

Triband Recruitment Ltd

# Triband Care Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Triband Care Services Ltd. is a domiciliary care agency providing a service to people living in their own homes. People's support is based upon their individual needs. At the time of this inspection the service was supporting 92 people with their personal care.

People's experience of using this service: Some risks to people had been assessed however we identified further work was needed in this area. People told us they received their medicines as prescribed however, we found that some records relating to medicines were not always maintained correctly. The management team recognised this was an area requiring development. We identified some gaps in recruitment records relating to staff work history and references.

The registered manager/provider carried out some checks and audits however these were not robust.

Feedback from people and relatives about the service was mainly positive. Staff knew how to safeguard people from abuse and how to report any concerns if they suspected abuse.

Staff received the training the provider deemed mandatory to carry out their roles. People were supported to take their medicines by trained staff who had been assessed as competent in this area.

Emergency contingency plans were in place to help ensure the service continued to function in the event of an adverse incident. Where incidents had taken place these were analysed, lessons were learnt and embedded into practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, we identified that whilst consideration had been given to people's ability to make decisions mental capacity assessments were not always decision specific and further work was required in this area.

The service was flexible in meeting people's needs and people received a personalised service. Staff told us the management team were supportive and approachable.

Telephone feedback was sought from people and their relatives. A system for recording and responding to complaints was in place. The service worked with other agencies and professionals to support people.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection: This was the first inspection of the service since it registered with CQC in December

2017.

Why we inspected: This was a planned inspection based on when the service first registered with CQC.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

## 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.

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Triband Care Services Ltd

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Triband Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided provide personal care to people living in their own homes.

Not everyone using the service received a regulated activity. At the time of this inspection 92 people were supported with personal care tasks.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager of the service was also the registered provider with CQC.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to support the inspection and for staff to be available to talk with us about the service. Inspection site visit activity started on 11 March 2019 with telephone interviews of people and their relatives and ended on 12 March 2019. We visited the office location on 12 March 2019 to see the registered manager and office staff and to review care records and policies and procedures.

**What we did:** We reviewed information we had received about the service to plan the inspection. This

included details of incidents the provider must notify us about, such as safeguarding issues. We considered the information the provider sent to us in the Provider Information Return (PIR). This is key information providers are required to send to us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection: We spoke with 10 people who used the service and five relatives. We spoke with the registered manager/provider, the clinical lead, the training and development manager, two field care supervisors and three care assistants. We reviewed a range of records. This included nine people's care records, various records related to recruitment, staff training and supervision and the management of the service.

The service sent us additional information following the inspection visit which we considered when making our rating judgements.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management.

- People told us that they received their medicines as prescribed however we identified some shortfalls in record keeping. We found unaccounted for gaps on some medicine administration records. We discussed this with the clinical lead who told us this was due to records not always being made on charts when a person did not receive their medicines for a valid reason such as when they were away from home.
- Where people received medicines 'as required' protocols were not in place to guide staff as to when to administer.
- Support plans contained guidance for staff to follow to help keep people safe including a range of risk assessments. However, we found that some people's care plans required further guidance for staff to help them support people with specific medical conditions such as diabetes. Additional information was also required for staff to help them manage risks associated with use of equipment such as catheters. Manual handling and falls risk assessments required more detail to ensure that the individuals needs and preferences in these areas were fully met by staff.

The provider had not always assessed, monitored and mitigated the risks relating to the health, safety and welfare of people and others who may be at risk. Complete and accurate records were not being kept in relation to this and medicines management.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good governance.

- We were provided with evidence following this inspection that the issues highlighted with medicine records were being addressed. Further work is required in this area.
- Staff had received training in medicines management and had been assessed as competent to ensure they managed medicines safely.
- Contingency plans were in place to help ensure that the service could continue to meet people's needs in the event of unforeseen events such as the failure of IT equipment. Call monitoring was undertaken using an app on staff telephones to log them in and out of calls. This meant the office was alerted to people receiving late calls.
- An on-call system was in place should staff need support from the management team outside of office hours.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to safeguard people from abuse and how to report any concerns they may have. They were aware of the potential signs of abuse and said they felt confident that the management team would address any safeguarding issues raised.

- People and their relatives told us they felt the service was safe. One relative said, "I step back [whilst tasks are being carried out] because I know [person] is safe." Another person told us, "Triband are 100% trustworthy."

#### Staffing and recruitment

- Recruitment checks were carried out to make sure, as far as possible, people were safe to work with vulnerable people. We identified some gaps in recruitment records and some staff did not have two references in place prior to commencing work. The registered manager/provider told us that references had been requested however they had sometimes had difficulty in receiving those requested.
- Staff told us and rotas showed staffing levels were sufficient. Some people told us that whilst carers always turned up they would prefer a more consistent team of staff supporting them each day. We fed this back to the registered manager.

#### Preventing and controlling infection

- Personal protective equipment such as gloves and aprons were available for staff when needed. One person told us staff were, "Always emphasising the importance of hygiene."
- Staff knew how to reduce the risk of infection spreading.

#### Learning lessons when things go wrong

- The registered manager/provider reviewed incidents to identify how lessons could be learnt. For example, following recruitment of some staff who had turned out to be unsuitable an additional pre-recruitment questionnaire had been devised.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support, induction, training, skills and experience

- People were supported by staff who had received training the provider deemed mandatory for their role. The provider had identified some additional staff training requirements and was in the process of scheduling courses to address these.
- Staff told us they felt they had the training they required to carry out their roles. One staff member told us, "You get a lot of support." People told us staff had the skills needed to support them well.
- Staff completed a 12-week induction process at the end of which their competency was assessed before they worked alone.
- Regular supervision meetings were held between care staff and the management team.

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 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 with appropriate legal authority. In a community setting this would be via application to the Court of Protection. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

- The staff we spoke with were aware of MCA legal requirements and consideration had been given to people's capacity in relation to the delivery of their care. We identified however, within people's care files that people had an overall capacity assessment rather than these being decision specific. We discussed this with the management team who sent us information after this inspection to show the matter was being addressed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed to ensure their needs could be fully met before they received support from the service. Areas assessed included areas such as breathing, medicines, social activities, religious/cultural needs and communication.
- People's plans of care covered a wide range of areas individual to the person such as cognition, and mobility.

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

- Staff supported people with their nutritional needs and meal preparation as required. People told us staff supported them well in this area.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with a range of other health professionals such as GP's and district nurses.

Supporting people to live healthier lives, access healthcare services and support

- Where people needed or requested support to access healthcare services or live healthier lifestyles this was provided.
- Where required, staff accompanied people to medical appointments. One relative told us, "Staff are approachable on the phone, effective at sorting things out."

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were caring. One person told us, "Honestly my carers are lovely girls, it's fun, we sing on a Sunday morning!" Another said, "Carers pamper me."
- Relatives commented that staff were kind. One told us, "Staff seem to be friendly, have a good rapport and obviously a lot of patience." The provider had a policy on equality and diversity that staff applied in their roles.
- Irrespective of people's disability people were treated fairly.

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

- People were involved in making decisions about the care they received.
- We observed staff talking to people over the telephone. They were patient and respectful in these conversations. One person told us, "I find my carer very respectful."
- Staff knew the people they were supporting well. One staff member told us about how they ensured they worked in a person centred way with people and said, "I work to their [the person's] expectations. I ask permission to carry out care." One person told us, "Triband staff know what to do to support me, they are absolutely marvellous, I can't fault any of them."
- Staff supported people with their emotional needs as well as physical needs.

Respecting and promoting people's privacy, dignity and independence.

- Staff knew how to maintain the privacy and dignity of the people. They understood that this was a key part of their role. One person told us, "Carers give me plenty of privacy, respecting the household."
- Staff promoted people's level of independence. They told us how they encouraged people to do as much for themselves as they could. Support plans contained information about how to assist individuals to enable them to be as independent as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service identified people's needs and preferences by assessing them prior to providing support. These were reviewed and amended if needed. People's spiritual and cultural needs were assessed before they started to use the service.
- Care plans were person-centred, putting the person at the heart of the planning of their support. Staff knew people's likes and dislikes well.
- People's communication needs were documented. For example, one person's primary language was not English. Their plan of care stated, 'Staff are required to speak slowly using simple English phrases and ensure [person] fully understands what has been said.' One person said of their care staff, "She's a good listener and knows what to do without prompts."
- Staff assisted some people to access community facilities for example, local shops. One person was supported by staff to visit their partner at a local care home.
- The service was flexible, for example, one person's calls were adjusted to enable them to attend a religious meeting one day each week.
- The registered manager/provider was aware of the need for the service to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. They told us that information would be provided if needed in a bespoke manner for people.

Improving care quality in response to complaints or concerns

- Systems were in place to ensure complaints were managed appropriately by the registered manager/provider. Records showed where complaints had been received these had been addressed with the outcome documented.
- People and their relatives told us that they knew how to make a complaint.
- The service had received lots of compliments from people and their relatives. One relative told us, "Triband have cared for us since day one and we've never had anything to complain about."

End of life care and support

- No one using the service was receiving end of life care at the time of this inspection.
- An end of life care policy to guide staff was in place should this type of care need to be provided.

# 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Formal quality assurance audits were not being carried out by the management team/provider. We discussed this with the registered manager/provider who told us that they understood this was an area requiring development. They felt the shortfall was due in part to the service growing quickly since it's registration in December 2017.
- We identified that reviews of records such as care plans were being carried out on an ad-hoc basis resulting in some files not being reviewed regularly.
- The provider operated ineffective systems to monitor the quality of the service and to drive improvements. This meant that the issues identified on the inspection had not been proactively identified or responded to.

Effective systems to monitor and improve the quality and safety of the service were not in place.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance.

- The management team informed us they would implement a more robust auditing schedule. Following this inspection, we were sent information setting out how actions to address the issues we found with governance systems were to be embedded in the service.
- The provider understood their legal obligation to comply with their conditions of registration and to submit statutory notifications about incidents and events that occurred within the service to enable the Commission to monitor the service delivered.
- Staff were clear about their roles and accountability was promoted within the service

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager/provider was aware of requirements around duty of candour.
- The management team told us they were keen to provide a high quality of service to people and to address any issues identified after this first inspection of the service.

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

- People and their relatives had been given the opportunity to feedback on the service through telephone surveys. Where people had issues the management team devised actions plans to address the issues. One

relative told us, "My views and opinions are definitely listened to and we all get on. I don't hesitate to voice my thoughts on the service."

- People told us communication with the service was usually good.
- Staff told us the management team were very approachable and they felt listened to and well supported. Team meetings took place and staff said they could voice concerns at these if needed.

Working in partnership with others.

- The service worked well in partnership with a range of other agencies and professionals such as occupational therapists and social workers, where required, to best meet the needs of people.

Continuous learning and improving care

- The management team were open and honest about the areas of improvement highlighted during the inspection process. They sent information following the inspection to show that work had started to be undertaken to address the shortfalls identified.
- We were provided with example so how the service had been continuously learning and improving since it's registration with CQC. Action plans had been developed to address areas of potential improvement for example around staff training.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person supported.</p>