

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Total Community Care

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Total Community Care Limited
Registered Manager	Mr. Christopher Freestone
Overview of the service	Total Community Care Limited provides specialist care services for people with spinal cord injuries and complex neurological condition. Care and support is provided for people in their own homes. The service is managed from an office in Market Harborough. At the time of our inspection the service provided support for 40 people who lived in different parts of England.
Type of service	Domiciliary care service
Regulated activities	Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 July 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We contacted eight people who used the service and spoke with three of them. Each person told us that they were very satisfied with the quality of care and support they received. People told us that they had been involved in choosing who supported them and in decisions about their care and support.

One person told us, "I'm satisfied with my carers. They are like good friends. They do all of the things that are in my care plan. I was involved in the recruitment of the team that support me." Another person told us, "I've got very good carers. I am satisfied with the care and support I get. The carers understand my needs. They have been trained really well. I'm involved in decisions about my care. I know how to raise concerns and I'm confident that the company would listen."

A relative of a person who used the service told us, "We chose Total Community Care because of their model of care. They provide a designated team of carers which is fantastic because it means continuity of care. Being able to be involved in appointing care workers was important. I'm a tough judge and I can say that it's a very impressive organisation. They deliver and monitor care. The staff have been trained to fully understand people's needs."

What people told us confirmed what we found when we spoke with staff, reviewed people's care plans, training records and other documentation. The provider had effective processes for supporting staff and monitoring the quality of care.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them because they or their representatives had been provided with information about the service and what it could offer them. People and their representatives had been involved in the assessment of their needs and regular reviews of their care plans. That meant that people had an input into the development of their care plans.

People had expressed their views about the service in a variety of ways. They had done so through surveys, at care plan reviews and when they were visited by senior staff. People who used the service told us that that they knew they could raise concerns or make suggestions at any time and that they were confident that the provider would act on what they said.

People had been involved in making decisions about their care. That had happened when their needs had been assessed and when their care plans were reviewed. People had also been involved in deciding which care workers supported them because they had taken an active role in the recruitment process. People told us it was important to them that they could choose who supported them. Some people had care workers who had supported them for several years before they came to Total Community Care Limited and had wanted to retain those care workers when they began to use the service. People's wishes had been respected and any concerns the provider had with those arrangements had been evaluated, risk assessed and shared with people who used the service.

People's diversity, values and human rights were respected. People were supported to make informed choices about lifestyles.

Shortly before our inspection the provider had organised a survey of people who used the service. Seven people had returned their questionnaire at the time of our inspection. People's responses were complimentary about the service. All respondents had said that they knew who to contact if they had a problem and felt that their views would be taken

seriously.

People we spoke with told us that care workers understood their needs. A survey of staff showed that staff felt that they had been appropriately trained to meet people's needs. Our review of care worker's logs of how they supported people showed that care workers understood people's care plans and how they should support people. The evidence we heard and saw showed that staff understood how to support people with respect and dignity.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment had been planned and delivered in line with their individual care plan. Care plans were person centred and included details about how people should be supported. People told us that they felt they were supported in accordance with their care plans. The results to date of a survey carried out by the provider showed that people had expressed satisfaction about their care and support. Daily records made by care workers provided evidence that care workers understood people's needs and had supported them appropriately. Those notes had been reviewed by senior qualified staff who had a high expectation about the quality of those notes.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We found that care plans contained regularly reviewed assessments of risks associated with people's care routines. People were supported by care workers they had selected and they had consequently experienced a continuity of care. Care workers expressed through a staff survey that they had been appropriately trained and had the skills to be able to meet people's needs.

We found that care workers had received comprehensive training to be able to understand the needs of the people they supported. The provider had processes for checking that care workers had put learning from training into practice.

People's care plans were reviewed every six months or sooner if a person's circumstances changed. People could be confident, therefore, that their care plans were up to date. That was important because it meant care workers had access to the latest information about people's needs and care routines.

People's care and treatment reflected relevant research and guidance in the treatment and support of people with spinal cord injuries and neurological conditions. Professionals employed by the provider had maintained their professional registration and had continuing personal development plans. That meant that people who used the service could be confident that people with specialist skills and qualifications were available to them.

There were arrangements in place to deal with foreseeable emergencies.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Care workers had received training in safeguarding of vulnerable adults which had been updated annually. We looked at the content of the training and we found that the training included comprehensive information about what constituted abuse. Care workers had been trained to identify abuse or potential abuse and how to report it.

Policies and guidance about safeguarding and related subjects were available and accessible to all staff. We looked at responses staff had made to a recent staff survey and found that staff were confident that any concerns they raised would be taken seriously. People who used the service told us that they knew how they could raise concerns and they were confident they would be taken seriously.

All staff had been subject to two yearly Criminal Records Bureau or Disclosure and Barring Service checks. Staff were required by their contract of employment to report any cautions or convictions. That meant the provider was able to identify staff who were potentially no longer suited to working with vulnerable people.

The provider responded appropriately to any allegation of abuse by reporting and investigating those allegations either internally or notifying the appropriate safeguarding authorities.

The provider had a procedure for the reporting and investigation of accidents and incidents. We found that care workers had regularly used the procedure to report a wide range of incidents ranging from minor to those that had an impact on a person's well being. That showed that care workers were alert to fluctuations in people's wellbeing and had reported concerns that had been acted on.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At the time of our inspection the provider was part way through a survey of staff. We looked at 29 responses that had been received to date. We found that with one exception all respondents indicated that they felt that they had received appropriate training and that they had the skills to meet the needs of the people they supported. People who used the service had also been surveyed and their responses indicated that they felt that they were supported by staff who had been appropriately trained. The information we saw from those surveys and the evidence we found in training records and records of staff supervision meetings showed that staff had received appropriate support to be able to meet the needs of the people they supported.

Care workers had benefited from regular supervision meetings with their managers. Evidence from the staff survey showed that 27 from 29 staff felt that they had received the right amount of contact and support from the provider.

The provider had worked continuously to maintain and improve high standards of care by operating a competence framework for staff. The aim of that framework had been to match the requirements of people who used the service with the skills, knowledge and experience of care workers. That framework and the fact that people who used the service had selected carers they wanted to support them meant that the needs of people and staff had been integrated.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Those views had been received through an annual survey. People who used the service had been able to provide feedback outside of the survey. People had, for example, provided feedback at reviews of their care plans and at regular visits they had received from managers. People told us that they knew how they could raise any concerns or feedback and that they were confident they would be listened to.

There was evidence that learning from investigations of incidents had taken place and that appropriate changes had been implemented. The provider took account of complaints and comments to improve the service.

The provider routinely monitored and assessed the quality of care that people received. The provider had organised regular visits to people, and had reviewed and checked the quality and accuracy of notes made by care workers. The staff supervision and appraisal process had been another source of information about the quality of care provided. A relative of a person who used the service told us, "It's a very impressive organisation. They deliver and monitor care."

Care plans included risk assessments associated with care routines and those risk assessments had been regularly reviewed. That meant that people were protected as far as possible from risks associated with their care, treatment and support.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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