

Tru-care Limited

Tru Care Limited

Inspection report

55 Rendham Road
Saxmundham
Suffolk
IP17 1EJ

Tel: 01728603495

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Tru Care Limited is a supported living service providing personal care to people living in a number of houses, most of which were on the same site as the office. Not all people living in these houses received the regulated activity of 'personal care'. At the time of inspection, the service was providing personal care to four people with a learning disability.

People's experience of using this service and what we found

People were supported to have choice and control over all aspects of their lives, according to their ability. An ethos of encouraging and enabling independence and building life skills was clear and promoted by staff at all levels.

People told us that the staff, including the provider, were nice to them and knew them well. Observations supported that staff knew people as individuals.

People were supported to keep safe by staff who understood the risks to each individual and how to minimise these without compromising their independence. Risk assessments and care plans set out the support people required.

There were sufficient numbers of staff to meet people's needs. A low staff turnover meant that people benefitted from a consistent staff team who knew them well. Staff received appropriate training and supervision to carry out their role. Staff told us they felt well supported.

People were supported to live full and active lives. Where it was part of their care plan, people were supported with meaningful engagement and to take part in activities they enjoyed.

The service sought people's feedback and acted upon it. People were given easy read questionnaires which staff supported them to complete. People were also able to attend regular meetings where they expressed their views on how the service was run and whether they would like anything to change. People's views were documented and acted upon.

The management team were enthusiastic, dedicated and passionate about delivering high quality support. This culture was evident at all staff levels.

There was an appropriate quality assurance system in place to monitor the quality of the service and identify any areas for improvement.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The service set out in care plans what support people needed to increase their independent living skills. Since our last inspection the service was providing the regulated activity of 'personal care' to less people, because they had been supported to live more independently.

Right care:

- Staff knew people as individuals and individualised care planning and risk assessment was in place.

Right culture:

- The provider was committed to a culture of increasing independence and promoting the rights of people using the service. They had taken steps to modify the way the service operated over time to ensure people had more independence and lived more autonomously.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (report published 30 January 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Tru Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

Notice of inspection

We gave the service one hour's notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the provider and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated 'Good'. At this inspection the rating remains Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people from abuse and understood their responsibilities in protecting people.
- There were systems in place to respond appropriately to any concerns about a person's safety and welfare, including a policy which staff were aware of. People told us they felt safe when care staff supported them.

Assessing risk, safety monitoring and management

- There were comprehensive individualised risk assessments in place for each person using the service. This clearly set out what support the person needed to remain safe but without compromising their right to independence.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs in line with their preferences.
- People told us there were staff available to support them at the time they needed it.
- The service benefited from a low staff turnover which meant people received support from a consistent staff group who knew them well. Many staff had worked for the service for numerous years.
- Appropriate recruitment checks were carried out on staff to ensure they were safe to work with vulnerable people. This included criminal records (DBS) checks and employment checks.

Using medicines safely

- Where the service supported people with medicines, there was a care plan in place for this setting out the support people required. An assessment was carried out to ensure it was safe for people to self-medicate, where they wished to do so.
- We reviewed a sample of medicine's administration records. We found that there were no gaps or omissions in these records.

Preventing and controlling infection

- Staff were provided with appropriate personal protective equipment (PPE) to do their job and reduce the risk of the spread of infection. We observed staff wearing PPE appropriately.
- Policies and procedures were in place with regard to how the service limited the risk of the spread of COVID19. This included routine testing for staff.

Learning lessons when things go wrong

- The service had a system in place to analyse incidents and accidents. Where these occurred, they were reviewed and any changes to care planning or risk assessments were made where required.
- The service had a system in place to identify shortfalls in staff practice.

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.

At the last inspection this key question was rated good. At this inspection the rating remains good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were thoroughly assessed and were reviewed regularly to ensure care planning remained up to date.
- Care was planned in line with best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff received a range of training which was suitable for the role. This included training in subjects such as moving and handling, safeguarding, fire safety, first aid, nutrition and the Mental Capacity Act 2005.
- Staff told us they felt well trained and well supported by the service, stating they felt able to raise concerns and express their views freely.

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

- Where people required support to eat and drink, detailed information about what staff should do was included in their care planning. This included information about their preferences and how people should be supported to complete cooking tasks as independently as possible.
- People told us staff supported them with eating and drinking where this was required. One person said, "They help me make the food, I pick what it is and then we make it."

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

- Where other professionals were involved in people's care, this was noted in their care planning. For example, where people had a social worker.
- The service recorded the contact details of people's GP's, dentists and other healthcare professionals so they could be contacted for advice if required.

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.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity to make decisions about their care and treatment were assessed. People were supported to have choice and control over all aspects of their lives. The service upheld people's independence and encouraged people to make as many decisions independently as possible.
- Where people had a power of attorney, information about this was included in their care records. A power of attorney is a legally nominated person who can advocate for someone's best interests in the event they no longer have capacity to do so.

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.

At the last inspection the service was rated good in this key question. At this inspection the service remains rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us the staff were kind, caring and treated them well. One person said, "They are really nice and funny, and they help me with everything." Another person said, "I really like [the staff]. They are my friends and are definitely nice."
- Staff had training in equality and diversity and care records reflected people's individuality.

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

- People's views about their care were recorded in their care plans. This included information about their daily routines and how they would like staff to support them to maintain routines that were important to them. These preferences had been considered in the way their care was delivered.
- People told us they felt their views were heard by the service. One said, "I could tell [provider] anything I wanted."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of them and this was clear from our observations of how staff interacted with people.
- People told us staff asked them how they wanted to be supported and only did what they asked. One said, "They know what I like and don't like. They do it how I say."

Is the service responsive?

Our findings

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

At the last inspection the service was rated Good in this key question. At this inspection the service remains rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records reflected their diverse needs, interests and preferences. People received support from a consistent staff team who knew them well. Observations concluded staff and the provider knew people as individuals and could tell us about their particular likes, dislikes and routines.
- People had been involved in the planning of their care, where this was possible. People's preferences and individuality were reflected in care planning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided to people in a way they could understand.
- Staff had an understanding of how to communicate with people who had a variety of needs. Information about how people communicated was included in their care records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Whilst the service is not required to provide social support and activities as part of the regulated activity, the service did ensure people were supported to live full and active lives and avoid social isolation.
- The activities people enjoyed were clearly set out in their care plans and any support they might require with keeping up with their interests was also documented.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints from people using the service.
- An appropriate complaints policy was in place and people were provided with a copy of this.

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.

At the last inspection the service was rated 'Good' in this key question. At this inspection the service remains rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture in the service at all levels. The provider promoted an ethos of encouraging and enabling independence and supporting people to develop independent living skills. Staff were encouraged to deliver person centred care, treat people as individuals and spend meaningful time with people. The service was invested in improving people's whole experience, rather than just the parts they were contracted to fulfil.
- The provider was committed to supporting people to live more independently and with less staff support. Since the previous inspection, significantly less people were being provided with the regulated activity of 'personal care'. This is because these people had been supported to live more independently and manage their own personal care.
- The provider went over and above to ensure people could live more independent lives. For example, some people had been ready to move a little further away from the main houses people received care at. The provider acted as a guarantor for the lease on a home the people rented independently, so that the landlord would allow them to live there. These people no longer received personal care from the service, but the provider remained committed to helping them move forward in their lives.
- Meetings were held with staff to discuss changes to the service and communicate messages. Staff felt able to express their views and suggest improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

- There was a robust quality assurance system in place which identified areas for improvement or shortfalls in staff practice.
- This included audits of care records and checks on staff practice.
- The provider had ongoing plans for the service which were aligned with the views expressed by people.
- People made positive comments about the provider/registered manager. One said, "I really like [provider], [they] are a good person." Another person told us, "[Provider] is very funny and nice."

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

- People were regularly asked for their views on the service they received. This happened via reviews of their

care plan, surveys and meetings.

- We reviewed the results of the most recent survey and these were all positive. The provider was in the process of reviewing this feedback which had been very recently collected.

Working in partnership with others

- The service had developed positive working relationships with other professionals involved in people's care. This allowed for effective sharing of information between organisations to ensure people received joined up care.