

TrinityPlus Healthcare Services Ltd

# TrinityPlus Healthcare Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

TrinityPlus Healthcare Services is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 4 people who were using the service and receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

The provider did not have robust recruitment procedures in place and pre-employment checks were not always retained in staff files. We could not be assured that people were getting their medicines as prescribed because medicine records were not always complete. The provider did not have systems and processes in place to monitor and improve the quality of the service.

Risks to people were assessed and appropriate plans put in place. Staff protected people from the risk of abuse and people felt safe with the staff that supported them. The provider managed infection prevention and control safely and in line with guidance.

People were involved in their care plans and these contained information about people's choices and preferences. Staff had received an appropriate induction and had ongoing training to safely support people. Where required, people were supported to eat and drink enough to maintain a balanced diet. Staff liaised with other healthcare professionals when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring, and treated people with dignity and respect. Staff told us they were not rushed and had plenty of time to support people. Staff were knowledgeable about people's needs and the support they wanted. People were supported by the same staff team where possible, and people were supported to

follow their interests.

There was a positive culture within the service and staff enjoyed their jobs. Staff felt supported by the management team. We received mixed feedback from people and relatives about communication with the office.

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

Rating at last inspection

This service was registered with us on 9 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This inspection was carried out to assess the standard of care delivered by the service and award a rating.

Enforcement and Recommendations

We have identified breaches in relation to recruitment, the management of medicines and quality assurance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was 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** ●

# TrinityPlus Healthcare Services

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by an 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

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

At the time of our inspection there was not a registered manager in post. A new manager had been recruited during the inspection process and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

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

Inspection activity started on 24 November 2022 and ended on 7 December 2022. We visited the location's office on 24 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We engaged with 2 people who used the service and 3 relatives about their experience of the care provided. We spoke with 5 members of staff including the manager, the administrator, 2 support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records, 4 staff recruitment files and 2 medication records. A variety of documents relating to the management of the service, including policies and training records, were reviewed.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant 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.

### Staffing and recruitment

- The provider did not have robust recruitment procedures in place. Suitable references had not always been retained in staff files. The provider requested references again following our feedback.
- Appropriate Disclosure Barring Service (DBS) checks had been carried out. However, risk assessments around information held on a DBS check were not in place at the time of our inspection. The provider told us risk assessments had been in place, and these were put in place again following our feedback.

The provider failed to maintain securely appropriate recruitment documentation. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Medicines were not always managed safely. Staff did not always record the reason why they hadn't administered someone's medicines. The provider told us that sometimes people received support with their medicines from family members or a different care agency. However, this information was not recorded robustly on the medicine administration records.

The provider failed to maintain complete records for the administration of people's medicines. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Body maps were in place to support staff with the safe application of people's creams and lotions.

### Learning lessons when things go wrong

- The provider did not have clear systems and processes in place to identify when things went wrong, and then effectively learn lessons. There was a lack of quality assurance measures in place, and issues we identified on inspection had not been identified by the provider.

The provider failed to have sufficient systems in place to identify when things went wrong and learn from this. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was responsive to our feedback and implemented actions immediately.
- There had not been any safety incidents relating to the provider since the service had been registered.

### Assessing risk, safety monitoring and management

- Risks to people were assessed, including environmental risks and risks associated with people's medical conditions.
- Safety checks for equipment in people's homes were up to date. However, the provider had not always recorded that the checks were up to date. The provider had not identified that the dates they had recorded for equipment safety checks were out of date.

#### Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse. Staff had received training in safeguarding and knew what to do if they had any concerns. One staff member told us, "I have no safeguarding concerns at the moment. I would act straight away if I did and report it."
- The provider had a safeguarding policy in place which set out how the provider would respond to any incidents.
- People felt safe with the staff that supported them. One person told us, "I feel very comfortable with the care workers."

#### Preventing and controlling infection

- The provider managed infection prevention and control safely. Up to date policies and procedures were in place.
- Staff had access to PPE and infection control training. One relative told us, "[The care workers] wear face masks and gloves."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's support needs were assessed, and suitable plans put in place.
- Some care plan review dates had passed, but the care plans remained relevant and appropriate to meet people's needs. Staff confirmed that support plans were amended immediately if someone's needs were to change.
- People were involved in their care plans and people's choices and preferences were recorded.

Staff support: induction, training, skills and experience

- Staff had received appropriate training to enable them to carry out their roles effectively. Staff had completed training which was appropriate for people's needs.
- New staff underwent a robust induction and shadowed senior staff until they felt comfortable. One staff member told us, "The induction was very good, and the training is interesting and worthwhile. We can always ask for more if there is anything we need."

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

- People were supported to eat and drink enough to maintain a balanced diet. People were happy with the nutrition and hydration support, and staff knew people's likes and dislikes.

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

- Most people were independent in managing their own health and wellbeing. Staff supported people to access healthcare services where appropriate. Staff liaised with GPs and other professionals when needed.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

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

- No-one was under the Court of Protection at the time of our inspection.
- Staff worked within the principles of the MCA. Staff had received appropriate training and understood the need for consent. Staff supported people to make their own choices and decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people well and were kind and caring. Comments from people included, "I am very happy with the carers" and, "The carers are happy and smiling, and they are aware of my needs."
- Staff spoke about people in a warm and inclusive manner. One staff member told us, "We build a rapport with people and get to know them, even down to how they like their cup of tea."
- Staff told us they were not rushed and had plenty of time to support people. One staff member told us, "I don't ever want a client to feel rushed. I want them to feel like they are the only person I am looking after."

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Relatives told us, "The care workers are very respectful of [person]" and, "[Person] feels very comfortable with the care workers."
- People were supported to be involved in making decisions about their care. Staff were knowledgeable about how best to encourage people to be involved and engaged with the service, to ensure people were given the support they wanted.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff provided person-centred care. Staff were knowledgeable about people's preferred routines and their likes and dislikes.
- People were supported by the same staff team where possible. One staff member told us, "[The provider] is big on continuity of care. This means people get to know us and trust us, and we are not invading their privacy with lots of different carers."
- People were offered a choice of gender of care worker.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People received appropriate support with communication. Staff had good awareness and understanding of people's communication needs and were able to communicate with people effectively.

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

- Staff supported people to follow their interests and do what they wanted to do. People were asked about what was important to them, and this was recorded and relayed to staff.
- One person was supported to exercise, and staff were provided with clear and detailed guidance to help them facilitate this.

Improving care quality in response to complaints or concerns

- The provider had received no formal complaints at the time of the inspection. The provider had a complaints procedure in place, should this be needed in the future.
- Concerns were investigated and dealt with appropriately.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of the inspection. Appropriate policies and procedures were in place, in the event this support was needed in the future.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider failed to have systems and processes in place to effectively monitor and improve the quality of the service. The provider was not able to provide us with any evidence of audits carried out.
- Day to day issues were identified immediately on the provider's electronic system. However, there was no evidence of general oversight, which meant omissions and errors were not identified, and the quality of the service could not be improved. The provider had not identified the issues we found on inspection.
- The provider had limited oversight of the service. The provider informed us that a new manager had been appointed and quality assurance systems would be implemented immediately.

The provider failed to have systems and processes in place to effectively monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive and person-centred culture within the service. Staff told us, "The office is lovely, [the provider] is just genuinely really nice, nothing is too much trouble" and, "It is a nice atmosphere and a nice place to work." People told us they would recommend the service to others.
- Staff told us they felt supported by management and there was an open-door policy. One staff member told us, "Management are good. Whenever I have needed something the door is open, they speak with you and listen."
- The provider understood the duty of candour. Staff were open and honest and gave people appropriate information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider engaged staff well with the service. One staff member told us about a suggestion they had put forward which was acted upon. Staff told us they were kept up to date and had regular check in calls with the office team.
- We received mixed feedback from people and relatives about communication from the office. One person told us they had no problems with speaking with the office, and issues were resolved to their satisfaction.

However, one person told us "communication could be improved" and that on occasion they "had difficulty getting through to the office."

- Staff engaged with other professionals appropriately and in a timely manner.

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>The provider failed to maintain securely appropriate recruitment documentation.</p> <p>The provider failed to maintain complete records for the administration of medicines.</p> <p>The provider failed to have sufficient systems in place to identify when things went wrong and learn from this.</p> <p>The provider failed to have systems and processes in place to effectively monitor and improve the quality of the service.</p> <p>Regulation 17 (1)</p>