

TrueCare Hampshire Limited

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Inspection report

2nd Floor, South Street Centre,
16-20 South Street
Hythe
Southampton
SO45 6EB
Tel: 02380842444
Website: truecareltd.com

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on the 2 and 3 November 2015 and was announced. The provider was given 48 hours' notice because the location is a domiciliary care service and so we needed to be sure that key staff would be available at the office.

Truecare Hampshire Limited is a domiciliary care agency that provides personal care, respite and domestic services to people in their own homes, some of whom

will be living with dementia or have complex health needs. The service operates mainly in the Hythe, Totton and Fawley areas. There were 91 people using the service at the time of this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they 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.

Some areas required improvement. Whilst people were happy with the support they received with their medicines staff were not acting in accordance with the provider's policy with regards to medicines administration.

Staff did not have all of the training relevant to their role. Whilst staff told us they felt well supported, we noted that they were not receiving regular supervision to ensure they received the guidance required to develop their skills and understand their role and responsibilities.

Further work was needed to ensure that each person who lacked capacity had a clear mental capacity assessment and best interest's consultation which supported staff to act and make decisions on their behalf.

People were happy with the support they received with their medicines. Medicines administration charts had been completed accurately and did not contain any gaps or omissions. Staff were aware of how to support people safely with PRN or 'as required medicines' and kept appropriate records in relation to this.

Staff had received training in safeguarding adults and had a good understanding of the signs of abuse and neglect. Staff had clear guidance about what they must do if they suspected abuse was taking place.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). In settings such as people's own homes, depriving a person of their liberty can only be authorised by the Court of Protection. Staff had received training about the DoLS and the registered manager understood when an application for a DoLS might be needed and was aware of the need to notify the Local Authority so they could act to seek the relevant authorisations from the Court of Protection.

There were sufficient numbers of staff to maintain the schedule of care visits and meet people's needs. This

helped to ensure that people were not placed at risk due to care visits being missed or cancelled. A small number of people told us that they would prefer more consistent care workers, but generally each of the people we spoke with felt they were cared for and supported by staff who were familiar with their needs.

People were asked about what assistance they needed with food and drinks when the service assessed their needs. Care workers were aware of people's dietary needs and were able to tell us how they would identify whether a person might not be eating and drinking in sufficient quantities to maintain their wellbeing.

People were treated with kindness and compassion. They felt involved in how their care was planned and provided and felt that their privacy and dignity was respected. People felt at ease with their care workers who had developed positive caring relationships with them.

People told us that staff had a good understanding of how to provide their care and support and their needs and wishes were detailed in a 'task plan' which contained step by step instructions for providing personalised care. People told us that the care and support provided enhanced their sense of wellbeing and helped them to feel less isolated.

People and their relatives spoke positively about the registered manager. Most felt able to raise any issues or concerns and thought these would be dealt with promptly and fairly. Most people felt the service was well led and organised and that this helped to ensure they received effective care and support. The registered manager demonstrated a passion for delivering a personalised service to people and the staff team thought they were approachable and supportive.

There were some systems in place to assess and monitor the quality of the service and the registered manager was developing tools that would assist them to more effectively monitor aspects of the service such as staff training, the completion of reviews and the quality of care.

Summary of findings

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 not always safe.

People were happy with the support they received with their medicines and received these when they needed them. However, staff were not acting in accordance with the provider's policy with regards to medicines administration.

People were protected from harm. People felt safe and secure when receiving support. Care workers had completed training in safeguarding people and spoke knowledgeably about the nature and types of abuse they might encounter and the relevant reporting procedures.

There were sufficient numbers of care workers available to keep people safe and appropriate recruitment checks took place before staff started working at the home.

Requires improvement



Is the service effective?

The service was not always effective.

Staff had not completed all of the training relevant to their role and whilst staff felt well supported, we found that they were not receiving regular supervision.

Improvements were needed to ensure that where people were unable to consent to their care and support, staff acted in accordance with the Mental Capacity Act (MCA) 2005 and the associated Code of Practice.

People were supported with their health and nutritional needs.

Requires improvement



Is the service caring?

The service was caring.

Everyone we spoke with, without exception, told us they were treated with kindness and compassion.

People were supported to express their views and were involved in decisions about their care.

People told us they were treated with respect and that the support they received helped to maintain their dignity.

Good



Is the service responsive?

The service was responsive.

People had a personalised plan of care that provided staff with the information they needed to meet people's needs.

The care and support provided enhanced people's sense of wellbeing and helped them to feel less isolated.

Good



Summary of findings

The service had a complaints policy and information about how to raise concerns or complaints about the quality of care provided was included in the service user guide that people received when they first started using the service.

Is the service well-led?

The service was well led.

People spoke highly about the registered manager and about how well organised the service was.

People's views were sought on the quality of the service.

There were some systems in place to assess and monitor the quality of the service and the registered manager was developing tools that would assist them to more effectively monitor aspects of the service such as staff training, the completion of reviews and the quality of care.

Good



Truecare Hampshire Limited

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 checked 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 was an announced inspection which took place over two days on 2 and 3 November 2015. The inspection team consisted of 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 has used this type of service. The lead inspector visited the organisations office and spent some time visiting people who used the service in their homes. The second inspector conducted telephone conversations with staff employed by the service and the expert by experience undertook phone calls to people using the service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have

happened at the service. We asked the provider to complete a provider information return. 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 used this information to help us decide what areas to focus on during our inspection. Prior to the inspection we also sent out questionnaires to 50 people, asking them for their views about aspects of the service they received. Twenty questionnaires were returned and some of the feedback from these is shared in this report.

During the inspection we spoke with twelve people who used the service by telephone. We also visited three people in their home where we were able to spend time observing aspects of the care and support being delivered. We spoke with the registered manager, the director, an administrator and 13 care workers. We reviewed the care records of five people and four staff and other records relating to the management of the service such as audits, incidents, policies and staff rotas.

Following the inspection we sought feedback from five health and social care professionals and asked their views about the care provided by Truecare Hampshire Limited.

This was the first inspection of this service since it began operating in July 2013.

Is the service safe?

Our findings

People told us they felt safe when being supported by the care workers. One person said, “I need to be hoisted and I certainly feel safe when I am in [the hoist] because it’s not my favourite piece of equipment to have to use”. Another person told us, “For me it’s all about peace of mind that I know someone will be coming every day...I have at least got somebody I can talk to”.

People were happy with the support they received with their medicines. One person said, “My carer comes in twice a day to make sure that I have my medication. I have to take some tablets and I also have an injection but I do that myself. The carer makes sure I have [my tablets] and then signs in the book to say that I have done so”. Staff told us that most people’s medicines were pre-dispensed in dosette boxes provided by a pharmacy. They were able to describe how they supported people with their medicines and the records they maintained in relation to this. One staff member said, “I check their medication chart every visit, I put the medicines in a pot and ensure the amounts are right, I record all of the medicines I administer”. We reviewed three people’s medicines administration records and found these had been completed accurately and did not contain any gaps or omissions. We did note that one person’s medicines chart only recorded that they were prescribed one medicine, but we observed staff prompting them with two medicines. This person’s medicines chart had not been updated. We fed this back to the registered manager who said they would ensure this person’s records were reviewed and updated. Staff were aware of how to support people safely with PRN or ‘as required medicines’ and kept appropriate records in relation to this. One care worker told us, “I would record the amount of [PRN medicine] taken and the time taken. I would read the instructions and when they had last taken them to make sure they were taking them at the correct time”. Staff were also clear about what action to take if a person refused their medicines or if they were to make a medicines related error. One care worker said, “If someone refused their medication, I would ensure the medication was safe and record it, then inform the office”.

The provider’s procedures in relation to medicines management stated that staff were not authorised to ‘administer’ people’s medicines and that the service user remained responsible at all times for their own medication.

Staff did provide some people with just practical assistance which allowed the person to retain control of managing their medicines. For example, one person told us, “I self-medicate, but I do need my carer to pull the tablets out of my bottles and place them on my hand”. However, we also saw examples of staff administering medicines to people who would otherwise not have been able to safely manage their own medicines. For example, we observed that one person’s medicines were locked away securely due to concerns that they might take the wrong medicines or take these at the wrong time. The administration of this person’s medicines was led by the care workers and was not under the direction of the person. We spoke with the registered manager about this, who agreed that staff were at times administering medicines and not just providing practical assistance. They agreed that their policies and procedures would be reviewed to ensure they accurately reflected the differing levels of support staff provided and that appropriate best practice guidance was in place to support staff to do this safely.

All of the people who completed our pre inspection questionnaire said they felt safe from abuse or harm by staff employed by the service. Care workers had completed training in safeguarding people and spoke knowledgeably about the nature and types of abuse they might encounter and the relevant reporting procedures. The registered manager and staff had a positive attitude to reporting concerns. One care worker told us, “If I saw a colleague mistreating someone I would report it to the care co-ordinator or the manager”. This was echoed by all of the staff we spoke with. Staff were all clear that any concerns raised would be taken seriously and acted upon by the registered manager. There had been one safeguarding concern involving the service since it began operating. The registered manager was able to tell us about what they had learnt from this and about the measures they had put in place to improve practice and to enhance the safety and effectiveness of the service. Arrangements were in place to protect people from the risk of financial abuse. For example, when a care worker undertook shopping on behalf of a person, a log of the transaction was maintained in the person’s care plan and the receipts kept. The organisation had a policy that staff must not have access to people’s banking pin numbers.

Staff were aware of the whistle-blowing procedures and were clear they could raise any concerns with the registered manager. They were also aware of other organisations with

Is the service safe?

which they could share concerns about poor practice or abuse. One staff member said, “Whistleblowing is if I have any concerns when you suspect abuse and you report it to the manager. If it was the manager, I could report it to the Care Quality Commission. We did note that the provider’s whistleblowing policy did not clearly describe how whistle-blowers were protected by the law. We spoke with the registered manager about this. They told us the policy would be reviewed.

There were sufficient numbers of care workers available to keep people safe. The staffing levels were determined by the number of people using the service and their needs. At the time of the inspection there were 28 staff supporting a total of 91 people. Staff employed included the registered manager, two administrative staff and three care co-ordinators who were responsible for the day to day scheduling of the care visits. The remaining staff were care workers. The registered manager told us there had been no missed care visits within the last month and that they always managed to provide staff to support people. This was confirmed by people and staff. One person told us, “They [care workers] rarely run late...I’ve never experienced a missed call in all the years I’ve been with them”. Staff said their own workload was manageable and that their schedule allowed them to arrive with people on time and stay for the correct length of time. One care worker told us “Calls would all be covered. We might be a bit late but everybody would be seen. I’ve never known a call not to be covered... we work as a team to cover calls if someone is off”. We looked at a sample of care workers daily schedules for the week of our inspection. These factored in an element of travelling time between each visit which was automatically calculated by the rostering system. This helped to ensure that staff had sufficient time to complete each call and travel to the next person. Where people needed two care workers to meet their needs safely, the care rostering system locked these calls in to each of the care workers schedules which prevented the timing of the calls being changed by care co-ordinators. This helped to ensure that people received their care as planned.

Appropriate recruitment checks took place before staff started working at the home. Records showed staff completed an application form and had a formal competency based interview as part of their recruitment. The manager had obtained references from previous employers and checked with the Disclosure and Barring Service (DBS) to ensure the staff member had not

previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post. We did note that in two of the records we reviewed, a full employment history had not been obtained. This information is important as it allows relevant background checks to be undertaken. We spoke with the registered manager about this and they obtained the information during the inspection.

Risk assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. For example people’s care plans contained general health and safety risk assessments which considered a range of environmental risks. The risk assessments included emergency numbers that staff could contact should they discover a gas leak for example. People had detailed moving and handling risk assessments which contained information about how care workers should support the person when helping them to transfer in and out of chairs and their bed. Other risks to people’s health and wellbeing were recorded in their individual tasks plans. These included guidance about the actions staff should take to mitigate the risks. For example, we saw that one person’s task plan noted that their skin was vulnerable to pressure damage. Staff were prompted to assess skin on each visit and if any areas were reddened, report this to the office so that the community nursing team could be asked to visit. This person’s file contained a detailed information sheet about the preventative measures that staff could use to maintain good pressure area care. The care workers we spoke with were satisfied risks associated with the people they supported were appropriately identified and managed. One care worker told us, “Every person had a risk assessment in their folder in their home. We are informed of any risks before we even go in”.

The service had an emergency telephone line that operated out of hours which people could call if there was a problem with their care. A lone working policy was in place for staff and they also had access to an on call system which enabled them to seek advice or support from a senior manager in the event of encountering problems or concerns when visiting people in their home. A care worker told us, “We have the care co-ordinators phone numbers for out of hour’s emergencies. They respond very quickly. The service is effective”. A second care worker said, “A few weeks ago, I had a [service user] who fell and cut her leg. I called 999 and informed the office. Another carer came to support [the person] whilst I was speaking with the

Is the service safe?

ambulance service. They will usually send a second carer if there is an incident to support you in dealing with it". This helped to ensure that people and staff were protected from the risks associated with delivering care and support in people's own homes.

Is the service effective?

Our findings

People told us they received effective care provided by competent care workers. One person said, “I think all the carers are trained really well”. Another person told us, “My carer usually tells me when they are about to go on a training course...In my experience they seem to be one of the better agencies at sending carers for updated training and I certainly don’t have any issues with the carers I see”. People told us they received effective support which made a positive impact upon their ability to continue to live in their own homes. For example, one person said, “If I didn’t have my support, there is no way I would be able to live independently. I’m not ready to be in a care home yet so the care I have provided for me is absolutely life altering”. Another person told us, “[the care workers] were so good looking after my [relative] that when they passed away I arranged for them to continue to provide me with a small amount of care every morning. I certainly don’t think I could manage without them now”. A relative who responded to our questionnaires stated, “My mother has received assistance from True Care Hampshire Ltd for [number removed] years, enabling her to remain in her own home. During this time they have always proved to be reliable, efficient, caring and most helpful...I have complete confidence that any issues that [relative] may have will be handled with competence.

Staff completed an induction programme during which they shadowed more experienced staff and had an opportunity to meet the people they would be supporting. During the induction new care workers completed some basic training which was delivered by the registered manager and which was mapped to the Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate and should ideally be completed within the first 12 weeks of employment. Formal accredited training was also provided by an external trainer and was delivered face to face and covered areas such as first aid, food safety, health and safety, safeguarding, infection control and the Mental Capacity Act (MCA) 2005. Staff told us the training was useful and helped them to provide effective care. One care worker told us, “I’ve never been asked to do anything I have not felt equipped to do”. Staff were supported to undertake nationally recognised qualifications in health and social care and a small number of staff also undertook

additional training relevant to the needs of people using the service. For example, some staff were due to attend end of life care training provided by a local hospice. The registered manager also explained that they were planning the introduction of staff champions in subjects such as end of life care who could then cascade training and specialist skills and knowledge to the wider staff team.

Some improvements were however, needed in relation to the training delivered. For example, the registered manager was not able to demonstrate that all of the staff responsible for the management and administration of medicines had completed training which helped to ensure they performed this role effectively. Staff had not had an annual review of their competency to administer medicines as recommended in guidance from the National Institute for Health and Care Excellence (NICE). This is important as it helps the registered manager to be confident that staff understand how to maintain best practice in relation to medicines management. The registered manager told us that staff should undergo annual training in moving and handling, but we found that four staff did not have any training and the training for a further seven staff was out of date. Since the inspection, the registered manager had made arrangements for relevant staff to refresh their moving and handling training and for all staff to attend training on the safe handling of medicines. This will be completed by the 16 December 2015. They also plan to develop a tool which will more effectively identify when staff member’s essential training in due or is out of date. Staff did not currently have any training in caring for people living with dementia which the provider’s staff training policy stated was mandatory. The registered manager told us that they were in the process of seeking suitable training in dementia care which focused on the specific needs of people living in their own homes.

Staff had received an annual appraisal of their practice which was well documented and explored the staff member’s achievements, performance, areas of excellence and training needs. The appraisal included receiving feedback on their performance from their colleagues. The registered manager explained that they had plans to also implement involving people in providing feedback about the performance of their care workers. Records showed, however, that staff were not receiving regular supervision. Supervision can be done in a variety of formats and can be a formal one to one session with a care worker or an observation of their practice. It is important as it helps to

Is the service effective?

ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Most staff had only received one supervision so far in 2015. There were no supervision records at all for five staff. Seven staff had received one observation of their practice in 2015. The registered manager was aware that improvements were needed to ensure the supervision process was more effective. They told us that more observations of practice had been undertaken, but that these had not always been recorded. They also told us that further supervision sessions were scheduled for January 2016 for each staff member and that they planned to make changes which would ensure that regular supervision was embedded within the service and that all spot checks were recorded. Despite the lack of regular supervision, all of the staff we spoke with told us they felt well supported and understood their role and responsibilities. One care worker told us, "I've had a supervision, I found it useful. It helps me to progress and perform better with the people I look after. I do feel supported by my employers. They are more than willing to help and advise".

Improvements were needed to ensure that where people were unable to consent to their care and support, staff acted in accordance with the Mental Capacity Act (MCA) 2005 and the associated Code of Practice. The Mental Capacity Act 2005 (MCA) is a law that protects and supports people who do not have the ability to make decisions for themselves. The service had a MCA policy and staff had received training in this and were able to describe some of the basic principles of the Act. The provider had a tool to support staff to assess a person's mental capacity and we found that staff were considering as part of their care planning process whether people could consent to aspects of their care. However the tool being used to assess and record mental capacity assessments did not follow the specific two stage test of capacity as set out in the Code of Practice. The tool was not always being completed in situations where there was a doubt about a person's capacity to make decisions and choices about their care and support. We saw examples where people's care records contained statements that they lacked capacity to 'make decisions about their basic needs' or 'the person is at risk of self-neglect through lack of capacity', however, there was no mental capacity assessment to demonstrate how this decision had been reached. Where people were deemed to lack capacity, there was no evidence that appropriate consultation had been undertaken with relevant people to

ensure that the support plan being delivered was in the person's best interests. The registered manager was aware that further improvements were needed to ensure that each person who lacked capacity had a clear mental capacity assessment and best interest consultations which supported staff to act and make decisions on their behalf.

Where people were able to make decisions about how their care and support was provided, we saw they were empowered and encouraged to do so. A care worker told us, "We asked people on a daily basis if they are happy for us to provide care". A person told us, "My carer will always ask what I fancy for breakfast...I'm not really fussy, but at least I can decide". Another said, "They absolutely ask for my permission about everything". We observed on our visits to people in their homes, that care workers asked people what they would like for lunch or whether they wanted help with their medicines. Many care plans contained signed consent forms which confirmed that the person had been involved in planning their care and that their views and preferences had been taken into account.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). In settings such as people's own homes, depriving a person of their liberty or restricting their freedoms can only be authorised by the Court of Protection. Staff had received training about the DoLS and the registered manager understood when an application for a DoLS might be needed although none had been needed to date. They were aware of the need to notify the Local Authority so that they could act to seek the relevant authorisations from the Court of Protection.

A number of people using the service, required support with meal preparation. Often this involved the care worker heating a frozen or pre-prepared meal brought by family or delivered by a meals service. Most people were able to eat and drink independently once the meal was prepared. Staff were aware of people's preferences in relation to food and were informed about any special dietary requirements they might have. One care worker said, "We get information about whether people are diabetic...with diabetics we have to make sure we arrive at the correct time". Staff were able to describe to us the importance of protecting people from the risk of poor nutrition or hydration. One care worker said, "You would notice if a person was losing weight as they might be lethargic". They told us that if they found that food was not being eaten from one visit to the

Is the service effective?

next, they would report this to office”. Where people were known to be at risk of not eating well, food charts were put in place so that this could be monitored and concerns raised with relevant professionals. Task plans also reminded carers of ensuring that people cared for in bed had access to fluids. Most people were happy with the support they had with food and drink. One person told us, “My carers make my breakfast for me and one in particular loves to cook me bacon and eggs in the morning which is my favourite... it is such a nice treat”.

People were supported to maintain good health. There was evidence that staff liaised with health and social care professionals involved in their care if their health or support needs changed. For example, a person told us how

their carer had recently visited and found them to be unwell. They said, “They put me to bed and sent for my daughter. I have antibiotics now”. Another person said, “I’m perfectly capable of [contacting healthcare professionals] myself, although in an emergency I’m sure my carers would do all that was necessary to get me attention as quickly as possible”. A care worker told us, “We have a few clients who have a district nurse, we work well with them...they have advised me on care in the past”. This was echoed by another care worker who told us how they would contact the community nursing team if people’s dressings needed changing or they had concerns about their catheter care. They said, “We are not medically qualified so we phone the GP or 999 in an emergency”.

Is the service caring?

Our findings

Everyone we spoke with, without exception, told us they were treated with kindness and compassion. They felt involved in how their care was planned and provided, and felt that their privacy and dignity was respected. One person told us, “My carers are lovely...they make sure that there is time to make me a hot drink before they go especially at night time. Another person said, “They are like family members now”. A third person told us, “There is nothing at all they could do better, they spoil me to death”. A relative responded to our questionnaires by saying, “The carers who attend to my [family member] are very caring indeed and on occasions go above and beyond what normally would be their duty”.

When people first started receiving care, they were introduced to the care workers who would be visiting them. As new care workers started, they were also introduced to people as part of their induction. This helped to ensure that people felt at ease with their care workers and helped to ensure that positive caring relationships were developed. One person told us how staff brought them eggs from their own chickens, they said, staff did “Lots of thoughtful things for me”. A person who had responded to our pre inspection questionnaires said, “Truecare Hampshire Ltd live up to their name Truecare. I do love that I get different carers in because I don't have a family, so the carers are my family. Truecare understand the problems that I have that other care agencies would not. When I was given care I think I got the best care agency.” Staff told us how they tried to develop positive relationships with people. One care worker said, “I empower people, I try to give them confidence and build a trusting relationship with them”. Relatives were also very satisfied with the care their loved ones received. We saw that the service had received a compliment from a relative who had commented, “The love, compassion, humour and dignity with which you treat [their relative] enables us to keep her at the heart of our family”.

People were supported to express their views and were involved in decisions about their care. The registered manager told us, “It's important the client is happy with their care plan, it is agreed with them, it's their care plan”. A person told us how staff had recently visited and gone

through their care plan with them in detail to ensure it reflected their needs and wishes. We saw that care plans were written in a manner that encouraged people to express their choices about how they would like their care to be provided. For example we saw that staff were prompted to ask people whether they wanted a bath or a shower or what necklace they would like to wear or whether they would like perfume on. A care worker said, “You are going into their home, you take time to listen to what they want. Sometimes they want you to do some things and not others, it's about listening to what they want”.

Care workers understood the importance of promoting people's independence and again this was reinforced in people's care plans. For example, one person's care plan stated, ‘Give [the person] the towel, so that they can dry their face and hands’. Another plan prompted staff to provide the person with their toothbrush and fresh water so that they could clean their own teeth. One care worker explained how they supported people to retain their independence. They said, “I encourage people to do as much as they can for themselves, for example, offer a flannel and let them wash their own hands and face during personal care. It's important to let them do what they can”.

People told us they were treated with respect and that the support they received helped to maintain their dignity. One person said, “My carers are very good at spotting when my clothes are even just a little bit dirty, they will insist on helping me sort out something clean to wear instead”. Another person said, “Now the nights are drawing in, my carer always makes sure the curtains are shut before they start to undress me, its just small things like that, that can make a difference”. People's care plans reflected the importance of maintaining people's dignity. We saw statements such as ‘Cover with towel to preserve dignity’, ‘knock on door’ and ‘give privacy when in bathroom’. A care worker told us, “I reassure people when I am providing care to preserve their dignity. I make sure they feel comfortable with what I intend to do. I leave the room if they want to do their own personal care”. Staff were also very clear that they protected people's personal and confidential information. One care worker said, “I don't talk about people I visit outside of work, I don't talk about them at home or discuss them with anybody”.

Is the service responsive?

Our findings

People told us that staff had a good understanding of how to provide their care and support. People's comments included, "They've been looking after me for such a long time and know exactly how I like things" and "My carer will come and just start having a chat and then things seem to move along without either of us having to prompt the other. It's much nicer that way but it can be when you have a carer that knows you well".

People's needs had been assessed prior to them receiving a service. This initial assessment was quite brief, but was sufficient to allow the registered manager to understand what the person wanted and needed from their support and to reach a judgement about whether the service could meet these needs and the amount of time that would be required to do this to a good standard.

Following the initial assessment, a more detailed care file was then developed. The registered manager told us that they were in the process of introducing a new care file format. We viewed one of these and found that it contained a client information sheet which recorded key contacts such as the GP or family members. The file contained a copy of the risk assessments; a medicines list and a chart for recording when these were administered. Information was available about the person's medical conditions. The person had a medical history of polio, so an information sheet on the signs and symptoms of this condition had been added to the care file for staff to refer to. Information was also available about; how staff should use equipment such as hoists, the person's continence needs, how they communicated and any nutritional needs.

The support to be provided during each care visit was described in a 'task plan'. The ones we viewed were very detailed and contained step by step instructions for providing personalised care. For example, one task plan said, 'Ask [the person] if they are feeling well and how she would like to have her personal care delivered. She may wish for a bath or shower'. The task plan prompted care workers to contact the office if there were any changes to the person's skin condition and there were detailed instructions for supporting the person with transfers using a hoist. In another person's task plan we saw that staff were prompted to 'Ask [the person] what she would like for lunch, please prepare food and cut into bitesize pieces'. A care worker told us, "I have no problem with the care plans,

they give us all the information we need...the care plans record if people like things to be done a certain way". Comment sheets were used to record any advice or guidance from other professionals and daily records were maintained which detailed the support that had been provided at each visit. We did note that people's care records contained little information about their life histories. The registered manager explained that people were given a 'Who am I' document to complete which sought this information, but she explained that few of these were returned.

The registered manager told us that they always ensured before taking on new care packages that there were the staff resources to manage these in line with the person's preferred time and wishes. One person said, "I have always had choices. I can ask for a later or an earlier call if I have got something particular on that day, its never been a problem". Another person told us that their wife attended a day centre and had to be ready at a certain time. They said the service had been really good with this which meant that their wife had not had to miss any visits to the day centre. A third person said, "I like to go out with my friends one week so I was able to choose the days when I needed a carer to come in...it was really important that I was able to continue with the things that are important to me and that my care could be fitted around them".

People confirmed that they had been asked their preference about female or male carers and most told us they generally received regular carers who were familiar with their needs. One person said, "I am fortunate to have a small number of regular carers who have looked after me for many years. It would be really hard to manage without them". Another person told us, "I have a small team of carers who split my visits between them. It is important to me that I have just a small team of regular carer because not only do I get used to them, but they also get to know me and it makes my life a lot easier." One person expressed dissatisfaction with the number of carers that provided their support with meal preparation. They told us they had been promised a small group of regular carers, but now often had four different carers covering their five day support package. We fed this back to the registered manager who explained that they had already identified that there had been some problems with the scheduling of

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visits in this particular area and they described the action they were taking to address this. They were confident that this would result in people experiencing improvements in the continuity of their care workers.

We were able to see records which showed that staff regularly contacted the office to share concerns that people might not be eating well or might be developing skin damage. We saw that carers had called the office to report that one person was experiencing increased breathing difficulties. A senior care worker went to support the care worker and an ambulance was called who provided treatment to the person to relieve the breathing difficulties. We did note that some of the office records did not always clearly detail the actions that had been taken in response to updates or new information shared by care workers and the service would benefit from having a more robust system in place to record this.

Staff recognised when people might need their care visits adapting or additional support put in place and in response staff either contacted adult services to arrange this or arranged an increase in care with the person. For example we saw that staff had identified that a person would benefit from more frequent visits to support them with their continence needs. The registered manager had contacted adult services and requested that the existing 45 minute visit be split into three 15 minutes calls so that staff could visit more frequently. One person told us, “My carer could see that I was struggling to get my shopping and therefore she went back to the office and between us we organised for an extra visit a week so that I could be taken to the shops by my carer. This has made the world of difference as it has helped me have more confidence in the knowledge that I have someone with me in case anything were to happen. It’s still important to me that I can go out and choose the bits of food I like”.

Most people told us their care was reviewed regularly which helped to ensure it remained appropriate to meet their needs. One person told us, “I had my review meeting yesterday with the manager of the service. She sat down with me and went through all of the care that I have and we talked about how I was getting on with my carers and she looked at all the paperwork. As a result of this there were

no changes needed and I said to her I was extremely happy with the service I was getting”. We also however, saw some examples where people had not had a review of their care for some time. For example, one person told us that they started using the service in 2012 (this was under a different provider) and had not had a review since. This person did not have complex needs and told us, “I am not too concerned because ‘things’ seem to run smoothly and the carers are very good, but I do think Truecare should nevertheless carry out a regular review which, according to their service users guide, should be every six months”. We fed this back the registered manager who agreed to visit this person to undertake a review of their support.

The care and support provided enhanced people’s sense of wellbeing and helped them to feel less isolated. For example, one person told us, “While they are making my porridge, we always have time for a bit of a chat and I have the opportunity to talk about anything I’m going to be doing during the day. It’s really nice because it starts the day off right!” Another person said, “My carer who takes me out to do my food shopping is lovely. We get on very well and it just lifts my spirits when we have the opportunity to go out. She makes sure I have a change of four walls at least once a week”.

The service had a complaints policy and information about how to raise concerns or complaints about the quality of care provided was included in the service user guide that people received when they first started using the service. People told us that they would feel comfortable about raising any issues they might have about their care. Most people told us that the service responded promptly and appropriately to concerns and 90% of the people who responded to our pre inspection questionnaire also agreed that this was the case. One person told us, “I’ve never had to make a complaint but I’m sure if I did my problems would be listened to”. Another person said, “I’ve never had to make a complaint, I have had a few issues that I’ve had to discuss with them, but these have been resolved without any fuss whatsoever. On that basis I am fairly certain that if I did have anything major that I needed to discuss they would listen to me and address my concerns”.

Is the service well-led?

Our findings

Most people spoke highly about the registered manager and about how well organised the service was. Comments included, “The manager of the service is lovely” and “The manager of the service is very good. I usually see her at least once a year for my review meeting and occasionally she has filled in for a carer when they have been short of staff so she also knows what it is I need doing for me”. One person told us, “In my opinion the agency seems to be fairly well run. I have never had any problems and my carers will usually say to me that they are going off to do various training courses from time to time which at least shows me that they are being kept up to date regarding their skills”. 95% of the people that responded to our pre inspection questionnaires said they would recommend the service to other people seeking a care service.

Most people felt that the service usually kept them informed about matters relating to their care and that staff communicated effectively with them in a friendly and professional manner. Comments included, “Everyone is welcoming and friendly. Whenever I have to phone the office, they always pick up the phone straight away and it’s a pleasure to chat with them”. One person said, “I wouldn’t have stayed with the agency for [so long] if I did not feel that the agency was one that cares for its clients. Whenever I have to phone the office, I have found that staff usually know my voice and will greet me by name which I think is the sound of a good organisation. A small number of people did feel that communication was an area which could improve and that it could sometimes take a while for their calls to be responded to. We fed this back to the registered manager who agreed to look at how communication could be improved across the service.

Staff also spoke positively about the service and its leadership including the support that was provided by the team of care co-ordinators who staff said worked hard to ensure all calls were covered. One care worker told us, “I’ve never been so happy in a job, it is well led”. Another said, “[the registered manager] is like an oracle, they know about everything”. Staff told us there was an open and transparent culture within the service and that the registered manager was approachable and effective and tried to address any concerns they might have. A number of staff made reference to some recent issues with regards to scheduling of care workers in one of the areas. They said

they had raised their concerns and that the registered manager had listened to these and was addressing the matter. Team meetings were occasionally held and were an opportunity to discuss matters such as health and safety, concerns about the service users, general working practices and documentation. Some staff did express a wish that team meetings were held on a more regular basis, for example, one care worker said, “When you work on your own, you don’t know what’s going on unless someone tells you”. We spoke with the registered manager about this. They said it was hard to get the staff group together, but that they also tried to hold brief gatherings before training sessions so that key information could be shared with the staff team, but that they would try to ensure a regular schedule of meetings was put in place. Most care workers said that staff morale was generally good. One care worker said, “The morale is very good, our team of five in Totton is a very team focused, we work well together as a team, our care co-ordinator is brilliant. ...I think we provide a really good service, the staff are very caring”.

There were some systems in place to monitor and review the quality of the service. For example, people were regularly asked their opinions about the service. The provider had engaged an external company to seek feedback from people about the care they received every three months. We were told that this information was used to drive improvements but saw that it was also published on the ‘NHS Choices’ website allowing prospective customers to make informed choices about their care provider. The registered manager told us there were plans to expand this feedback service to staff so that they also had regular opportunities to comment on the quality of the service.

Other systems were being used to assess and monitor the quality of the service but these were not always well documented. For example, the care co-ordinators undertook regular spot checks or observations of care workers to ensure they were delivering appropriate care, wearing the correct uniform and following correct infection control procedures. We saw some records of these spot checks, but the registered manager said many more had taken place that were not documented. When care records were returned from people’s homes, we were told that these were checked to ensure that care workers were completing these correctly, that there were no medicines errors and that any financial transactions were correctly recorded. These checks and any actions resulting from

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them were not however recorded. The registered manager was aware that quality assurance processes needed to be more embedded within the service and they said that they were developing tools that would assist them to more effectively monitor aspects of the service such as staff training, the completion of reviews and the quality of care records.

The registered manager had a clear passion for providing the very best care possible. They explained that it was very important to them that the care was provided by a staff

who were passionate about what they did and that support was centred around the person and their wishes. They felt that the service was reliable and flexible and realised that to maintain this, it was importance to be honest and realistic with people and local authority commissioners about what they could provide. They told us they were proud of the staff team. They said, "If it weren't for them, I'd be nothing. They are the ones that do the work, so I try to make time for them, support them, stay in tune with them".