

Totus Care Ltd

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Totus Care Ltd provides personal care services to people living either in their own or family home in the community. At the time of our inspection nine people were receiving care.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there were aspects of the service which were outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service demonstrated an excellent commitment to providing outstanding care which put people at the heart of everything. The provider who was also the registered manager led and inspired the staff to deliver person-centred care which put people at the heart of everything they did. This had led to consistently outstanding outcomes for people.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff continuously went the 'extra mile' to ensure that people lived as fulfilled and enriched lives as possible. They respected people's individuality and enabled people to express their wishes and make choices for themselves. Positive therapeutic relationships had been developed and staff were proud of the support that they had provided to people and the positive outcomes they had observed.

People were supported to use communication aids and information was provided to people in an accessible format to enable them to make decisions about their care and support.

People who demonstrated behaviour that may challenge themselves or others received care that was based upon best practice guidelines. This met their individual needs and successfully reduced instances of incidents within people's home and community.

Staff demonstrated the provider's values of offering person-centred care that respected people as individuals in all their interactions with people. Relatives and the professionals involved in people's care consistently told us that the service provided 'exceptional care' to people. People could be assured that they would be supported by sufficient numbers of staff selected to specifically to support them. Records showed that people received their care in the way they needed to maintain their safety.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts

to eat and drink to maintain a balanced diet.

Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. Care plans contained risk assessments which gave detailed instructions to staff as to how to mitigate risks; these enabled and empowered people to live as independent a life as possible safely.

There was an effective system of quality assurance in place which ensured people had consistently received exceptional care and support. There was information available in different formats about how to complain. Relatives and staff were confident they would be listened to and appropriate action taken.

The people receiving care from Totus Care had an enhanced sense of well-being and quality of life because staff worked innovatively to enable people to have meaningful experiences and to become active members of the local community.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Outstanding ☆

The service had improved to outstanding.

People were supported by staff who very caring and passionate and put them at the heart of everything they did.

Staff continually strived to provide individualised person-centred care and ensured that people's privacy and dignity was protected.

People had control of their lives and were supported to be able to express their choices and wishes.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Totus Care Ltd

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 took place on 27, 28 and 29 June 2018 and was undertaken by one inspector. The provider was given 48 hours' notice because we needed to ensure someone was available to facilitate the inspection.

Before the inspection, we asked the provider to complete 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 also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support the people receive. We used the information they provided us to inform our planning of the inspection.

During the inspection we met with one person who used the service and spoke with three relatives. We spoke with six members of staff which included five support workers, the deputy manager and the registered manager who was also the provider. We also contacted a social care and health professional.

We reviewed three people's care files, looked at three staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service.

Is the service safe?

Our findings

People continued to receive care from a team of staff who provided consistent safe care and support. Relatives told us they had confidence in the service that their loved one would be kept safe. One relative said, "I have a 100% trust in all the staff; [Name of provider and deputy] take their time to recruit the right staff." We observed one person with staff and they looked at ease and relaxed.

Risks to people had been assessed; we saw that care plans and risk assessments were in place. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence and freedom, yet minimise the risk. They could describe how they provided the care and support people needed to keep them safe.

The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. We saw that where any issues around safeguarding had been raised that the provider had taken action to resolve the concern.

The recruitment process ensured staff were suitable for their role and staffing levels were responsive to people's individual needs. Staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. Staff were recruited to work in small teams supporting specific people. This ensured people received constant safe care and support.

People could be assured that they received their prescribed medicines when they needed them. The medicines management system in place was clear and consistently followed. Records confirmed staff had been provided with training on the safe handling, recording and administration of medicines and worked in line with the service's policy and procedure.

People were protected by the prevention and control of infection. Staff received training in relation to infection control and food hygiene. There was guidance and policies that were accessible to staff about infection control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through daily handover meetings, supervisions or contact from the management team. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to support people with learning disabilities and complex needs. Training was based on up to date guidance and best practice. The provider had sought TEACCH training for staff which is specialist training for supporting people with autism. Staff were happy with the level of training they received. One member of staff said, "The induction training is excellent and we are kept up to date with refresher training."

Staff had regular supervision and annual appraisals. One member of staff said, "We have regular one to ones, daily handovers where we can discuss and share our approaches and team meetings every three months or so, we are very well supported. [Name of provider and deputy manager] are always on the end of the phone if we need them, they are very hands on and know the people we support."

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff used various ways to communicate with people to support their individual communication methods. For example, using objects and pictorial guides. A relative said, "The service is absolutely fabulous. [Relative] has been encouraged to make decisions for them self, it is so nice to hear them say "I choose"."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection. Applications had been made to the Court of Protection where people were being deprived of their liberty in their best interests. People's capacity to consent to their care and support had been assessed by the provider and their relatives and the professionals involved in coordinating their care.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. There was an emphasis on supporting people to plan a healthy menu and to go out shopping for themselves if that was possible.

People were supported to have regular access to healthcare professionals. We observed the provider liaising with a local dental practice to prepare for a person who needed to be able to take their time and be seen as they arrived at the practice. The provider had a good understanding of the person's needs and how best to manage their behaviour. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals and people were supported to attend appointments.

Is the service caring?

Our findings

At our last inspection we rated caring as good, however at this inspection we saw that the provider had continued to develop and make improvements to the service which has made caring outstanding.

People and their families, without exception, were very happy and pleased with the staff and the care and support people received. Relatives described the staff as caring, warm, friendly and patient. We read several comments from relatives who had taken the time to give feedback to the service. These included, '[Name of member of staff] is thoughtful and goes above and beyond to make sure their time with [relative] and all the family is pleasant and enjoyable.'; 'Thank you for your continued support. It is such a comfort that [relative] is safe and happy and when they do have a moment you are quick to react and help and support them. We appreciate the fact that you are in regular contact with us, which we feel is important to maintain the health and well-being of [relative.]'

The feedback from professionals was very positive. One social care and health professional said, "This is a good service, they are very professional and liaise a lot with other professionals. They are very proactive and caring. They treat people as people." Another professional said, "This is a really good service, very professional, very receptive and follow any recommendations made to them."

The staff were highly motivated and spoke proudly and passionately about the people they supported. One member of staff said, "We support a diverse set of people, all very nice and pleasant but who can be challenging at times, you just have to be in tune with them, [Name of person] has really developed since having their own flat."

There was a person-centred approach to everything the service offered and people were treated with dignity and respect. People were supported to maintain their privacy when they were unable to do so independently. Staff described to us how they protected people's dignity. They spoke about keeping blinds and curtains closed to ensure no one was overlooked, shutting doors and talking to people explaining what they were doing and encouraging them to do things for themselves.

Consideration was given to whether people preferred male or female support workers and if they were unable to express a wish, decisions were taken which protected people's dignity. A professional told us that when they had seen people out in the community the staff were very respectful and mindful of people's dignity.

The service went the 'extra mile' to ensure that people and their families felt valued and cared for. People's care plans included information about people's likes and dislikes. Staff used the information to look out for activities and experiences people may like to try. For example, one person preferred to spend time with people without learning disabilities so spent time during the week volunteering in a local charity shop. We observed them whilst they were doing their voluntary work and it was obvious how committed the person was to the job they had been given. Their relative told us that the service always looked to support people to blossom in their own way. Another relative told us that they had received flowers at Christmas thanking

them for the support they had given to their relative. They said the staff always made them feel welcomed and valued. When they went on holiday the staff had ensured their loved one had visited and spent time with their grandparents which was important to them. There was a real sense of everyone working together to ensure people were valued for who they were and lived as fulfilled and meaningful life as possible.

Other examples included supporting someone to take up cooking lessons. Staff supported a person to attend a local college to attend the lessons. Another person had been to a music concert. Their relatives were surprised but very pleased that they had been and enjoyed the experience, something they thought they may not because previously they did not like loud noises. The deputy manager told us that before they went they had shown the person on an iPad what the concert would be like to enable them to make a choice as to whether would wish to go or not.

One relative told us, "We are so pleased in the way [relative] has increased their independence, to think when they left how they could not shower themselves but now through great staff innovative ideas to support them they can."

We saw that the staff were committed and reliable. The provider ensured that they had the right staff with the right approach and understanding to meet people's individual needs. Time was taken in recruiting staff to match the needs of the individual. One relative said "[Name of provider and deputy manager] asked me to tell them about [Name of relative] and then went to visit them at school, at their respite and here at home, they told me they needed to be assured they could help us. After they decided they could help us it took a little time to recruit the right staff, but we knew they wanted to get it right." The relative went on to tell us how their loved one had progressed, becoming more independent and how nice it was to hear the provider say it is a privilege to look after their loved one. The provider also echoed this to us as they spoke passionately about the service they provided.

Staff readily volunteered to cover extra shifts if needed to ensure that people knew the staff that supported them and they maintained the consistent approach people needed. The provider and deputy manager also stepped in to support when needed, this ensured they kept their knowledge and understanding of people's needs up to date, the staff welcomed this and saw this as one of the many positives working for Totus care.

We saw that for one person with very complex needs the service had gone the 'extra mile' and had emergency care plan in place should the person need to be admitted to hospital. The service had liaised with the Community Learning Disability team and the family and agreed a plan which involved staff from Totus care who knew the person would support them whilst in hospital and the hospital would have a designated nurse. This would hopefully ensure that the person was enabled to receive the medical they may require with less anxiety and stress.

People had access to an advocate to support their choice, independence and control of their care. The people currently using the service all had a supportive relative that was fully involved in their care. The provider had a good understanding of when people may need additional independent support from an advocate. An advocate is a person who can help people to speak up and get their voice heard.

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and detailed care plans had been developed with people and their relatives. The information gathered considered people's diverse needs including their cultural and spiritual needs.

Staff knew people very well; they understood the person's background and knew what care and support they needed. Staff told us that they were given the time and support to develop positive relationships with people. One staff member said, "It's a lovely service, people and staff are supported to follow their own cultural and personal beliefs and we are encouraged to share our interests with people."

People were supported to follow their interests and take part in social activities. They were encouraged to try new experiences and volunteer at local charities. For example, one person who liked 'Harry Potter' had been taken to 'Harry Potter World' another person volunteered at a local charity shop and several people were supported to attend local day centres which specifically provided activities to meet their needs.

There was information about how to complain in various formats including easy read. People and their families knew the provider and deputy manager and would contact them if they had any concerns. Relatives told us that they would have no hesitation to speak to the provider or the deputy manager if they had any concerns and were confident they would be listened to and appropriate action taken.

We saw that there was a system in place to record and monitor any feedback the service received and appropriate action taken when necessary. For example, we saw that when a complaint had been raised about a member of staff, appropriate action was taken and their performance was monitored.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it; to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, easy read information and pictures were used to assist people to communicate with staff and make informed choices.

At the time of the inspection no one was receiving end of life care. There was an end of life policy in place and the provider informed us that they would work closely with the Community Learning Disability Team and families to arrange any support that was needed at the appropriate time.

Is the service well-led?

Our findings

The provider was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had a clear vision which was embedded into the service and staff demonstrated their understanding of it. The vision was to 'help people to maximise their ability to live in a way of their choosing with some support. To support human rights and aim to involve people in a totally bespoke programme of care that has been designed with the full involvement and inclusion of individuals. Respecting privacy, dignity, independence, security, human rights and choice.'

We saw that people made choices in their everyday life, were involved in activities in the local community and were encouraged and enabled to try new experiences and be part of their local community. All staff, without exception, understood their roles and strived to provide the care and support people needed to live their lives to the full and as independently as they could.

People could be assured that the service was being managed competently. The systems in place to monitor the quality and standard of the service were effective and ensured that people received the support and care they required to a good standard. The provider was aware of their responsibilities; they had a good insight into the needs of people using the service, and clearly knew the people using the service well.

The service was open and honest, and promoted a positive culture throughout. One staff member said, "[Provider] shows a personal interest in all the people using the service. They only employ high quality of staff with the right approach and they are available to us 24/7. I would certainly recommend our service."

The people, their families and the staff, could have their voices heard and were engaged and involved in the development of the service. All the relatives we spoke with said that they could contact the provider easily and were confident to do so.

Staff meetings were held which staff told us enabled them to raise various topics, including any areas of concern, learning and positive outcomes for people. The provider ensured that the service kept up to date with the current best practice.

The service worked positively with outside agencies. This included a range of health and social care professionals. The feedback we received from professionals confirmed this and we saw from records that the provider has liaised with the local Community Learning Disability team, the health commissioners and professionals such as Speech and Language Therapists and Dietitians. The provider and deputy manager attended national conferences and continually sourced information to look at ways of improving outcomes for people.

The provider had submitted notifications to the CQC. A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals. The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people those seeking information about the service and visitors of our judgements.