

Viventis Limited

# Total Living Care

## Inspection report

Kindersley House  
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Herefordshire  
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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

Total Living Care is located in Ross-on-Wye, Herefordshire. It is a domiciliary care agency which provides support to people in their own homes. It supports people with mental health difficulties, learning disabilities, people living with dementia, and people living with conditions such as Multiple Sclerosis. On the day of our inspection, there were 29 people using the service.

There was a registered manager at this service, who was present on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's individual safety needs were assessed and reviewed. Staffing levels per call were determined by individuals' needs.

People benefited from a reliable staff team who ensured all calls were covered. People were supported to take their medicines.

People were given choices in how they wanted to be cared for. Staff received bespoke training which was relevant to the needs of the people they support.

People were supported to eat and drink enough and to maintain their health.

People's preferences, likes and dislikes were known and respected by staff. People's care packages were unique to their specific needs and wants. People were treated with dignity and respect

Where people's needs changed, the provider responded to this to ensure people's needs continued to be met.

People knew how to complain about the service they received, or make comments and suggestions. Where people had made suggestions, these were acted upon and used to improve practice.

People felt the service was well-run and that they could approach the registered manager. Staff were positive about their roles and about the provider's vision and values.

## 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 is safe.

People were supported by staff who understood their needs and how to keep them safe. People appreciated the reliability and consistency of staff. People were prompted to take their medicines as prescribed by their GP.

### Is the service effective?

Good ●

The service is effective.

People received the help they needed with meals, eating and drinking. People were offered choices in how they were cared for. People were supported to maintain their health.

### Is the service caring?

Good ●

The service is caring.

People enjoyed respectful and caring interactions with staff. People were involved in decisions about their care. People's independence was promoted by the staff supporting them.

### Is the service responsive?

Good ●

The service is responsive.

People's individual preferences were known and respected by staff. People's changing health and wellbeing needs were responded to. People knew how to complain and how to provide feedback about their care, and this was acted upon.

### Is the service well-led?

Good ●

The service is well-led.

The registered manager and provider involved people and staff in decisions about how the service was run. There was a positive and inclusive culture in which people and staff felt listened to.

# Total Living Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 23 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one Inspector and one 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. They had knowledge and experience of care provided by domiciliary care agencies.

We looked at the information we held about the service and the provider. We asked the local authority if they had any information to share with us about the care provided by the service.

Before the inspection, the provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people who use the service, and two relatives. We spoke with the registered manager and five staff members, which included four care staff and one office administrator. We looked at three care records, which included risk assessments, initial assessments of needs and reviews of people's care. We looked at the quality assurance records and recent feedback received.

# Is the service safe?

## Our findings

We asked people what being safe meant to them, and whether they felt safe when using the service. One person told us, "I am happy to see any carer. They make me feel safe. They think of me and take care of the things I like." Another person told us, "I need things to be calm and organised and the carers do this and check what is important to me."

We looked at how the provider kept people safe from harm or abuse. Staff told us they knew how to recognise signs of different types of abuse and how to report matters of concern. At the time of our inspection, staff members had raised concerns to the registered manager about the conduct of a staff member from a different organisation who is involved with a person Total Living Care supports. This had been reported to the local authority by the registered manager. The registered manager told us that staff were vigilant about reporting any concerns they had in respect of the safety and welfare of people they cared for.

We looked at how the provider managed individual risks associated with people's care needs. We saw that individual risk assessments were in place in respect of areas such as mobility, pressure sores and any hazards in the person's home environment. Where people needed additional support with their mobility, we saw that two carers undertook the calls to ensure the person was supported safely. Where there were concerns about people's skin health, staff worked alongside district nurses to ensure people were repositioned frequently. We saw that recently, staff had concerns about a person's bed and its suitability for their needs. The member of staff met with the person and their relative and discussed their concerns and possible options to make the bed safer. A referral was made to an occupational therapist and the bed had been made safer for the person.

Staff told us how they supported people who were at risk of falls. Staff told us it was important to understand what may increase the risk of a person falling. For example, staff told us that one person liked their home to be left a certain way and that if staff did not leave it the right way, the person would try to tidy their house themselves and this could result in a fall. Therefore, staff ensured the person would not have to attempt to tidy the house themselves and this helped to keep the person safe.

The registered manager told us they knew the needs and personalities of the people they supported and they ensured they matched carers up with staff who would work well with them. We saw that in the event a person was unhappy with a carer's conduct or behaviour, this was addressed by the registered manager. We found a recent example of where a person had requested a different carer, and their right to request this had been upheld. The registered manager had spoken with the person about their concerns and had met with the staff member to discuss "what good looks like" in relation to manner, tone and conduct. The registered manager told us that where there were prolonged or significant concerns about a staff member's conduct, this would be addressed through the disciplinary procedure.

We looked at how the provider ensured there were sufficient numbers of staff to keep people safe and meet their needs. We saw that all calls were covered by the existing staff team, including the registered manager;

no agency staff members were used. People we spoke with told us their calls were always covered and that there had not been any instances where staff members were unavailable. One relative we spoke with told us, "I could set my clock by [relative's carers] - they are that reliable". Another relative told us, "I always know well in advance who will be visiting so that [relative] can be told and nothing is a stressful surprise".

We looked at how the provider recruited staff and we saw that staff were subject to checks with the Disclosure Barring Service ("DBS"). The DBS is a national agency which keeps records of criminal convictions. The registered manager and staff told us that staff were not able to work with people until these checks were completed. These checks, combined with the references the provider sought, helped the registered manager make sure that suitable people were employed and people who used the service were not placed at risk through its recruitment processes.

We spoke with people about support they received from staff in taking their medicines. Some people were able to administer their own medicines and chose to do this, but some people told us staff prompted them to take their medicine. People told us they received their medicines and creams when they should. Staff told us they would only administer people's medicines which had been prescribed by the GP and were on the person's medication record. This was to ensure that staff only administered people's medicines where they were trained and competent to do so. We saw that where people refused their medicines, this choice was respected and the refusal was recorded and the GP notified. People, staff and the registered manager told us that competency checks were completed on staff. This was to ensure safe practice was being followed.

## Is the service effective?

### Our findings

People told us staff knew how to meet their needs. One person said, "There are some young carers, but I am very happy to see they are eager to learn how I should be looked after." Another person we spoke with told us that carers frequently spoke about training they had done or were due to do, which the person felt showed staff kept up to date with training.

Staff told us the training and induction they received helped them to support the people they cared for. The registered manager told us that bespoke training had recently been delivered on catheter care by a district nurse. Staff we spoke with were positive about this training, and other training they had received. One member of staff told us, "I learnt so much from that, it was brilliant." Another member of staff told us, "[Registered manager] always lets you know if there is training available. I like to learn, so I do as many courses as possible." We spoke with a new member of staff about their induction. They told us they were given time to read people's care plans and were introduced to and got to know the people they would support. This was in addition to a mixture of e-learning and face-to-face training, which they told us was useful and relevant to their daily role. The registered manager told us that as part of the staff induction, they asked for feedback from people and other members of staff about the new member of staff and their suitability for, and competence in, the role. This was to support new staff members and identify any further areas of improvement.

People told us that staff supported them with their health needs. One person told us, "They talk to me about healthy eating and regular basic exercises to keep me fit." Another person told us, "They will take me to doctor's appointments, if needed." We saw that staff worked closely with a range of health professionals, including specialist nurses, occupational therapists and GPs and made referrals where specialist input was required.

We looked at how people were supported with eating and drinking. We saw that where people needed additional help and assistance, this was reflected in the length of people's calls. For example, one person needed staff assistance to eat and drink. Staff had informed the registered manager that a half an hour mealtime call was insufficient for that person as they needed to take their time with eating and drinking. As a result, the length of this person's mealtime calls were increased to ensure their meals were not rushed and they received all the support they needed. People we spoke with told us staff did not rush them with their meals and that they were encouraged to finish their meals and have plenty to drink. Where there were concerns about people's food and fluid intake, we saw that there were monitoring charts in place and GP referrals made as a result.

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.

We checked whether the service was working within the principles of the MCA. People were supported by staff who had an understanding of the MCA. We found that people's consent was sought before taking action on behalf of people. For example, we saw that two people had consented for rails on the side of their beds to be left up by carers at the end of their calls. One person told us, "They always ask before they take me to the bath or shower and if I am ready." Staff explained the importance of offering choices to people. One member of staff told us, "Respecting people also means respecting their choices." A relative we spoke with told us, "I admire the staff. They ask [relative's name] how they want to spend the day, such as sitting in the lounge or sitting next to the window. They always ask [relative's] permission before they assist with a bath or a shower."



## Is the service caring?

### Our findings

People told us staff were caring and that they enjoyed positive relationships with them. One person told us, "They do have the skills to make you feel special. They start my day off brightly." Another person told us, "They are kind, patient and show attention to detail." Staff spoke affectionately about the people they cared for. One member of staff told us, "I love helping people, seeing them smile. I always try and sort it out for them if there is a problem." Another member of staff told us, "I love helping people in all aspects, not just personal care. I am a trained hairdresser so I cut people's hair if they want. I also paint people's nails for them." The office administrator told us that as a small agency, people knew the staff well and would sometimes call the office for a chat. They told us, " We are like their friends."

People told us that staff respected their independence. One person told us, "If it were not for this wonderful service, I don't know what life would be like. It maintains some independence for me." Staff told us about the importance of promoting people's independence. One member of staff told us, "I always ask people where they would like me to wash first, and how. They are still in control that way." Another member of staff told us they promoted independence by encouraging people to do as much as possible they could themselves before providing assistance. This was reflected in what people told us. One person said, "I like to shave myself and so I do that, but they (staff) then help me with dressing and undressing."

People told us they were involved in decisions about their care and that their wishes about how they wanted to be cared for were respected. One person told us, "They make my bed as I like and keep my kitchen and bathroom very clean." Another person told us how they were involved in decisions about their care, "If I contact them (staff) to say come early or late, they adhere to that and therefore, I feel listened to." Staff told us the importance of knowing people's likes, dislikes and preferences. One member of staff told us, "No two people are the same. Some people like to be called by their first names, other people want to be addressed as Mr or Mrs and their surname."

Staff told us about the importance of communicating with people and providing explanations. People and relatives told us that staff regularly communicated with them about any changes to their care, such as a change to which carer would be on the call that day. Staff told us about the communication needs of the people they cared for. Some people communicated through picture cards and picture boards, some people through hand gestures. Staff told us the importance of offering visual choices for people with communication difficulties, and offering one choice at a time so that people could respond.

People we spoke with felt they were treated with dignity and respect. One person told us they felt respect was shown to them by the fact staff remove their shoes when entering their home. One person told us, "They (staff) ask how I want to be dressed up and they put the matching jewellery on, which I like." Another person told us how they felt respect was shown to them, "They always respect me and never raise their voice. They have the patience to listen." Staff told us about the importance of maintaining people's privacy and dignity. One member of staff told us, "I always think about how I would want to be treated and look at it from their point of view."

## Is the service responsive?

### Our findings

People and relatives told us that staff tailored their care to meet people's individual needs and preferences and respond to people's changing needs. One person we spoke with told us, "Staff encourage me to share what I like and dislike. This is so they can offer the right support in regard to my preferences and choices." One relative told us, "Over the couple of years, the level of care has increased from one to four calls a day. I feel confident handing things over (to staff) knowing that the little family quirks are considered. Even [relative's] fussy way of making the bed is considered, which shows respect for the person's whole wellbeing". Another relative told us, "I can share ideas, face to face, and suggest a programme to provide a package which covers all of [relative's] needs."

Staff we spoke with were knowledgeable about people's individual preferences and how to care for them in a way which respected these preferences. For example, staff told us how important it was for one person to have a particular pair of socks put on them at night and the remote control for the television left nearby. We saw this information was reflected in the person's care plan and that they had been involved in the writing of the care plan and any subsequent reviews of their needs.

People's needs were reviewed with them every six months, or earlier if required. As a result of the reviews, some people's care packages had changed in response to the change in the needs. For example, one person now received assistance with paying their bills and managing their correspondence. This ensured people continued to receive the care they needed.

People, relatives and staff told us that staff were quick to identify and respond to any changes in people's needs. One member of staff told us that they had noticed a sudden change in one person's health and that they were concerned by this. They reported this to the registered manager and medical attention was sought that day, which resulted in the person being admitted to hospital. We saw that this person was now back home and their calls had been increased to monitor their health and wellbeing, with their agreement.

People and their relatives knew how to complain about the service if they were dissatisfied. One person told us, "I have been provided with a contact number to call. I would contact the registered manager without hesitation." We saw that people were given a "service user guide" when they started to use the service, which informed them of their right to make a complaint, and how. People told us they were confident action would be taken in the event they did make a complaint. Although no complaints had been received, we saw there was a system in place for capturing and responding to complaints.

People told us they could make suggestions about the service and give feedback. We saw examples of where people's feedback had been acted upon. One person had commented to the registered manager that staff sometimes arrived earlier than the call start time. We saw that the registered manager had looked into this concern, and asked all staff to wait until a call start time before entering a person's home. One person told us, "They sort out any issues straight away."

## Is the service well-led?

### Our findings

People we spoke with knew who the registered manager was, and who the senior members of staff were. People told us they were happy about the way the service was managed. One person told us, "The service is very well-managed and we can recommend it to others."

People and relatives told us they found the registered manager to be approachable and that they had regular contact with them. One person told us, "[Registered manager's name] often visits and discusses if there are any changes in the service." People told us that the service user guide they received contained information about the provider's aims and vision and that they felt well-informed. People also told us they felt involved in the running of the service and that their views and opinions were sought. One person told us, "[Registered manager's name] visited and asked questions about how they could improve the service, or whether I would like to see any changes within the service."

We saw that the provider had gathered people's, relatives' and health professionals' feedback through questionnaires at the start of the year. The questionnaires asked people questions such as whether they felt staff spent enough time with them, whether they felt they were treated with respect, and whether their independence was maintained. Where suggestions had been made, these were acted upon. For example, people had asked for a change to the office's opening times and as a result, the office staff were now available earlier in the mornings.

Staff told us they felt supported in their roles by the registered manager and that they could approach them with any concerns about their work or the people they care for. One member of staff told us, "[Registered manager] has seen the work we do first-hand, they understand our roles and they are very hands-on." Another member of staff told us, "They [Registered manager and the provider] treat us like we are important." Staff told us this helped to keep staff morale high and create a positive working environment.

Staff told us they felt involved in the running of the service and that their views were important. They told us about planned changes to the provider's logo and how staff had all been asked for their suggestions. We saw different ideas and suggestions displayed in the office, and that a prize had been offered for the winner. Staff also told us that they received regular newsletters from the provider, which provided updates about any changes to the service, such as new members of staff. The registered manager told us it was important for the staff to be involved in decisions about the running of the service and for there to be regular communication between staff and management.

The provider's values and vision for the service were for people's lives to be made easier through quality care provision. Staff we spoke with shared these values and told us they felt proud to work for the organisation. One member of staff told us, "I wouldn't want to work for any other agency."

We looked at how the provider and the registered manager monitored the quality of care provided to people. Staff and the registered manager told us that they covered calls on a regular basis. This was used as an opportunity to carry out observations and competency checks. One member of staff told us, "[registered

manager] recently observed me supporting someone with their medicines, helping someone to eat and assisting someone with personal care. She then gave me feedback in my one to one meeting; it was really useful."

We found that the registered manager reviewed accident and incident reports monthly to monitor and ascertain any risks to people and to ensure appropriate action was taken. This included updating people's risk assessments and referring people to other health professionals.

The provider had a whistleblowing policy in place. Staff told us they were aware of the policy and that they would have no concerns in raising a whistleblowing concern, if necessary. They told us they believed that action would be taken by the provider in the event that any concerns were raised.

The provider had, when appropriate, submitted notifications to the Care Quality Commission (CQC). The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.