

Tru-care Limited

# Tru Care Limited

## Inspection report

55 Rendham Road, Saxmundham  
Suffolk IP17 1EJ  
Tel: 01728 603495  
Website:

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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 

### Overall summary

We conducted this unannounced inspection on 5 February 2015.

Tru Care Limited provides personal care support to people living in their own homes. The service leases a total of six properties to people on long term secure tenancies. There were 20 people using the service at the time of our inspection

There was a registered manager in post who is also the provider of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons.’ Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Care workers understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

# Summary of findings

Where people required assistance to take their medicines there were appropriate arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

Care workers had good relationships with people who used the service and were attentive to their needs.

Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had systems for monitoring the quality of care and support provided and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Care workers were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good



### Is the service effective?

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People were consulted and gave consent to the care and support they received.

Good



### Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



### Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed and changes to their needs and preferences were identified and acted upon.

People were able to make complaints about the service if they wished, and these were responded to and used to improve the quality of the service.

Good



### Is the service well-led?

The service was well-led.

The service provided an open culture and promoted community involvement. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality monitoring system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving.

Good



# Tru Care Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 05 February 2015 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. We looked at

notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service.

At the time of the inspection the service was providing care and support to 20 tenants, living across six properties. We spoke with six people who were able to express their views, but not everyone was able to communicate with us verbally. Therefore we spent time observing the care provided by staff to help us understand the experiences of people unable to tell us directly.

We looked at records in relation to five people's care. We spoke with five members of staff including team leaders, care staff and the registered manager. We spoke with one relative of a person who used the service. We looked at records relating to the management of the service, staff recruitment and training records, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People told us that they felt safe. from abuse and harm. One person told us, “They’re all kind. They wouldn’t ever hurt me.” Another person told us, “I’m safe here because there is always someone I can talk to if I’m feeling unsafe.” A relative also told us that they felt their family member received safe care. One person told us that the care workers always made sure their home was secure when they left. One person’s relative commented, “I have no doubt that the carers do everything they can to make sure people are safe.”

Care workers confirmed that they had been provided with training in safeguarding, which was confirmed in records. Care workers were knowledgeable about their roles and responsibilities regarding safeguarding, including the different types of abuse and who to report concerns to. They understood whistleblowing and told us that they would have no hesitation in reporting any concerns. The service’s whistleblowing policy was displayed in a prominent position in the office, along with a helpline number care workers could use if they had concerns. We also saw evidence in the form of a care worker supervision agenda template, which showed us that safeguarding was regularly discussed.

Records showed that where care workers had been concerned about people’s safety or had received an allegation of abuse, they had taken prompt action to report these concerns to the local authority safeguarding team. The records showed us that the registered manager had taken the appropriate actions and had followed up concerns with relevant staff where appropriate. A local authority social worker who had responsibility for investigating allegations of abuse told us that the service always responded well to any concerns about people’s safety and were keen to do what they could to keep people safe. The registered manager told us that the tenancy agreements identified clear expectations around how people should treat each other, and on the rare occasion where people had presented as posing a risk to others, the service had, working closely with the families and social workers of the people concerned, arranged for one of the parties to move into a different property within the service.

People’s care records included risk assessments and guidance for care workers on how these risks were minimised. These included risk assessments associated

with potentially dangerous behaviours and activities. Care workers understood the actions that they should take in relation to risk assessments, such as reminding people to wear appropriate clothing if they chose to ride a bicycle after dark. Records showed that the care workers acted appropriately when they were concerned about people’s safety, including contacting professionals to check that people had the equipment that they required to be safe and have their needs met. Regular reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people’s needs.

The service had a list of emergency contact details people could use in the case of emergencies, including problems with blocked drains, boiler/heating, electricity, water and local numbers for urgent contact with occupational therapists, physiotherapists and community nurses.

There were sufficient numbers of care workers to meet the needs of people. People told us they always felt there were enough care workers available should they require support. One person told us, “I do a lot of things for myself, but I know there’s always someone around if I need anything.” Another person said, “Yes, there’s enough staff for me.” Our observations of care supported the comments made. We saw people receiving regular support, both in the form of direct support in an activity, and in general interaction and conversation.

We spoke with the registered manager about how they managed staffing levels. They told us that each person had an agreed number of hours funded by the local authority and these were seen as a minimum the service provided. The registered manager told us they looked through the diary on a regular basis and arranged staffing on the basis of who was doing what. They also told us that they had regular meetings with the local authority to discuss staffing requirements.

Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the service. Checks were undertaken in respect of prospective staff, including a minimum of two references, verification of the right to work in the U.K., interview notes and police criminal records checks. This was confirmed by care workers, one told us, “I was not allowed to start until all the checks had been done.” This told us that people were protected by the service’s recruitment checks to confirm that care workers were of good character.

## Is the service safe?

People who needed support with their medicines told us that they were happy with the arrangements. One person said, “They remind me to take my pills.” Another person commented, “I am used to taking my medicines, but they always remind me just in case.” In each of the properties we visited we saw that medicines were stored safely in secure areas. People’s records provided guidance to care workers on the support required by people and there were risk assessments in place which identified how the risks associated with their medicines were minimised, including possible side effects and emergency numbers to call if

anyone was concerned about a medicine issue. Where people were prescribed medicines to be taken as and when required, for example as a result of changes in mood or behaviour, we saw protocols for staff to follow in respect of the administration and recording of these kinds of medicines. We saw records in each of the properties we visited, confirming that the service ensured that the receipt, administration and disposal of medicines was documented. Records showed that people who needed support with the administration of medicines were provided with their medicines when they needed them.

# Is the service effective?

## Our findings

People stated that they were happy with the way care workers, and the service, supported them. One person told us, “The staff here are brilliant, they always know what to say when I’m down and they help me talk through any problems I have.” Another person commented, “I wasn’t doing anything with my life before I came here. Now I’m working at the café every week and I do all sorts of things.” A relative commented, “I think they are well trained, and they meet my [family member]’s needs.”

The manager told us that they always tried to match the right care workers with the right people, for example by allocating care workers who liked going for long walks with people who enjoyed this type of activity. This was confirmed by a local authority social worker who told us, “They have the best interests of people at heart, and always try to match staff.”

Care workers told us that they were provided with an induction which prepared them fully for their role and that they were provided with the training that they needed to meet people’s needs. They also told us that they were given a period of at least a week where they shadowed other care workers whilst they were getting to know the people and doing their mandatory training courses. The registered manager told us they were reviewing the induction programme to ensure it matched the core induction standards, provided by the national training organisation, “Skills for Care.” One care worker told us, “I like the training programme here. It covers all the basics like safeguarding, moving and handling, first aid and fire safety, but I’ve got no doubt that [the manager] would support me to do any additional training as long as it was relevant to the job I do.”

Care workers demonstrated a good understanding of the needs of people who used the service. One care worker told us about the person they worked with regularly and gave a detailed picture of that person’s emotional and physical needs, including their preferences and signs and symptoms of potentially dangerous medical conditions such as epilepsy.

In addition to the formal training, the registered manager had introduced a system of formal supervision agenda’s that ensured all staff received one to one briefings on areas relevant to the work they undertook, including appropriate

levels of support, one to one working, safeguarding and the expectations of staff on duty. Care workers told us that they felt supported in their role and were provided with regular one to one supervision and appraisal meetings.

The care workers we spoke with were mindful of the need to ensure people made their own choices about their care and daily activities. One care worker told us, “We are about empowerment here, people can choose to live their lives the way they want. We support and encourage but it’s all down to individual choice at the end of the day.” However, some people who used the service did lack capacity in some areas, and care plans provided detailed guidance for care workers on how to promote choice and ensure consent was obtained. Care workers told us that they had training in and understood their responsibilities under the Mental Capacity Act (MCA) 2005. The registered manager told us they were aware of the need to assess people’s capacity and ensure best interest decisions were recorded. The care records we saw confirmed this was done.

People told us that they were cared for by a regular group of care workers, which they thought was positive. All of the care workers we spoke with were allocated to a particular property, and primarily worked with the people living in that property. Some care workers also worked across the group of properties and told us they enjoyed the variety, but were based mainly at one location.

People were supported to eat and drink enough and maintain a balanced diet. People who needed support with their meals and drinks told us that they were satisfied with the arrangements. One person said, “We choose the menu and help with the shopping.” The manager informed us, and records confirmed, that the service made referrals to specialist services, including mental health services, and dieticians, where a concern about a person’s weight was identified. This resulted in some specific sections of some care plans related to the methods the service expected its staff to employ to support people to be aware of their diet and make healthy choices without infringing on the independence of people who used the service. Records we saw also included weight monitoring where the service was concerned about the nutritional intake of people.

People were supported to maintain good health and have access to healthcare services. The registered manager told us the service had a close working relationship with a local NHS mental health facility and some people with long term fluctuating mental health conditions used the residential

## Is the service effective?

part of this provision when the need arose. The registered manager also confirmed that the service made efforts to maintain contact with people who were staying in hospital or other “inpatient” services wherever possible. This was confirmed by the care workers we spoke with.

Records included guidance for care workers on how people’s health needs were met. We saw that where care workers were concerned about people’s wellbeing they

took prompt action to refer them to health professionals, after seeking people’s consent. These referrals included to dieticians, their doctor, the district nurse and occupational health. When treatment or feedback had been received this was reflected in people’s care records to ensure that other professional’s guidance and advice was followed to meet people’s needs in a consistent manner.



# Is the service caring?

## Our findings

People told us they had very good relationships with the care workers who supported them. One person told us, “My life has changed so much since I moved here. The staff have helped me do so much more than I was doing before.” Another person told us, “They understand me. They make me feel like I’m important. I think they are great.”

The interaction we observed between care workers and people who used the service was caring and meaningful. We saw care workers responding to a person who was distressed in a calm and compassionate way, reassuring them that it was okay to be upset and giving them individual time to talk through their emotions. We saw several people talking to the registered manager, telling them what they were doing or had done. It was clear that the people felt valued and we saw care workers providing positive reinforcement to people on a regular basis. Care workers engaged in general day to day conversation with people, showing that they had the time and desire to engage with people on a personal, as opposed to merely task focussed way.

The local authority social worker we spoke with confirmed they were fully involved in, and communicated with regarding the progress of people who used the service. One social worker told us, “They do go the extra mile for people.” Another social worker told us, “I’ve used the service for 11 years. It’s a trusted service and the proprietor always does their best for the tenants.”

Care plans were person centred, with detailed life histories of people who used the service and guidance for care workers as to the identified responses which enhanced the overall well being of the person concerned.

People’s privacy and dignity was respected in all the interactions we observed. We saw care workers knocking and waiting for a response before entering people’s bedrooms. One person showed us their bedroom and told us that it was their own space and the care workers respected this. We visited three properties as part of this inspection. On each occasion the care worker accompanying us ensured that people were spoken to first. The care worker explained the purpose of our visit and ensured the people were consulted with and consented to us being there.

# Is the service responsive?

## Our findings

People told us they felt the service responded to their needs well. One person told us, “This is exactly what I needed to help me live a better life and have my own place. I am so glad I chose to move here.” A relative told us, “My [relative] is getting exactly what they need. They have lived at home all their life so far, so this is a really good stepping stone to full independence.”

People spoke extremely positively about the opportunities provided to them since they had moved into the service. One person told us, “I was just sitting around at home. I didn’t go out or see anyone. Now I work in the café twice a week and I have friends and people to talk to all the time.”

Care records showed that the provider had arrangements in place to assess the needs of people prior to using the service. We found that the level of information recorded was both detailed and comprehensive. Information recorded as part of the assessment was clear on how the registered manager and care workers had determined that it could meet the person's needs.

The registered manager described the process of a person who recently started using the service and confirmed this included a meeting to discuss their needs and aspirations, ensuring that people were consulted about the service and what support was available to meet their needs. All of the care plans we saw provided the appropriate additional information that had been sought from the referring local authority, ensuring that the provider had taken into account all available information and was able to meet the needs of the prospective person.

Staff gave us good examples of how care was tailored to the needs of individuals, including changes to the environment, such as redesigning a bathroom for one person, who used a wheelchair. All of the facilities were adapted or lowered to facilitate easy access and promote independent use of the facility.

The registered manager confirmed that the service was focussed on empowering people to be as independent as possible and, to this aim, all care workers were expected to support people to do what they wanted rather than impose their own expectations on people who used the service. The manager told us, and records confirmed, that travel training was provided for people who used the service in order to enable them to travel independently and safely.

The care workers we spoke with corroborated this philosophy. One care worker told us, “[The registered manager] is very clear that this is not a care home, this is people’s own homes and own lives. We are here to listen and help rather than tell people what to do, even if we don’t agree with them.”

People told us, as care records confirmed, that they participated in a range of social activities, including going to the local pub, horse riding, swimming, going out for meals, dancing, attending social clubs and local resource centres for people with a learning disability. This demonstrated that people’s social needs were identified and met to reduce the risk of social isolation.

People were supported to engage in a wide range of meaningful and developing activities. The service had set up its own café in the town and this facility provided employment opportunities for several of the people who used the service. This was separately registered as a charity, with all profits being invested in services provided by the service, such as groups for people to engage in activities such as gardening and arts and crafts. Other examples of similar opportunities included one person working at a local chip shop, others working in local charity shops and retail/café premises in the local area.

People had good information in their care plans that outlined their communication needs, which detailed how they communicated verbally and non-verbally and how care workers needed to communicate with them. Our observations confirmed that care workers used a variety of methods to communicate with people. All of the interactions we observed appeared to result in a clear exchange of information, showing that people were able to communicate their needs and feelings to the care workers who supported them.

People had access to a clear complaints procedure, that was available in different formats to enable people with a variety of communication needs to access the procedure if they wished. No complaints had been received by the service since the last inspection, however people told us they felt they would be able to complain if they wanted to. One person told us, “I had a problem once, not a complaint, just a clash of personality, and the manager made sure they didn’t come here anymore.”

The manager told us they listened to all comments made to them by people who used the service and tried to make

## Is the service responsive?

whatever adjustments they could as a result of comments received. The manager showed as a record they maintained of complaints. These records included the

actions they had taken as a result of any concerns raised, including meetings with staff around their approach to people who used the service, and the importance of language used when supporting people.

# Is the service well-led?

## Our findings

People told us they were routinely consulted about the quality of care provided by the service. One person told us, “The [senior staff and registered manager] often ask about how we are getting on with the staff.” Another person said, “[The registered manager] is a truly great person and I’m really glad I came here.”

We saw records of tenants surveys that were completed every 3 months. The manager told us that they used these surveys to identify any areas the service could improve and took actions wherever possible to respond to any issues identified in these reports.

The service provided and promoted community involvement in a variety of ways. The manager described good links with local shops and community groups attended by people who used the service. People told us they were routinely involved in the local community. One person told us, “I love going to the pub, and working in the café, I get out and meet people all the time, which I like doing.”

An administrator assisted with the running of the service. Team leaders provided day to day support for care workers. Feedback from care workers showed these arrangements were effective in providing a well run service. Staff told us that they felt supported in their work and said the manager was very approachable.

One member of staff told us, “[The manager] is really caring. He is passionate about providing a good quality of life for the tenants and he always puts them first.” Staff also told us they felt the manager had a good knowledge of the needs of people. One care worker described the registered manager as, “Very hands on.”

The registered manager told us, and records confirmed, that they met with senior carers from each property on a monthly basis and received weekly reports from the senior of each property. Records of these meetings showed that where issues had been identified, the registered manager had put actions in place to resolve the issue. Care workers told us the manager was very involved in the lives of everyone who used the service and played a full part in providing services which met the needs of people. One care worker told us, “[The registered manager] knows everyone here personally, staff and tenants, and they do everything they can to make sure people get everything they need to live as full a life as possible.”

We saw records of staff development meetings where the registered manager made it clear to care workers what was expected in terms of the culture of the service, such as respecting people’s privacy and rights, and promoting the independence of people who used the service.

The senior staff team undertook a range of checks and audits. Records showed that the provision of training and supervision was monitored by the registered manager. This ensured care workers received support in accordance with the provider’s policies. Care worker meetings were held to discuss people’s progress with meeting their goals. The meeting minutes showed there was also the opportunity for learning, for example through discussion about incidents and what, if anything, should be changed as a result of these to reduce the risks of them happening again. This meant that the service was continuously trying to drive improvement throughout its care provision.