had the skills, knowledge and experience to deliver effective care and support. One relative told us that, "Staff are confident, they are skilled at what they do." Any new-to-care staff had to complete the Care Certificate training within 12 weeks of employment and this was evidenced in staff files. The Care Certificate was introduced in April 2015 as the new minimum industry standard for induction for those new to working in care. All care and support staff completed mandatory update training on an annual basis.

Electronic staff training records were kept for each staff member and a staff training matrix of the whole care and support team was maintained. The matrix identified when mandatory update training was due or overdue. Training included safeguarding adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), basic first aid and moving and handling. The training and development manager told us all staff completed a dementia awareness course.
Staff confirmed they had received updated training and had also received additional training to enable them to support people's specific healthcare needs. For example, how to feed a person through a PEG tube (a feeding tube inserted through the skin into the stomach), end of life module, communication skills and epilepsy. The measures the provider had in place ensured staff had the skills and competencies appropriate

to their role. Staff comments included, "Excellent training" and, "Training is outstanding". Senior staff were encouraged to complete health and social care diplomas at level three. The provider worked in partnership with two local colleges to ensure their training was up-to-date with current practice.

People were supported to eat and drink. There was clear and detailed guidance for staff who helped people who were unable to eat and drink independently. This included information about how to support people to have their nutritional supplements, what to do if something went wrong and how to care for specific equipment. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included obtaining advice from health care professionals such as dieticians or speech and language therapists.

Staff at the service worked closely with other organisations to ensure people's needs were met. For example, we observed a member of staff reporting concerns about a person to the district nurses and senior carer. Each person was registered with a GP of their own choice. The care and support team also had close working relationships with other health care professionals such as occupational therapists, wheelchair services, physiotherapist, the dementia wellbeing team and District Nurses. Feedback from healthcare professionals was positive, they told us, "Care staff are alert and keep us informed on significant changes to people".
Staff were aware of the need to ask for people's consent and we heard them asking people for their agreement before providing care. People were encouraged to say how they wanted to be looked after. Their preferences were respected. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. At the time of this inspection no one in receipt of a service lacked the capacity to make decisions regarding their care and support.

Good

Is the service caring?

Our findings

People and relatives told us that staff supported them in a kind and caring manner. One person said, "Kind people" another said, "Lovely bunch, good spirits and caring". One relatives said, "Definitely kind and caring. They speak to [Person] in the way they would speak to their own family. They praise and encourage when [Person] has done well". Care records we looked at included information about the person being supported. This included people's individual preference on how they wanted to be assisted.

People told us that they were involved in decisions about their care and that communication was good. Information that was documented about a person in their support and care plans gave staff a greater understanding of the needs of the person they would be supporting. For example, how they want to be supported whilst having a bath or shower.

Staff spoke about people respectfully and attended to their needs discreetly. Staff knocked and waited for an answer before entering people's homes. Staff said, "I always make sure the bathroom door is shut and cover them with a towel." During the inspection we saw staff explaining to people what they were doing when serving a meal and asking how the person how they wanted things done. We also observed a staff asking a person if they were alright and asking if they needed help with anything else. A relative commented, "The carers know [Person's name] well. [Person's name] is blind with dementia. They use preferred name, and always talk through the care being given. Excellent".

Staff we spoke with were able to demonstrate their knowledge of the different ways they would support people requiring end of life care. One staff member said, "It is an absolute pleasure to look after people at end of life you can do so much for them, you help to make them peaceful and comfortable".

The registered manager told us the service user guide included information for people about advocacy services. This document was given to people when they first joined the service. Advocates are for people who require additional support in making certain decisions about their care. The provider told us they had engaged the service to support a person have their support hours increased by the local authority.

The service received compliments which included, "We just wanted to let you know how pleased we are with [names of staff] who had been with [Name] in their few shifts. They both deserve praise for the manner in which they have already gained [Name's] confidence and the fact that they are both friendly and professional in all they do".

Good

Is the service responsive?

Our findings

People received care that met their needs. Relatives we spoke with confirmed they were involved in discussions regarding their family member's care and people we spoke with told us they were as involved as they wished to be. Care records, showed people's needs were individually assessed and plans were developed to meet those needs. For example, records guided staff on how to be responsive to people's mobility.

People told us that they had no concerns about their care. One person said, "I must admit the care I get is very good." Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff could explain people's preferences, such as those relating to support and care needs, or leisure and pastimes.

Care plans were person centred and recorded a person's preferences, likes, dislikes and life history, where possible. The care plans we reviewed included details about what was important to the person, their medical records, nutritional needs, personal grooming and how staff should support them. Staff we spoke with had a very good understanding of people's needs and how to support people in the way they preferred.

People's communication needs were assessed to ensure staff understood how best to communicate with each person. Records could be provided in alternative easy to read formats. Care records also contained information about what name people preferred to be known by, and we saw that staff used these names.

Records were reviewed on a regular basis to ensure they continued to meet people's required support and care needs. Daily entries completed by care staff demonstrated that people had received care and support in line with their support plan.

We reviewed the complaints received by the service. Complaints were responded to and investigated. People told us they felt able to "speak with a member of staff if they were worried about anything." Staff confirmed they knew what action to take should someone want to make a complaint and were confident the manager would deal with complaints appropriately. There were copies of the service's complaints procedures in each person's home. We looked at the most recent complaint and found that it had been recorded, investigated and responded to appropriately.

The provider had an end of life policy, which gave guidance to staff when when they provided care to a person at this time. Care plans contained treatment escalation plans and detailed end of life plans that were managed by the district nurses. The completed care plans included personal preferences around cultural and spiritual beliefs, where the person would prefer to be, and who they would want to support them at the end of their life. Staff who were providing care and support to people at the end of their lives had received specific training. One staff member said, "the care we provide helps people to be comfortable and as pain free as possible. We also give the relative a break."

Good

Is the service well-led?

Our findings

There was a clear management structure in place to manage the service. The registered provider managed the service overall and was supported by a training and development officer, a financial and legal manager and care co-ordinators.

The service had a clear vision which was, to deliver good quality care and support. Staff told us that there was an expectation that the service they provided was of a high and professional standard. They told us that communication between the manager and all levels of staff was good. One staff said, "everyone knows what's going on, we were kept informed about the move to the new office." There were opportunities, such as individual supervision meetings, to discuss the running of the service. Staff were supported by senior staff and felt they could discuss any issues or concerns they had or to discuss their performance. People told us that the manager was very supportive and felt that they knew their needs and views.

People and staff were positive about how the service was led and run. One person said, "They are fantastic, nothing is ever too much for them, they listen to me." Staff told us the service had good systems in place to ensure that communication was effective. Staff were informed of any changes to people's care and support by text message, email and direct telephone calls. Appointments for people were texted to staff on a portable electronic care plan on their mobile phone. For example, appointments for when a person was due to be supported into the community to do their shopping or when they were due to request a repeat prescription. This ensured that people received their allocated care and support.

A whistle blowing policy was available and staff told us they were confident that they could tell the registered manager anything and it would be dealt with. The organisation had expectations that staff should use this whistle blowing system if they felt this was necessary.

Systems were in place to monitor and review the quality of the service. This included audits of care plans and risk assessments. The manager acknowledged that further development of audits was needed. For example, the service had not evaluated quality assurance responses to ensure areas of concern had been recognised and addressed. The manager told us they would review the responses and put measures to improve people's experience of using the service.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. We saw that the manager contacted other organisations and shared information appropriately with agencies where this was in the best interests of the person.

Regular staff meetings were held. These were well attended by the staff team. Staff spoken with said staff meetings took place so that important information could be shared. Records showed staff meetings discussed areas such as health and safety, staffing, training and people's support needs. All the staff spoken with felt that communication was good in the service and they could obtain updates and share their views. Minutes we reviewed showed areas such as fire safety, medicines and valuing staff were discussed.

The manager understood their legal obligations in relation to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the service. The manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.