

Trust Quality Care Ltd

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Inspection report

The Bordesley Centre
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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

Trust Quality Care is located in Sparkhill, Birmingham. It is 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 with physical disabilities. On the day of our inspection, there were eight 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 were supported by staff who knew how to keep them safe. People's right to choose who supported them was respected. Where issues with reliability and conduct of staff were identified, swift action was taken.

People were protected from harm and abuse. People received their medicines safely.

People were supported by staff who received ongoing training and managerial support. People received help with eating and drinking. Staff liaised with other health professionals to ensure people's health was maintained.

People were treated with dignity and their cultural needs were respected. People were involved in decisions about their care.

People's changing health and wellbeing needs were responded to. People's needs were assessed and reviewed. People's individual preferences were known by staff.

The registered manager was approachable and supportive. The provider's visions and values were shared by the staff team. The quality of people's care was kept under constant review to ensure people were happy with the support they received.

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's needs were assessed and staff knew how to safely meet these. Where there were concerns about people being at risk of harm or abuse, these had been reported appropriately.

People were involved in decisions about who would support them. People received their medicines safely.

Is the service effective?

Good 

The service is effective.

People were supported by staff who had an understanding of their needs and how to support them. People's health was maintained. People were supported with eating and drinking.

Is the service caring?

Good 

The service is caring.

People enjoyed positive relationships with staff. People's cultural and communication needs and preferences were respected. People were involved in decisions about how they would be cared for.

Is the service responsive?

Good 

The service is responsive.

People's changing health and wellbeing needs were responded to. People's needs were assessed and reviewed. There was a system in place for capturing and responding to complaints, feedback and concerns.

Is the service well-led?

Good 

The service is well-led.

People, staff and health professionals were positive about how the service was run. The provider's ethos and values were shared by the staff team. The registered manager monitored the quality

of care provided to people to ensure standards were maintained.

Trust Quality Care Ltd

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.

We made an announced inspection on 25 November 2016. 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 gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available in the office.

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.

We spoke with three people who use the service, and seven relatives. We spoke with the registered manager, the provider, and five staff members, which included four care staff and one coordinator. We also spoke with two social workers. We looked at two 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, "(Carer) always looks smart and professional. They wear gloves and an apron, which they bring with them." A relative we spoke with told us, "I know [relative] feels safe with the carers. They are totally at ease and comfortable when talking about them, and they always looks pleased to see them." Another relative told us, "The staff always makes sure [relative] has their pendant alarm on."

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 medication, transfer assistance, sight and hearing. We saw that recently, staff and the registered manager had identified that one person required support from two care staff. The registered manager had trialled this, which showed the risks were reduced for the person as a result.

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 a person being at risk of neglect. The registered manager had raised this concern with the local authority in order to protect the person from harm or abuse. A social worker we spoke with told us the registered manager was proactive in raising concerns about people's safety.

The registered manager told us they tried to accommodate people's preferences and ensure that they were supported by people they felt most comfortable with. We saw a recent example of where a person had requested a different carer, and their right to request this had been respected. We spoke with the person's social worker, who told us the registered manager had handled the situation well for the person. They told us, "[Registered manager] introduced other carers to make the care package work- they went the extra mile. "One person had a strong preference for a female carer, and this was accommodated as far as possible. A relative we spoke with told us they had requested an older carer for their relative, which the registered manager was trying to sort out.

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, and that no agency staff members were used. There was also an on call emergency system in place for people who needed to contact staff outside of their call times. The majority of people we spoke with told us their calls were always covered and that carers were prompt and reliable. One person told us, "They have never been late or missed a call. The carer is extremely prompt." A relative told us, "There have been no missed calls and they are on time. When the time was originally set for (time of call), I thought it would be more like (half an hour later), but no, it's been on the dot." One relative we spoke with told us there had been a recent incident where the carer had not turned up. Whilst the relative was unhappy about this, they told us the registered manager and a carer had personally come out to do the call, and that the staff member had been dismissed as a result. We spoke with the registered manager about this. They confirmed the carer had not shown up and that disciplinary action had been taken. The registered manager told us, "The safety and security of people is paramount. We do not tolerate unreliable staff, or staff with the wrong

attitude."

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 helps employers make safer recruitment decisions and prevent unsuitable people from working in care. 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.

People and relatives told us people received their medicines when they should. One relative told us, "They had to give [relative] some antibiotics recently and it was fine. No problems, and they recorded they had given the tablets. Another relative told us, "They do [relative's] medications when I am out and there has never been a problem." Staff told us they would only administer medicines which had been prescribed by the GP and were on the person's medication record. This was to ensure that staff only gave medicines where they were trained and competent to so.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. One person said, "They seem to know what they are doing." A relative we spoke with told us, "[registered manager] brought the carer out initially to show them the ropes. It all seemed very new to the carer, but they are doing well, generally." Another relative told us, "The carer does seem to understand how [person's] dementia may affect their decisions. Whenever I speak with the carer, I think they are ace." Another relative we spoke with told us, "I asked [registered manager] about the training of new carers. They assured me that the carers do get quite extensive training and shadowing, which we have seen."

Staff told us the training and induction they received helped them to support the people they cared for. One member of staff told us, "I had three days' training. It outlined everything I needed to know, and then I shadowed three shifts. The training taught me about the importance of communication." The registered manager delivered the training in-house, and subjects included medication, safeguarding, dementia and person-centred care. We saw that the moving and handling training involved staff members using hoists and other equipment so they could learn how to use it safely. The registered manager told us this was very important, and that he made sure staff understood the practical side of the role. As well as in-house staff training, staff members told us they were working towards their Level 2 and Level 3 Qualifications and Credit Framework (QCF) in Health and Social Care. The QCF is a national framework for assessing competence.

We looked at how people were supported with eating and drinking. People told us they got the support they needed with this. One person told us, "The carer is very good and encourages me to eat." A relative we spoke with told us, "They always ask [person's name] what they want to eat. For example, what sandwich they want." However, one relative told us they felt staff did not always show enough initiative with meals. They told us, "The care plan is very detailed and mentions food that [relative] can eat, but they don't deviate from this at all. They stick to it so rigidly that [relative] has the same foods over and over again." We mentioned this concern to the registered manager, who told us they would look into the matter.

People told us they received help with maintaining their health. A relative we spoke with told us, "They get in touch with me three or four times a week. They mentioned to me that [person's name] had sore eyes and so I spoke with the chemist and we got them some eye drops." Another relative told us, "They had to call for an ambulance for my relative as they were unwell. They stayed with them and phoned to let me know." A member of staff told us how they worked alongside the district nurses in respect of one person's diabetes, and that they ensured they communicated any changes or concerns about the person's health.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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. One member of staff told us, "You can't force people; you have to respect their wishes and preferences." Staff and the registered manager had an understanding of the best interest decision- making process and when this would need to be applied.

Is the service caring?

Our findings

People told us they felt staff were caring in their approach towards them. One person told us, "I am very happy with the carers. They always speak kindly to me." Another person told us, "The girls (carers) are very good, very decent people. They are always nice and gentle when they wash my face and legs." A relative we spoke with told us, "They try to tell [relative's name] what they are doing all the time before they do anything and provide encouragement and reassurance. They will say, 'Come on [name], you can do it, we will help you.'"

Staff we spoke with told us they had an understanding of people's cultural needs and preferences and how this affected their care. One person wanted a carer who could communicate in a particular language, and this had been arranged. A relative we spoke with told us, "They (staff) are culturally aware and have made chapattis for my relative to eat, which is delightful."

People told us they were involved in decisions about their care and had been involved in the devising of their care plans. People told us they had a copy of their care plan in their homes, and that these contained information about the care they wanted. For example, one person told us they had told staff how they wanted their laundry to be done, and staff followed this guidance.

Staff told us about the importance of communicating with people, and understanding their communication styles and preferences. One member of staff told us, "The more you communicate with them, (people), the more you get to know the person and their needs." Another member of staff told us it was necessary to build trust with people and give them time to get to know the staff. They told us, "One person didn't speak very much to me at first. I decided to go at their pace and build up communication gradually until they felt comfortable enough speaking with me. It's lovely as the person is happy to chat with me now."

People we spoke with felt they were treated with dignity and respect. One person told us, "They talk to me with respect and never talk down to me." As part of the provider's ongoing quality assurance, we saw that people were routinely asked whether they felt staff showed respect towards them, such as listening to what people want. The feedback we saw was positive in this regard. Each person had a copy of the 'service user statement', which stated, "I have the right to change my mind; I have the right to ask for what I want; I have the right to be treated with respect and as an intelligent, capable and equal human being." Staff told us the importance of maintaining people's dignity and respecting their preferences and lifestyle choices.

Is the service responsive?

Our findings

We looked at how the provider responded to people's changing health and wellbeing needs. People told us the registered manager and staff were flexible in their approach. One person told us, "We needed to change the morning visit time and they were able to do this. They are quite flexible." A relative we spoke with told us, "They are very flexible and the manager says 'we will do whatever [person's name] needs.'" We saw instances of where the amount of calls people had changed in response to people's needs.

People and relatives told us the registered manager had met with people before they started to use the service to discuss their needs and how they wanted to be cared for. One person told us, "The initial meeting was very good. They asked all of the right questions." A relative we spoke with told us, "I liked the way [registered manager] spoke to [person's name]. They showed concern and wanted to improve their life." A relative we spoke with told us, "[registered manager] is very good. They came and did a proper assessment and spoke with my relative for quite a while to find out what they wanted and they did a detailed care plan." A social worker we spoke with told us, "The support plans are excellent. They give specific instructions for each carer about how to care for each person."

People and their relatives knew how to complain about the service if they were dissatisfied. One person told us, "I wouldn't hesitate to complain if necessary and [registered manager] has told me to phone them if there are any problems." A relative we spoke with told us, "[Registered manager] is very good. Any problems, and they listen and will try to sort things out. I've got the office number and the manager's direct number."

People told us they could make suggestions about the service and give feedback. One person told us, "I recently had a phone call from someone in the office to see how things are going and I told them it is fine." There was a 'daily log' system in place, which was used to record any communications with people, relatives and health professionals. This log was used to monitor any concerns, identify any patterns and to capture informal and formal feedback.

Is the service well-led?

Our findings

People and relatives were positive about the registered manager and how the service was run. One person told us, "[Registered manager] is very approachable. They have said I can phone them anytime, even in the night." Another person told us, "I can ring [registered manager] directly and they will get back to me." A relative we spoke with told us, "The manager is very good and seems very hands-on. Every time we book a carer, they will phone us up to check the carer turned up." A social worker we spoke with told us one of the strengths of the service was the willingness of the registered manager and staff to learn from any mistakes and to continually improve.

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, "I get lots of support from [registered manager]. They are easy to talk to and they always tell us it is better to talk to them about the small things to stop it from becoming a big thing." Staff told us they received regular one to one meetings with the registered manager, as well as monthly staff meetings, which they found useful. A relative we spoke with told us, "The carers I have met seem very content in their work. They never complain about their bosses, unlike some agencies."

We spoke to the provider about the values and vision for the service. They told us that, "We are a charity, not a commercial venture. That means we are very much a service provider, rather than a business." They told us they wanted to establish their reputation within the community and grow at a level which would maintain the quality of care for people. The provider told us it was essential to employ staff with the shared ethos. They told us, "There is a unity in our thinking." This was reflected in what staff told us.

The provider and registered manager told us that a community presence was very important to them. We saw that the provider offered services for people, including people using Trust Quality Care, at the local community centre, which included basic computer skills, English and Arabic classes, fitness classes and help with pensions and benefits.

We looked at how the provider and the registered manager monitored the quality of care provided to people. The registered manager told us because they were supported in their role by the provider, it meant that they could, "focus on the quality of care, as the rest is taken care of." We saw the coordinator carried out regular spot-checks on staff, at least once a month, to ensure their ongoing competency. Areas looked at included medicines, communication and knowledge of the person's care plan. The coordinator also used this opportunity to speak with people about the care they received and ensure they were satisfied. The registered manager reviewed accident and incident reports monthly to monitor any risks to people and to ensure appropriate action was taken, such as updating people's risk assessments and making referrals 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 registered manager had, when appropriate, submitted notifications to the 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.