

Total Care Options Ltd

Total Care Options Cambridgeshire

Inspection report

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Date of publication:
01 April 2022

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 Options Cambridgeshire is a domiciliary care agency providing personal care to adults living in their own homes. At the time of our inspection there was one person using the service. 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

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidance to prevent the spread of infection.

We received positive feedback about the registered manager and staff members. Staff were kind and caring and made sure people's privacy and dignity was respected. A relative described the service as, "Wonderful," and the registered manager and staff as, "Lovely." They said the service was, "Great, it's made such a difference to me." People and their relatives were involved in making decisions about the care they wanted.

Staff received training, supervision and support so that they could do their job well. They enjoyed working for this service and described positive professional relationships with the registered manager and other staff.

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 policies and systems in the service supported this practice.

There was an effective quality assurance process in place that identified areas for improvement.

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

Rating at last inspection

This service was registered with us on 8 August 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration with the CQC.

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.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage

with people using the service as part of this performance review and assessment.

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 Options Cambridgeshire

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by one inspector.

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 are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be able to support the inspection and provide us with information we requested.

What we did before the inspection

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

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with the relative of the person using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 4 March 2022 and ended on 24 March 2022.

We spoke with the relative of the one person who used the service about their experience of the care provided. We spoke with three care workers and the registered manager.

We reviewed a range of records. These included sampling the person's care records. We also looked at two staff files in relation to recruitment and a variety of records relating to the management of the service. These included audits, records relating staff training, and complaints.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from harm. Staff had received safeguarding training as part of their induction and knew how to report any concerns.
- Relatives told us they were assured their family member was safe with the support they received from staff. A relative told us how hard it had been to accept help caring for their family member, but they trusted staff and felt they could "switch off" when staff were there.

Assessing risk, safety monitoring and management

- Staff were aware of the risks to people's health, safety and welfare and took appropriate action to minimise these.
- People had individual risk assessments in place to guide staff. These included both environmental risk factors and individual health risk assessments.
- Staff providing the care had time prior to delivering care to read and understand the person's care plan and risk assessments. Records were reviewed regularly and updated if changes to the persons needs occurred.

Staffing and recruitment

- All required recruitment checks had been completed prior to care workers working at the service. Information obtained included references and criminal record check.
- Relatives told us staff were reliable, arrived on time, and stayed for the agreed time.
- There were enough staff to cover the agreed care call visits. Staff were flexible in their working arrangements and covered care call visits when care workers were on leave.

Using medicines safely

- Staff had received training on how to support people with their medicines. However, they did not support anyone with prescribed medicines at the time of this inspection.
- Staff had clear direction on how to support a person with the application of a cream to their skin. Staff kept clear records on when this had been applied.

Preventing and controlling infection

- The provider had appropriate procedures for infection prevention and control.
- Staff completed infection control training and received support from the registered manger during the COVID-19 pandemic.
- All staff took part in the national COVID-19 testing programme.

- Care staff confirmed they were provided with sufficient supplies of disposable personal protective equipment (PPE) including gloves, facemasks, and aprons. Relatives confirmed staff wore these in line with current guidance and washed their hands frequently.

Learning lessons when things go wrong

- The registered manager acknowledged and responded appropriately when things went wrong. They put action plans in place to bring about improvement and discussed any lessons learnt with staff. A relative told us the registered manager had, "Picked up on some things that weren't quite right. She apologised and put it right with the carer."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager met with people to assess their needs and agree the support the service could offer. This ensured the service could meet each person's needs and helped form the care plan.
- The care provided met people individual needs and wishes. A relative told us that staff knew their family member well and met their needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and enthusiastic about working at the service. New staff received training and induction into their roles. New staff shadowed more experienced care workers until they felt confident delivering care alone. One staff member told us their training meant, "I felt fully prepared to provide care."
- Staff were supported both formally through regular supervision sessions and staff meetings, and more informally, over the telephone and in person. Staff felt very well supported by the registered manager. A staff member told us, "[The registered manager] checks on how we are doing and getting on. We have monthly meetings and can raise concerns... I feel free to speak [about] things."

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

- The service did not support anyone to eat or drink at the time of our inspection.

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

- Staff worked with guidance and information from external health and social care professionals including hospitals. This was to promote people's well-being and deliver effective care and support.
- Staff all knew what to do if a person became unwell or needed additional support from the person's relative.

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.

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

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

- Staff knew how the MCA applied to their work. They understood the importance of giving people choice and respecting the choices which they made. This was also reflected in peoples care plans. For example, explaining that a person expressed their wishes through facial expressions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Relatives made positive comments about the registered manager and the service they received. They said the registered manager and staff were "lovely" and knew their family member well.
- Staff supported people to make decisions and involved them in their care and daily lives. A relative told us staff had learnt their family member's way of communicating through body language, and facial expressions. They said, "[The staff] have picked up on a lot and understand [my family member] so much more."
- The registered manager and staff involved people and their relatives in making decisions about their care. A relative told us the registered manager and staff listens to them and their family member. They said staff encourage their family member to do as much as possible for themselves.
- Staff respected people's privacy and dignity. A relative told us staff were "mindful" of their family member's privacy and dignity. Staff spoke respectfully about people.
- Staff told us they would be happy with a family member receiving care from this service. One staff member said this was because of, the training they received. They said this meant their family member would receive safe care. Another staff member said they had recommended the service to friends.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and their relatives were involved in the development of their care plan. Care plans were personalised. However, although staff knew people's needs well, and met them, the care plans did not always provide sufficient guidance for staff to follow. For example, the person had a specific healthcare need which their relative met. Whilst this was stated within the care plan, it did not provide guidance on the length of time staff should wait before call the relative to assist. Following our feedback, the registered manager included this information in the person's care plan
- Staff supported people in a way that met their individual needs and preferences. A relative made very positive comments about how staff met their family member's needs.
- Staff told us people's care plans were up to date and accurate and that the registered manager responded very quickly if people's care plans and associated risk assessments needed updating.

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.

- People's communication needs had been considered. Staff took the time to communicate with people in a way they understood.
- Key documents, such as the service user guide, were available in other formats on request.

Improving care quality in response to complaints or concerns

- The service had systems in place to deal with any concerns or complaints.
- Relatives were confident they could raise any concerns with the registered manager if they occurred. A relative told us the registered manager "has been wonderful and dealt with things" when they raised any concerns.

End of life care and support

- The service did not currently support anyone with end of life care.
- Staff told us they had received basic training in end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and was committed to providing a good service for people.
- Relatives appreciated their family member had the same member of staff visit them. The registered manager understood that this was important to them.
- Relatives spoke very positively about the registered manager and the care and support they provided. They said she was approachable and responsive when they raised concerns.
- The provider understood their obligations to be open and honest with stakeholders when things went wrong. There were systems in place to identify and address issues when things went wrong. These included recording and reviewing accidents and incidents and responding to complaints.
- The registered manager had clear expectations about the quality of care and support people should receive from the service. The registered manager talked about the company values during staff supervisions and meetings.

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

- There was an effective quality assurance process in place. The registered manager used information gathered from audits and feedback to develop the service and make improvements.
- The registered manager used the monitoring checks along with supervision and staff meetings to check staff were up to date in their knowledge of the care and support needs of people using the service. Staff were informed about any changes to the service's policies and procedures.
- Staff told us they felt well supported by the registered manager who encouraged and developed them in their role and helped them carry out their duties effectively. Staff members described positive professional relationships with the registered managers and their co-workers. A staff member said, "This job is like a breath of fresh air." They said the registered manager always passes on any feedback she receives to them.
- The registered manager had good knowledge regarding their responsibility to report notifiable incidents or events to the Care Quality Commission and Local Authority.
- The registered manager looked for ways to improve the service. They sought feedback through surveys and monitored staff practice to identify areas for improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager encouraged people, their relatives, and staff, to provide feedback regularly to the registered manager.
- Outcomes from checks showed people were satisfied with the care and support staff provided. Where needed, the registered manager took action to bring about improvement.
- The registered manager told us she liaised with the local Continuing Health Care team. This helped ensure people received joined-up care.