

Premier Care (Midlands) Limited

Trinity Apartments

Inspection report

1 Trinity Way
Shirley
Solihull
B90 3FE

Tel: 07974264321

Date of inspection visit:
01 November 2022

Date of publication:
06 December 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

Trinity Apartments is an extra care housing scheme made up of 52 self-contained apartments. The service can support people with personal care which is provided by a team of care staff through pre-arranged calls. At the time of our inspection 21 people were receiving personal care.

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 and their relatives were happy with the care provided. Staff knew how to keep people safe from harm. Risk assessments for people and their environments were in place and up to date. Staff were recruited safely and trained to provide support in administering medicines.

People were confident their care was provided by staff who had received an induction and the training they needed to do their job. The registered manager ensured staff had access to specialist training to further enhance the support provided.

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.

People received care which was personalised to their needs. They were included in writing their care plans and in the decisions about the care they received. Staff knew people well and used this to encourage and support people to be as independent as possible.

Staff were responsive to the needs of each individual. They used a range of skills to aid communication and considered people's religious and cultural needs. Complaints were managed well and responded to in a timely way.

The registered manager had good oversight of the service. Audits were used to ensure continuing quality improvement and staff felt included in this. People and relatives talked highly of the registered manager and the staff. They felt the culture of the service was positive and everyone was working to provide good care.

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 22 June 2022 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating for the service.

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 ●

Trinity Apartments

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 Health and Social Care Act 2008.

Inspection team

One inspector carried out a site visit and an Expert by Experience contacted people and relatives by telephone. 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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure the registered manager would be available in the office to speak with us.

What we did before inspection

We reviewed the information we had received about the service since registering with us in June 2022. We sought feedback from the local authority who work with the service. 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

We spoke with 3 people who used the service and 3 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager, team leader and care staff. We reviewed a range of records, including 3 people's care records. We looked at 3 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

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 told us they felt safe with the staff providing them with care. One person said, "I feel safe with the carers especially the regular ones as they treat me right. They [staff] come to me 4 times a day, the regular staff know what I'm like."
- Staff understood their responsibilities to ensure people were safe. They had received training and knew how to raise concerns both with the provider and the CQC if they needed to.
- The provider had effective safeguarding systems in place. The registered manager ensured staff received training and understood what to do to keep people safe from harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's safety and ongoing risk was managed well. One relative said, "My mother is very safe. She has had a couple of falls at night when she was getting up to go to the toilet, but the care team have sorted her with a falls pendant, sorted out a falls risk assessment, got a commode and a mat by the side of her bed."
- The registered manager and staff had recognised risk assessments were not always as detailed as they could be and had an action plan in place to ensure this was rectified.
- The registered manager and senior staff regularly audited risk assessments to ensure they were up to date.
- The registered manager used the systems and processes in place to ensure people received a good level of care. Lessons were learnt from incidents and accidents and this information was shared with staff through handover notes and team meetings.

Staffing and recruitment

- People said staff called on time and there were enough staff to complete their care. One person said, "I have care calls 4 times a day and several during the night. They [staff] turn up on time for these."
- Staff were recruited safely. This included asking for references and completing checks with the Disclosure and Barring Service. These 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

- Staff ensured people received their medicines as prescribed. One person said, "I have a lockable cabinet for my medication which the carers open and give me my medication and write down what they have given me in the paperwork."
- Staff received training in giving medicines. Senior staff checked they were competent to do this on a

regular basis. Staff knew how to record if there had been an error in giving medicines.

Preventing and controlling infection

- People and their relatives said there had been no issues with staff using personal protective equipment while providing care.
- Staff had received training in the use of PPE and followed the guidance set out in the providers policy.

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

- People's needs were assessed before they started to use the service. This information was used to form part of the care plans used by staff to provide care.
- People and their relatives were involved in how the care plans were written. These plans were reviewed regularly. One person said, "I have a care plan which was recently reviewed, they ask for my opinion on how things are going and if I'm happy with the care."
- The registered manager ensured staff received training and understood how to promote inclusion and diversity. This was reflected in people's care plans and identified people's preferred names and gender pronouns such as she, they or he.

Staff support: induction, training, skills and experience

- People and relatives said staff were experienced. They said they responded well in an emergency or if the call bell was used. One relative said, "There is a call bell system and she [relative] has regular carers so she is, and she feels safe."
- Staff training was up to date. Training was provided in a range of formats including online and face to face training. Staff were able to access specialist training including substance misuse and end of life care.
- The registered manager ensured new staff had a full induction and the time they needed to shadow experienced staff before being added to the rota.

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

- People made their own healthcare appointments, but staff were available to support with this when needed.
- Staff worked alongside other health professionals such as district nurses to ensure people received appropriate and timely care.
- The registered manager ensured all information from visiting professionals was included in care records.

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.

- People and their relatives were included in all decisions about their care and this was evidenced in the records. People's individual choices and preferences were written down for staff to follow. One person said, "The staff will ask me what I would like for my tea, offer me a choice of what I have in and they listen to me and I feel respected by them"
- Staff had received training in the MCA and demonstrated an understanding of this. One staff member said. "I always ask someone first what they would like me to do, no matter whether they have capacity or not."

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.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People said staff were caring and knew them well. One person said, "I feel listened to by the staff and I couldn't have better care than I get now." Another said, "They [staff] are good at noticing any issues when they are with me. My body mapping is up to date and when I did have a problem, they called an ambulance for me."
- Staff respected people and delivered care in a way which was respectful and considered the choices and preferences of each person. One person said, "I don't feel my calls are rushed. I have said that I don't feel comfortable with a male carer helping with personal care until I get to know them better. I prefer female carers helping with showering as they tend to be more gentle. They [manager and staff] respect that." A relative said, "I hope that I get this level of care for myself when I'm older."
- Staff understood the need to keep people's confidential information safe, with each staff member we spoke with able to give examples of not sharing information with other people.
- The registered manager and staff promoted a culture based on respecting people and this was evidenced in the way care plans were written.

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

- People and where appropriate, their relatives, were involved in making decisions about their care. One relative said, "I look at the logbook which records what the care team have done with my mum. Sometimes I have written down things I need them to see, I know it gets read as the manager told me there is also a sheet at the front to be able to put things down."
- Relatives said they were kept well informed. One relative said, "The management are very approachable, they keep me informed they seem to be very on the ball. They are quite open, don't backchat or hide anything and are very professional."
- The registered manager spent time with people and knew them well, so they felt able to express their views or raise concerns if they needed to.

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 received personalised and responsive care. One person said, "They [staff] always ask me if there is anything else they can do after they have showered me and helped me to dress."
- A relative said, "They have done a person specific file which states my relative's [name] medication, her state of mind, her disabilities etc."
- Staff showed a shared commitment to providing good care. One staff member said, "We help and support each other to give good care and get things done."
- The registered manager ensure care plans contained information which was personalised to people's needs. This included information about their life histories, likes and dislikes. Staff contributed to care plans, so they remained up to date and relevant to the care needed.

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 said staff knew how to communicate with them. One said, "I tend to have two carers on a visit and even if there is an agency one there is always a regular one who knows me."
- Staff gave examples of how they communicate with people. One staff member told us she would sing with someone with dementia as this helped them to relax. The staff member knew from the care plan that the person had always enjoyed singing throughout their life.
- The registered manager provided information in a range of formats including easy read and large print for people who needed it.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain, and they would have their concerns looked at and responded to. One said, "I did have a worry over an agency staff who came in and wanted to give me my medicine at the wrong time. I mentioned it to [manager's name] as an awareness and felt I was listened to."
- The registered manager ensured complaints were responded to in line with the providers policy. Records showed complaints and concerns were responded to promptly and where appropriate written confirmation was sent to the individual explaining the actions taken.

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

- People and their relatives were positive about the registered manager and the culture of the service. One person said, "All the staff are approachable, I can chat to all the office staff as well. They are a great company."
- Staff told us the service was well-managed and they felt supported by the registered manager. One said, "The manager works really hard to make sure everything is in order. They [manager's name] is really supportive and listens."
- Staff told us they liked the fact the registered manager had no problem with taking on care duties if needed and this helped to make the team feel inclusive and supportive.
- The registered manager had regular meetings with staff to discuss the delivery of the service. People, relatives and staff felt included in how the service was being developed because communication was effective.

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

- Relatives said the registered manager was easy to contact and they were informed when things went wrong. One relative explained how staff and the registered manager stayed with her relative for several hours after a fall while they waited for the ambulance and the relative to arrive. The manager travelled back to the service to ensure staff could take breaks. The relative said, "That's above and beyond. The ambulance was 11 hours before they came but the staff and manager made sure they [relative] felt safe and cared for which meant a lot."
- The registered manager understood their responsibility to inform CQC about events which affected their service such as safeguarding, or absence of the manager for more than 28 days.

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

- The service had a registered manager who was supported by a deputy who covered in their absence.
- The registered manager had oversight of the service and used audits of care records and observations of staff practice to ensure care was being provided as it should be.
- The provider supported the registered manager, and both showed a commitment to quality improvement.
- Staff told us there had been a lot of improvements since Premier Care had taken over the support at

Trinity Apartments and they felt included in this.

Working in partnership with others

- The registered manager and staff ensured each person had the right professionals involved in their care and support, so they felt safe and happy. This included health professionals and social care staff.
- The provider worked closely with the housing provider who oversaw the apartments. One relative said, "The care team work well with the housing side and they are all approachable. It's an ongoing review with the care manager, I can't fault them."