

Total Healthcare Limited

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Inspection report

5 Market Place
Whittlesey
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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 Healthcare Limited is a domiciliary care agency providing personal care. The service provides support to people with a variety of needs including physical disabilities and mental health conditions.

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. At the time of our inspection there were 20 people using the service.

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

People told us they were happy with the care they received. They told us they felt safe and staff were caring, kind and knew them well. One person told us, "I think the staff are fabulous. I'm treated like a human being and I love [the staff] to bits. Office staff are always helpful too."

People had their needs assessed and detailed, personalised care plans and risk assessments were supported by staff who understood how to provide a personalised approach to care. People were asked for their consent and their decisions were respected.

People had input from external professionals when required. Staff had received training about how to use any equipment or to understand the impact of various health conditions on each person. This ensured staff supported people with all aspects of eating and drinking, mobilising and receiving medicines safely and correctly.

People were asked for their views about the care and the service as a whole and felt confident they could make a complaint if required and it would be resolved. 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.

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 10 December 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the provider was first registered with the Care Quality Commission (CQC).

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Healthcare Limited

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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 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.

What we did before the inspection

We reviewed information we had received about the service since they first registered. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all 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 video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with six people and two of their relatives about their experience of the care. We spoke with two external health and social care professionals and seven staff members including the registered manager. We reviewed three care plans and medicine records as well as looking at two staff files and various documents relating to the quality monitoring of the service.

We announced this inspection on 21 April 2022. Inspection activity started on 25 April 2022 where we began to speak with staff and health and social care professionals. We also requested various documentation be submitted for review. On 27 April 2022, the Expert by Experience spoke with people and their relatives. Between 28 April 2022 and 16 May 2022 we reviewed various documents and continued to speak with staff. The inspection process ended on 19 May 2022 following feedback given to the registered manager and provider.

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 of 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

- People were protected from the risk of harm. Systems were in place to record and monitor any incidents or accidents.
- Staff had received training in safeguarding and were able to recognise signs of abuse and understood how to report concerns to external agencies such as the local safeguarding team. One staff member told us, "Safeguarding the individual covers a range of things so people don't come to harm. For example, putting up bed rails. If I saw abuse like bruising or marks or observed a change in behaviour such as agitation or withdrawal, I would complete a form and body map and inform the registered manager or go higher to CQC."

Assessing risk, safety monitoring and management

- The registered manager assessed and reviewed risks to people's safety. Types of risks included the use of bed rails, specialist equipment, choking, mobility and falls. Assessments also looked at risks related to people's specific health conditions or medicines such as diabetes. People's care plans gave detailed guidance for staff on how to reduce risks and work in line with people's needs and preferences.
- People told us they felt safe. One person told us, "I do feel safe with the [staff]. They look after me all day. I would fall if I tried to walk without help."
- Staff had received training on risk management including the use of specialist equipment such as hoists and suctioning machines. One relative told us, "[My Family Member] needs soft food prepared carefully, to avoid the risk of choking. Their occupational therapist has trained [staff] how to prepare the food and how to support them to eat. Staff take their time to ensure [my Family Member] does not choke."
- A staff member said, "The OT showed me how to use the rota-stand and observed me using this to ensure I was safe. The dietician has also taught me how to use the suctioning machine. They showed me how to use it and then watched me to ensure I was safe using it properly."

Staffing and recruitment

- There were sufficient numbers of staff on shift. Live in staff were supported by other staff members to give them breaks or to support additional care needs people had such as using a hoist. People told us staff were rarely late and never missed a care visit. One person said, "My [staff] usually call twice a day. They are usually on time and never miss a call."
- The registered manager followed processes in their recruitment policy to ensure all new staff had been checked for suitability to their role. This included employment history, references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were safely managed. The staff did not support everyone with medicines but where they did, people told us the medicine was always correctly administered on time. Records were clear and risks for medicine administration had been assessed. One person told us, "[Staff] give me my medicine when it's time to take it. They put the tablets in a little pot and watch me take it."
- Staff had been trained in medicines administration, including administration through the use of Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. A PEG tube is a flexible feeding tube placed through the abdominal wall and into the stomach. PEG tubes allow nutrition, fluids and/or medications to be put directly into the stomach.
- The registered manager or relevant health professional checked staff's ability in practice to ensure they worked safely and correctly. Staff understood what to do in the event of a medicines error.
- A relative sent in written feedback explaining how they had noticed a 'huge difference' to their family members mental wellbeing, in part due to the staff member being organised with medicines administration and them no longer being in pain as a result.

Preventing and controlling infection

- People were prevented from the risk of spreading infections including COVID-19. Staff had received training in preventing infections and understood how to use their Personal Protective Equipment (PPE) correctly.
- People told us staff always followed guidance and kept their home clean and tidy and washed their hands regularly. One person told us, "The staff always arrive with their face masks on and wear gloves and aprons when they do anything for me."
- The registered manager ensured staff were testing regularly for COVID-19. Policies and procedures for managing an infection outbreak were up to date and thorough.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed as they had contingency plans in place.

Learning lessons when things go wrong

- The registered manager shared lessons with staff when things went wrong through staff meetings, memos and supervision. They also used scenarios to give staff the opportunity to reflect on what they would do and what else could be done to improve care and safety.

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 of 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

- People's needs had been fully assessed, including information about their health, their history, interests, hobbies, preferences, family and friends and the environment. This was used to develop the person's care plan.
- The registered manager worked with the person, their relatives and relevant health professionals to ensure their care was in line with their medical needs. Care was delivered safely using a personalised approach. People told us this enabled staff to deliver consistent care and understand what they wanted.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started that consisted of time to read records, attend training and the opportunity to shadow more experienced staff in practice. Staff told us they felt confident to ask for further shadowing or training sessions if needed. The registered manager conducted spot checks of practice to observe competency.
- Staff were also supported to complete the Care Certificate qualification. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff supported people to eat and drink in line with their agreed care plan and risk assessments. Care plans contained advice and guidance from health professionals in relation to swallowing and choking risks. Where people had the mental capacity to decide not to follow this advice, risk assessments had been put in place to manage the additional risk.
- People were happy with the quality of food and choice offered. One person told us, "[Staff] prepare meals for me three times per day and they always ask me what I would like to eat. They even talk to me about what I would like for my tea when they are here at lunchtime. They are always forward thinking."
- People also told us the staff supported them to be involved in the planning, shopping and cooking where people were able to. A relative of a person with high risk choking needs said, "Staff sometimes take [My Family Member] out for a walk and they go to the local supermarket to look at food to see what they might like to eat. [Staff] know what food [my Family Member] can have and how to prepare it."
- Staff told us the care plans offered good guidance in the area of food and drink. One staff member told us, "The [care plan] provides clear information about people's needs, likes, dislikes and allergies. For example, there is a place to record choking risks and actions to take."

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

- People were supported to access health professionals when required. People told us staff arranged for them to speak to their doctor or attend hospital appointments. One person told us, "If I need medical attention, my carer calls the surgery for me. [Staff] have had to call them several times recently, and the GP has come to see me."
- The registered manager also worked closely with social care professionals to ensure people had the correct amount of support. They sent in requests to increase or decrease the care hours where assessed as appropriate due to changing needs. People and their relatives were involved in this process too.
- The registered manager also worked with health professionals such as Speech and Language Therapists (SALT) in relation to seeking recommendations for food and fluid intake due to risks of choking or malnutrition. They also worked with specialist nurses to monitor the impact of a medicine which required regular blood tests.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some people had the mental capacity to make their own decisions and this was recorded and consent to care and treatment was sought. For people who did not have the mental capacity to make their decisions, correct processes had been followed to ensure restrictions were in their best interest and a Court of Protection order was authorised for care and medicines..
- Staff understood the need to seek consent and involve people in decisions about their care. One staff member said, "Sometimes we need to alter how we say things to help a person make a choice so they understand us better. If someone refused care, I would discuss with the person why [they felt this way] and try to encourage them. We need to respect a decision, record it clearly in the notes, inform the [registered] manager and the next [staff member] in handover."

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 of 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.

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

- People told us they were treated with kindness, patience and respect. They told us staff never rushed them. One person said, "My [staff] are wonderful people. They dedicate their lives to making me feel happy and comfortable. They help me shower in the morning and if I need my hair washed, they do it for me. They help me get dressed and prepare my breakfast. If there's any tidying up to do, they get on with it." Another person told us, "Staff are very respectful to me. They seem to enjoy coming to see me and treat me like a human being."

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

- People were involved in care planning and reviews. People were supported to offer feedback about the care and input into their care plans which they received and signed to confirm they had given their consent.
- The registered manager also supported people to speak up during more informal telephone and face to face conversations. These were recorded and used to assess quality and inform updates to care plans.
- Staff understood the need to respect people's choices. One staff member told us, "It is important to support people to make a choice. Never force them to do something they do not wish. I would encourage but respect the decision. I would record this in the notes but try again later or the following day."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in ways that maintained their dignity and independence. People's care plans had detailed guidance for staff about people's preferences for privacy and dignity when supporting with personal care. Staff explained how they would close doors and curtains and always ensure people were covered up whilst receiving personal care.
- Staff told us the importance of listening to people and being sensitive to their wishes, encouraging them to do what they could for themselves. One person told us, "My [staff] are phenomenal. They do a great job. I always ask them if I can help, because I like to feel useful. Sometimes they let me if they think I am well enough to help. It keeps my independence."

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 of 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's care was personalised and their choices respected. The registered manager ensured care plans offered detailed information about people's personalities, life history and preferences. This meant staff could really learn about who people were, their interests and achievements as well as how they liked their care delivered.
- People's care was flexible when their needs changed and the registered manager updated care plans as required. Staff also considered people's needs external to their care and tried to help. One person told us, "I think the staff are fabulous. They knew I needed someone to help in the garden and found me a number for a gardener, who had got a good report from another person receiving care. I was very pleased with this. It was very helpful." A relative told us, "(My Family Member) is well cared for. Their condition changes quite often and [staff] adapt to their changing needs in the way they do tasks for them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care needs were assessed prior to using the service. Some people were able to communicate verbally. Other people required various communication methods including observations of their body language and facial expressions, sounds and objects.
- One person also used an eye gazer machine. An eye gazer machine follows the person's eyes to see where they are looking on their communication aid in order to spell out words or choose pre-programmed phrases.
- People's care plans also detailed specific guidance for staff. For example, one person blinked once for yes and twice for no and that they would bite their lip if in pain. This level of detail ensured people had a voice and staff could understand what they were trying to say.

Improving care quality in response to complaints or concerns

- The service had a complaints system in place and recorded all complaints, investigations and outcomes. The registered manager was open about complaints and made referrals to other agencies such as safeguarding teams where required.
- People told us they were happy to make complaints if required and where they had in the past, it had been resolved quickly and successfully. One person said, "I would speak up if I wasn't happy with anything,

but I've never needed to. The company are fabulous." Another person told us, "I have made a complaint when I didn't like the attitude of staff to their work. I asked the [registered manager] to stop sending this person and they did."

End of life care and support

- The registered manager assessed and recorded people's wishes in relation to end of life care and support. This was detailed and included sensitive information about support for their relatives as well as themselves. It covered what would bring the person comfort in their final days and hours, the level of pain relief they wished for, the level of desired medical intervention and their funeral plans.
- While end of life information was detailed, the care plan still had a clear focus on supporting people to live in their final months and weeks of life and not just about the support they wished for in the final hours of their life.
- One relative of a person who had received end of life care shared this written feedback, 'Thank you for the lovely [staff] that looked after [my Family Member] and thank you especially for your care and concern.' Another relative wrote, '[Staff member] has brought a calmness and serenity to the home that wasn't there before. My [Family Member] adores them, they are making such a difference to my [Family Member's] final moments and that impacts all of us.'
- Staff had been trained on end of life care. One staff member told us, "We would be with the person, chat with them, make them comfortable, ensure they are pain free, access services like Macmillan [nurses] at an early time for additional support and advice."

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 of 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 promoted a personalised approach to care that meant staff understood about respecting people's choices.
- People told us their care was given in a way they liked. One person told us, "[Staff] make me feel comfortable, well, happy and make me feel I'm not alone. I have no family of my own and they dedicate their lives to making me feel well and happy. The service is excellent and they will do anything for me."
- Staff demonstrated a good understanding of people's needs, medical conditions and preferences. They knew how people liked care delivered and what to do if a person's care needs changed. They felt strongly about ensuring the care quality was high and that they listened to 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 provider understood the need to report notifiable events to the CQC and other agencies without delay and their responsibility to share information about any actions taken and outcomes with those involved.

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

- The registered manager was clear about their responsibilities and had systems in place to be able to monitor quality. They used various audits of records and staff practice, combined with feedback from people, to assess areas of good practice and what could be further developed.
- Staff understood their responsibilities to keep people safe while respecting and promoting personalised care. The registered manager had a good understanding of legislation relevant to care and how to put processes in place to reduce the risks of things going wrong. They used information from various websites to keep themselves informed of the latest best practice and government guidance.

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

- The registered manager gave people the opportunity to contribute to their care plan and be in control of their care decisions and the practices of the staff. This was done through formal reviews of care, surveys and informal phone calls, as well as face to face conversations.
- People told us they felt fully involved and supported by the staff. Comments people had made in the recent feedback survey included, 'Service is top drawer! I feel cared for and understood even when I'm trying

to figure out how to put my problems into words. With this level of service they will be a benchmark in this industry before long. Well done. My [relatives] and I are indebted to you for your excellent service.' Another person wrote, 'Your services are fantastic. My needs are met. All the [staff] are wonderful and make me laugh which is what I need.' A relative had written, 'We always had confidence and trust that [my Family Member] was being well looked after by all the [staff] provided. Particularly [name of staff member], who was exemplary in every way.'

- Staff also told us they felt supported and were listened to when they made suggestions for improving practice. One staff member told us, "The [registered] manager is very supportive and approachable." Another staff member said, "It feels like it is a good service to work for. The manager listens to everyone and is responsive when concerns or issues are raised."

Continuous learning and improving care

- The registered manager supported people to attend training and use scenarios to learn about the 'what if' situations so that they were prepared.
- Staff told us they were supported to learn from experiences and events and could ask for further training if they wanted it. The registered manager told us they are currently looking to encourage staff to complete further qualifications in care.
- Learning was shared at staff meetings and supervisions to continually look at ways of improving the quality of care provided.

Working in partnership with others

- The registered manager worked with health professionals to review people's care and arrange for any equipment and medicine to be put into place. One professional told us they had no concerns with the quality of care provided and the registered manager worked closely with them.