Total Community Care Limited

Total Community 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

About the service
Total Community Care is a domiciliary care agency providing personal care to people living with spinal injuries or neurological conditions in their own homes throughout the United Kingdom. At the time of the inspection 55 people were receiving personal care.

People continued to be cared for safely and with compassion. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

Medicine systems were organised, and people were receiving their medicines as prescribed. The provider needed to strengthen the systems in place where people chose to administer their own medicines. We have made a recommendation about medicines management.

Staff had access to the support, supervision and training they required to work effectively in their roles. People's needs were assessed prior to them receiving the service to ensure that staff were able to fully meet their needs. Staff supported people to have a healthy balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The systems in place for recording mental capacity assessments required strengthening; we have made a recommendation about mental capacity assessments.

Staff were caring, person centred and inclusive. People were treated with kindness, dignity and respect and staff spent time getting to know them and their specific needs and wishes.

People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. Staff encouraged people to follow their interests and people were supported to access many varied activities and interests.

Information was provided to people in an accessible format to enable them to make decisions about their care and support. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

There was no end of life care being delivered at the time of the inspection. However, the provider's policies required further development to detail the support that staff would provide to people in preparing for the end of their life. We have made a recommendation about end of life care planning.

The service had a positive ethos and an open culture. The management team were approachable, understood the needs of people, and listened to staff. People that used the service and their relatives had the opportunity to feedback on the quality of the support and care that was provided. Any required

improvements were undertaken in response to people's suggestions. There were effective systems in place to monitor the quality of the service and drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 19 November 2016).

Why we inspected
This was a planned inspection based on the rating at the last inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-led findings below.	Good

Total Community Care

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and two assistant inspectors.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection visit because we needed to ensure the provider was available to facilitate the inspection.

Inspection activity started on 23 May 2019 and ended on 31 May 2019. We visited the office location on 23 May 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection, we spoke with 12 people who used the service and one person's relative. We also spoke with 14 members of staff, including support staff, the marketing and recruitment manager and clinical director who was also the provider and registered manager. We contacted two health and social care commissioners who commission care from the provider and monitor the care and support that people receive.

We looked at various records, including care records for six people. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- People and their relatives told us they were happy with the staff that provided their support because "They [staff] know what they are doing." And "They [staff] have thought about [family member's] needs."
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if needed. One member of staff told us they would, "Report to the manager or the council safeguarding team."

Assessing risk, safety monitoring and management

- People's risks had been assessed and risk management plans provided staff with the information they needed to manage identified risks. For example, people at risk of skin break-down due to limited mobility and risks associated with eating and drinking.
- Where people required support to change position regularly we saw that records did not always reflect that they were supported to move as often as detailed in their care plan. We discussed this with the clinical director, who recognised the need for records to accurately reflect that people's assessed needs were met. People we spoke with were happy with how staff supported them to minimise the risk of their skin breaking down. One person said, "I've never had any skin issues, the girls [staff] are all over it, it's down to their training and recognising any potential problems."
- Some people supported by the service were at risk of changes in their health that could result in a medical emergency. Staff were provided with emergency procedures that clearly described the signs and symptoms and the action staff should take.
- Safety checks of people's homes were carried out prior to people receiving care. This ensured people and staff were safe in the home environment.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- People were involved in the recruitment of the staff who would make up the team allocated to their care. People told us that they were empowered as they had chosen the staff who would work with them. One person said, "I was involved from the start, helped to draft the job advert, checked the application forms, took part in the interviews and the final choice was mine."

Using medicines safely

● Where the service was responsible, medicine systems were organised, and people were receiving their medicines as prescribed. The provider was following safe protocols for the administration and recording of medicines.
● Staff had received training in safe handling of medicines and their competencies were tested regularly.
● Some people wanted to retain control of their medicines but were physically unable to administer their own medicines due to the impact of their spinal injury. People instructed staff to put their medicines in a dosette box to be administered under the person's direction at the time they were prescribed. (A dosette box is used to support people to manage their medicines. Tablets are removed from their original packaging and placed in compartments for the day and time they are due). Dispensing of medicines into a dosette box is usually carried out by a pharmacist to reduce the risk of errors. We discussed our concerns with the clinical director, who agreed that they would discuss this practice with people to ensure they were aware of potential risks and ensure there was a clear risk management plan for staff to follow.

We recommend that the provider reviews the systems in place for supporting people who wish to self-administer their medicines to ensure they are working in line with current guidance.

Preventing and controlling infection
● People were protected by the prevention and control of infection.
● Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.

Learning lessons when things go wrong
● Accidents and Incidents were monitored, and action taken to address any identified concerns.
● The senior management team reviewed all incidents that happened and used feedback from people and staff, to improve safety across the service.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before any care was agreed and delivered. Based on the person's needs and choices a team of staff were recruited to provide their care.
- The clinical director and staff used recognised good practice and guidance to ensure that people's care was provided appropriately. For example; clinical managers ensured that staff were working to recognised guidelines on the complex health conditions people using the service were living with.

Staff support: induction, training, skills and experience

- People continued to receive effective care from regular staff that had the knowledge and skills to carry out their roles and responsibilities.
- Staff received induction training that covered areas such as, moving and handling, infection control, food hygiene, safeguarding and first aid. They also received bespoke training to meet the specific needs of the person they had been employed to support. Dependent on the person's needs this could include training in acquired brain injury, diabetes, spinal cord injury, catheter care and tracheostomy ventilation breathing systems. Training was updated annually or when a person's needs changed.
- People told us the staff were well trained and the training was based around their needs. One person said, "They get regular refresher training on what they need to do for me, they're highly trained."
- Most staff were happy with the training and support they received. One member of staff spoke about their induction saying, "It was very in depth and specific to the client. Shadowing at their house and [senior staff] making sure I was doing it correctly." Another said, "I have a yearly refresher course. Monthly supervisions and training when needed, the company is helpful in listening to staff requirements and training."
- Staff working in one area were concerned that they received less support with training and supervision. We discussed this with the registered manager who was aware of their concerns and told us they had already implemented increased support as they were aware the staff were geographically isolated.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet and stay healthy.
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether people had any specific requirements. For example, where people received their nutrition by a percutaneous endoscopic gastrostomy (PEG) feeding system, staff followed the advice of appropriate health professionals.
- People told us that staff provided them with the support they needed and respected their choices. One person said, "The staff give me a hand with cooking and I use adaptations to help me feed myself. It's my choice what I eat and drink and when."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:
● The service supported people with complex healthcare conditions. Each person had a team of staff allocated to their support which consisted of support staff, clinical staff and a care manager. The staff teams worked closely with specialist health care professionals to ensure people's care was provided in the most appropriate way and any changes to needs were met.
● People told us that staff supported them to access other health and social care professionals such as the GP, community nurses and physiotherapists.
● Information in care records confirmed the service worked with other professionals when required to ensure people had access to the right support and help. For example, one person was concerned about their stoma site, staff monitored this and liaised with appropriate health specialists to gain appropriate treatment.

Ensuring consent to care and treatment in line with law and guidance
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 for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

● People's care plans referred to their ability to make decisions about their care and staff sought people's consent before providing care. People's care plans provided staff with information on how people who had difficulty making decisions and were unable to speak may communicate their consent and decisions.
● Most of the people using the service at the time of inspection had the mental capacity to consent to all aspects of their care. However, there were some people whose care plans stated that they did not have mental capacity to make all decisions associated with their care needs. Although people's care plans contained information about people's mental capacity to make decisions, systems had not been implemented to record assessments of their mental capacity. We discussed this with the clinical director, who recognised the need to ensure that people had recorded mental capacity assessments and associated best interest decisions to demonstrate how these had been assessed.

We recommend that the provider reviews the systems in place for assessing people's mental capacity and ensures that staff are provided with appropriate training in this area.

● People told us that staff sought their consent before providing their support. One person said, "We've got a routine and they respect it if I don't want to do something. It's all directed by me."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be well cared for. People provided positive feedback about the care they received. One person said, "We [staff and I] are so comfortable with each other, they [staff] are kind to me."
- People were supported by a regular team of staff which ensured consistent care. One person said, "They [staff] respond to me as an individual, I have carers who've been coming a long time, there's a lot of continuity, being in my position that puts me at ease."
- People repeatedly told us how important it was to them that they were supported to choose their own staff, who suited their specific choices and needs. One person said, "I am really happy with the care and being able to recruit and pick who I want is the best." Another person said, "I choose my staff, I choose people who have something in common with me and we become friends."
- Staff had a genuine interest in the people they supported and worked creatively to ensure all aspects of people's lives were supported. For example, one person was no longer able to meet all aspects of their pet's needs. Staff found a voluntary agency that could supply people to carry out the care needed. This had a positive effect on the person's quality of life as they were no longer worried about their pet's well being.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives if appropriate were involved in the planning of their care. People consistently told us that their care was directed by them and the positive impact of this. One person said, "It [my care] is all directed by me."
- The registered manager and staff understood the importance of involving people in decision making. We saw that people had regular contact with the care manager and clinical lead for their staff team. One person told us, "I'm fully involved, and the care manager comes around to check if there are any changes."
- No one currently required the support of an advocate. However, staff were able to support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- Most people were happy that their privacy was respected, and their dignity maintained. Feedback from people included, "There's no problem with them respecting my privacy and I'm happy with how they interact with me." And, "The staff understand the boundaries, it works really well." However, some people felt that they sometimes had to remind their staff of the boundaries of their professional relationship. Where this had happened, people were happy with how staff had responded to their feedback.
- People told us that using the service had increased their independence in many ways. For example, people were supported to continue their careers, go to college, do voluntary work and continue to follow

their interests. One person said, "Having the staff enables me to live a life that is as independent as it can be,"

- Staff understood the importance of keeping people's personal information confidential.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received their support from dedicated teams of staff who knew them well and supported them to live their life as they chose.
- We saw testimonials that people had completed praising the staff for way they supported them to live life to the full. For example, following a weekend away one person wrote, "Without the support from my [Total Community Care] TCC carer, I would not have been able to take part in such a physically challenging weekend."
- Staff were committed to enabling people to overcome any perceived limitations and live a rewarding and fulfilling life. We saw many examples where staff had provided flexible support to enable people to live life to the full. For example, supporting people to go on holidays, to go to the theatre, attend concerts and sporting events and to take part in sporting activities. One member of staff told us, "Every time I'm there I give [person] 100%. You do the best you can."
- Enabling people to pursue their interests was integral to the service. For example, one person was talented in craft work and painting, staff adjusted their working hours to support them to attend markets to sell the products they had created. Another person received staff support to attend their chosen place of worship.
- People had care plans which detailed the care and support people wanted and needed; this ensured that staff had the information they required to provide consistent support for people. For example, care plans contained information on people's personal care needs and cultural needs.
- Health and social care professionals provided positive feedback about the responsiveness of the service. One health professional told us, "They [the provider] provide a good standard of care and advocate very well for people supporting with things like housing needs as well as people's personal care."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available to people in the format that met their needs and people's care plans contained information about people's communication needs.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint.

● People and staff were confident that if they did have a complaint they would be listened to and the issue addressed. One person said, "I've no concerns or complaints, there's the odd niggle but that's usually down to a misunderstanding and they deal with it."
● There was a complaints procedure in place. We saw that where complaints had been made the provider had investigated the complaint and provided people with an outcome.

End of life care and support
● There was no end of life care being delivered at the time of the inspection.
● The provider's policies required further development to detail the support that staff would provide to people in preparing for the end of their life. This would ensure staff were aware of people's preferences and needs; for example, in relation to their spiritual or cultural needs.

We recommend that the provider refers to current guidance in meeting people's end of life care needs.

● Where people had Do Not Attempt Resuscitation Orders in place, this information was available in their care plan.
● Staff had access to training in supporting people at the end of their life, however we were told not all staff had completed this. Staff were aware of good practice and guidance in end of life care, and the need to respect people's choices.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as was possible.
- Staff were passionate about empowering people to live full and happy lives. People were achieving their goals, and this was celebrated by everyone at the service.
- People and their relatives told us that their care managers and clinical nursing staff knew people well and were available to them. One person's relative said, "They [managers] are dealing with a lot of complex issues, it's gone pretty smoothly, we're both very happy."
- Most staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "If I need to speak to my [care] manager they are very approachable. They will do their best to make sure you are happy and support you." Another member of staff told us, "I feel supported and cared for in this organisation. During supervisions, I am asked about my satisfaction in this company. I can talk about my goals and get advice about my career."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The clinical director and staff team understood their roles and were open and honest. The clinical director ensured open communication with people, their relatives, staff and outside agencies.
- The clinical director was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and competency checks of their work were undertaken which ensured they provided the care and support at the standards required.
- There were effective systems in place to monitor the quality and standard of the service. The provider had a comprehensive quality assurance framework in place that covered all aspects of the service. These included; oversight of care manager home visits, staff supervisions, health and safety reports and rota

changes. The findings of audits were analysed to identify any patterns or areas where improvements may be required.
● The clinical director notified CQC and other agencies of any incidents which took place that affected people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's feedback about the service was captured through regular contact with people and their relatives. We saw many examples where people had provided positive feedback, for example, "I have a care team of three people working to my personalised rota to fit in with my life requirements… Long may this continue in making my life hassle free and with a much higher-level standard of care."
● Staff were regularly asked for their feedback and we saw that positive feedback had been provided. For example, "TCC [Total Community Care] take an interest in selecting the right carers/support workers to the right position ensuring good relationships and that everybody is happy. This helps make you feel more than just a number."
● The provider facilitated a regular newsletter that contained helpful articles and positive stories relevant to people and staff at the service.
● The provider had a positive online presence and used this to promote the strong ethos of the company to support people maximise their independence and live their life in the way they chose.
● Fundraising events were undertaken by staff to build team work and support their local community. For example, the provider's newsletter described how a member of the management team would be volunteering in a local shelter for the homeless.

Continuous learning and improving care:
● Staff were encouraged to attend regular team meetings. Staff told us these were valuable, and they could raise concerns and make suggestions as to how the service could be improved.
● The clinical director was continuously developing their training provision to ensure it fully met people's and staff needs. For example, ensuring all clinical training was compliant with current standards.

Working in partnership with others:
● The registered manager and staff worked closely with specialist health and social care professionals to ensure peoples complex needs were met. This included accessing training from health professionals with detailed knowledge of specific health needs. For example, physiotherapists.
● The registered manager and management team were actively involved with charities that advocate and support people with a spinal injury for example the Spinal Injury Association.