

Total Care Norfolk Limited

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Inspection report

20 High Street
Downham Market
Norfolk
PE38 9DB

Tel: 01366858070

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07 May 2021

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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 Care Norfolk is a domiciliary care agency. It provides personal care to 15 people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported in a manner of their choosing and at a time that they requested.

Staff showed a good awareness of people's needs and offered support for them to maintain their spiritual needs and activities that were important to the people.

The registered manager demonstrated a strong understanding of people's support needs and gave clear leadership to their team, the service has improved and is now compliant with the regulations.

Additional internal audits monitored the safety and well-being of those supported.

Staff felt clear in their job roles and had the necessary skills and training to support people safely.

Medicines were administered in a safe manner.

People were assessed and care plans developed prior to support being offered. The support provided was regularly reviewed as individuals needs changed.

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

Rating at last inspection and update

The last rating for this service at the previous premises was inadequate (published 21 January 2020), following a focussed inspection. At the previous inspection the service was found to be in breach of regulation 12, due to unsafe medicines management, regulation 19 had failed to operate an effective recruitment procedure, regulation 18 the provider failed to ensure that there were sufficient numbers of suitably competent, skilled and experienced staff, regulation 17 had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Exiting special measures

This service has been in Special Measures since 21 January 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Total Care Norfolk

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

This announced inspection was undertaken by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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 15 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 April 2021 and ended on 07 May 2021. We visited the office location on 29 April 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We looked at various records, including care records for five people, as well as other records relating to the running of the service. These included two recent staff recruitment files, training records, medicine administration records, audits and staff deployment information. We spoke with the registered manager, deputy manager and business manager.

After the inspection

The registered manager sent us records to clarify auditing processes and arrangements relating to COVID-19. We spoke with three additional staff, two relatives and one individual supported by the service.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; using medicines safely

At our last inspection in January 2020 the provider had failed to robustly assess the risks relating to the health safety and welfare of people. They had also failed to ensure medicines were managed safely.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received online medicines training. In addition to this all staff administering medicines completed numerous medicines competencies prior to administering medicines for the first time. Their competency had been reassessed annually following this to ensure safe practice was maintained.
- Monthly medicine audits were completed by the management team to ensure medicines were given as prescribed. Staff told us they checked medication administration records charts prior to dispensing medication and completed a medicines count to ensure safe administration.
- Staff confirmed a good level of understanding in managing risk to individuals. Staff were aware of best practice in relation to minimising risk to skin integrity. They could explain how they had worked alongside district nurses to reduce the severity of one person's pressure area.
- The registered manager had contacted a person's GP where they had expressed their choice and refused their medication. This ensured the GP was fully aware of the person's choice and their advice and guidance had been followed and documented.
- Care plans and risk assessments had been robustly reviewed to effectively reduce risk and ensure staff supported in a consistent safe manner.

Staffing and recruitment

At our last inspection in January 2020 the provider had failed to ensure that there were sufficient numbers of suitably competent, skilled and experienced staff. The provider had also failed to operate an effective recruitment procedure.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (Staffing) or regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who used the service confirmed that calls were mostly on time. If the call was running late then they were called to notify them of this.
- A live rota system was in place. On the day of the inspection all calls were shown to be running on time. We reviewed records for previous months and confirmed all calls had been attended as expected by people.

- Travel time had been factored in-between calls to ensure punctuality. Digital trackers were used by staff to log in and out for all calls to ensure an accurate log of visits was recorded.
- Staff were recruited safely. Suitable checks had been made, including an enhanced criminal records check (DBS) to ensure staff were suitable to support people. The employment history of applicants had been explored to ensure a full log of employment had been gained.
- References were requested and verified for new employees. We viewed one persons file where a personal reference had been verified but the conversation with the referee had not been captured in full. The registered manager acknowledged this and gave clear instructions for a new process moving forward to ensure all information would be fully documented.
- Interview notes demonstrated staff knowledge and understanding of what would be expected of them within the role. The registered manager said they can tell a good employee by "the tone of their voice, if they have the passion for the care and want to help others".

Systems and processes to safeguard people from the risk of abuse

- Audits were completed monthly for all daily records by the management team. This ensured any potential near misses or concerns regarding people supported was reviewed and actioned as appropriate.
- Staff completed online safeguarding training. Staff we spoke with were able to confirm the signs and symptoms of abuse and what action they would take if they felt someone was at risk.
- Accident logs were completed where required. This log was then audited on a monthly basis, information we reviewed demonstrated actions taken following an incident in addition to potential causes to minimise the risk of reoccurring.

Learning lessons when things go wrong

- The provider and registered manager had taken positive steps to improve the service they offer. Due to concerns previously being highlighted with the care plans, these have now all been reviewed and gave clear, up to date information.
- Additional audits had been implemented and were checked by the management team, this included auditing medicines, care plans and accidents. This minimised the risk of information being overlooked and ensured management could action and address any areas of concern identified in a timely fashion and ensure all records remained current.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control. They could detail the correct steps to take to reduce the risk of infection control.
- Direct observations of practice were completed on staff members. This ensured that staff were seen to be following correct infection control techniques and wearing the correct Personal Protective Equipment (PPE) at all times.
- A person told us "Staff are always wearing mask and aprons".
- The registered manager reviewed COVID-19 risk assessments relating to the office setting and staff travelling to support people following the site visit. This ensured that all risks were fully assessed in all areas where staff may be present.

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.

The last time we inspected this key question it was rated as good, published 10 April 2018. At this inspection this key question remained the same. 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 assessed, and their care delivered in line with current legislation, standards and evidence based guidance. This included for health conditions, people's preferences and equipment people used that promoted independence.
- People's care needs were regularly reviewed to ensure the support offered remained sufficient for the person. A member of staff told us they, "Will contact the registered manager if they feel someone's needs had changed and required reassessing".
- Preferences for staff deployed to support people were followed as much as possible.

Staff support: induction, training, skills and experience

- Staff received an induction when they began employment. They also completed shadow shifts where they were observed by experienced staff to offer support and guidance as required.
- Training had been completed by the staff team to ensure they could meet the needs of the people they supported. This included supporting people living with dementia, moving and handling, mental capacity and food hygiene.
- Staff confirmed they had received individual supervisions and staff meetings took place. Staff said if they are not sure about something or required support they would always ask the registered manager.

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

- People were supported with their meal preparation effectively.
- People's dietary needs were assessed, and their preferences documented within their care plans. Detail on how people enjoyed their drinks had been documented, for example if they preferred their tea to be made in a teapot opposed to a cup, to ensure they were consistently supported in line with their preferences.
- At the time of the inspection no one was receiving their meals in an adapted form. The registered manager confirmed steps they would take if someone's support changed and would refer the person to a speech and language therapist.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us they worked closely alongside the health professionals to support the people to maintain their wellbeing.
- Staff told us they worked alongside district nurses each day to support a person with their skin integrity. One staff member told us, "We team up with the district nurses and take their advice". The persons skin

integrity has improved following this approach.

- The registered manager told us, "During the national lockdown some of the people couldn't access a chiropractor. We sourced one that was willing to go into people's homes at this time". This ensured the health and wellbeing of those supported was maintained.
- Staff told us they would contact the office if they felt someone required medical support, unless it was an emergency and they would then contact medical assistance themselves. This ensured the person received the input required without delaying them for future calls.

Ensuring consent to care and treatment in line with law and guidance

The 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within their principles of the MCA.

- Staff undertook training and familiarisation about the MCA and its five key principles. This included promoting choices and respecting people's decisions.
- Staff said they always offered choice and that people have the right to refuse the support offered. A family member said, "Staff always ask and offer a choice".
- The registered manager said that they will try to explain to a person the risks if they were to refuse their personal care. Ensuring they are fully aware and let them make their own choice.
- A mental capacity assessment had been arranged by the registered manager with a person's social worker to ensure the current arrangement for managing this person's finances were safe and in line with MCA.

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.

The last time we inspected this key question it rated as good, published 10 April 2018. At this inspection this key question has remained the same. 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's care plans were detailed and provided staff with relevant and informative guidance. Staff and the registered manager had a good understanding of those they were supporting and could detail people's need and support.
- People and relatives we spoke with were positive about the support offered. One person said "They are all kind and talk to me nicely". A relative told us, "The carers will go above and beyond".
- Care plans captured people's life history and those who were important to them.

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

- The registered manager told us that, "Assessments are completed on a person-centred basis. People are asked what they would like support with and what time they want their support. The support is reviewed on an ongoing basis if they want to make any changes".
- People's preference for care workers had been recorded and followed. Ensuring people were supported by those they felt comfortable with. One person told us, "All staff are kind".
- People were supported at a time that they had chosen. One person told us in relation to the time of their support "I am happy with this and it works best for me".

Respecting and promoting people's privacy, dignity and independence

- Staff said they always treated people with dignity and respect, being mindful of open doors and curtains.
- Relatives told us that staff knock on doors before entering a person's home and introduce themselves to the person.
- Records stored within a person's home were placed in a location of their choosing to maintain the dignity and privacy of the person.
- People told us they can make changes to their support at any time and would call the registered manager to do this.

Is the service responsive?

Our findings

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

The last time we inspected this key question it was rated as good, published 10 April 2018. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Records we reviewed showed that these were comprehensive. This included a clear purpose of the care visits and their expected outcomes were recorded.
- People and their relatives, where applicable, had chosen times for their support and stated how they wanted to be supported.
- People had signed their own care plans where possible. Allowing the person to take ownership of the support offered.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with all knew how to raise concerns or make a complaint. A relative confirmed "We can always get hold of the manager when we need to".
- The registered manager confirmed that where concerns and comments relating to the support of a person had been raised previously, the registered manager will speak to the person raising the concern and the staff in question to review and improve on the practice.
- Care plans within people's homes had contact details for them to make a complaint. These numbers include the registered office number, local authority safeguarding and Care Quality Commission.

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.

- The registered manager told us that one person supported used a hearing aid. Where this had become faulty staff would wear clear face coverings that enabled the person to lip read to ensure they remained supported in an effective way.

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

- The registered manager told us that one person supported during the national lockdown had begun to miss their local church services. The service contacted the vicar for the local church with the person's consent. They then arranged for the vicar to complete a monthly communion for the individual at their own home maintaining the spiritual needs of the person.

End of life care and support

- Where appropriate people had a do not attempt resuscitation record (DNAR) in place. The information had been clearly recorded within people's care documents. Staff spoken to were confident on the location of this information to ensure it could be found in an emergency situation.
- People were included in the conversation relating to the storage of their DNAR. One person requested their document to be stored above their bed to ensure anyone who required it could see it easily.

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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection in January 2020 the provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new registered manager had been appointed by the provider in November 2020. The registered manager told us they had used the previous inspection report to develop a plan for the service to create and embed positive changes.
- The registered manager was passionate about the service that they provided. They were knowledgeable about all areas of the role and worked in line with required legislation.
- Staff told us they felt directed and well supported within their role. They were confident to ask for help if required and felt the management team were approachable.
- The provider had created additional audits to monitor the service including a review of care plans, accidents and incidents, daily records and recruitment files.
- The provider ensured the service had been regularly audited by different members of the management team. The auditing systems now in place supported the provision of high quality care and supported improvement for the service.
- The registered manager was open and honest during the inspection and had a clear vision for the future of the service. The registered manager told us "I would like the service to grow at a steady pace. Not loads of new clients at once to ensure that everyone continues to be well supported".
- The people's care plans had been reviewed and improved. The registered manager said that previously sections were not completed and not applicable. The format has now been improved and personalised, easy to read care plans are now in place.
- The registered manager had given clear leadership and direction to the service to motivate and support those around them. Due to positive recruitment and a change of focus, the registered manager was based solely in the office setting ensuring sufficient oversight at all times to maintain regulatory compliance.

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

outcomes for people; 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 registered manager had made improvements and worked hard to ensure the culture was positive and promoted peoples wellbeing.
- Staff had supported a person who had become distressed due to their bus pass expiring. Staff supported the person to renew their bus pass enabling them to still access the community as desired.
- Where a client was no longer able to cook a roast dinner for themselves staff found a local pub that served food. They sourced a menu and showed this to the person. The person now orders a cooked meal of their choosing, this has had a positive impact on the person.
- The registered manager had a good understanding of the duty of candour and worked in an open and transparent manner.
- A person supported had not been able to access their garden. Staff went into the person's garden and took pictures of their garden and arranged for these to be printed and given to the person. Enabling the person to see their garden, the person was happy receiving the photographs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Observations of staff were completed to ensure they offered choice to people that were supported, and supported them in a kind, dignified way.
- Surveys to gain feedback from people and their relatives had been created. The registered manager confirmed these are due to be sent in May 2021.
- Where people had requested changes to their support due to a change in need, such as an increase in allocated time. The registered manager had spoken to the person, relatives and professionals involved to lengthen the support offered.

Working in partnership with others

- Guidance and involvement from health professionals was promptly sought by the care staff and the management team were required. All information had been documented and staff told us they reviewed information prior to supporting people to ensure they knew the up to date information.