Trailblazer Social Care Ltd

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Inspection report

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Date of inspection visit:
20 December 2018

Date of publication:
13 February 2019

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The inspection took place on 20 December 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure management would be available to talk with us.

When we inspected Trailblazer Social Care Ltd in August 2017 we found the service was in breach of regulation as they were not following safe systems for recruitment of staff. At this inspection we found the service had made sufficient improvement to achieve compliance.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults in the Calderdale area.

On the day of our inspection a registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff had completed safeguarding adults training and knew how to keep people safe and report concerns. People's medicines were safely managed but some improvements were needed in relation to medication records.

People told us they felt safe due to the support they received from staff. Staff had a good understanding of how to support people safely and knew what to do if they had concerns about people's safety.

Staff were recruited safely, although the registered manager agreed the process would benefit from further improvement. There were enough staff to provide people with the care and support they needed.

People and their relatives felt staff had appropriate skills and were competent. Staff had a good understanding of the people they supported and had access to ongoing training and supervision to support and improve their practice. Some people told us they struggled to understand some staff due to heavy or strong accents. The registered manager had enrolled the staff concerned on a course to improve their spoken English.

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 People told us that they were involved in their care, and we saw examples of how people's consent was sought. Not all the staff we spoke with had a good understanding of MCA. We have made a recommendation in this regard.

People and their relatives told us staff were caring and were mostly considerate of their privacy and dignity

needs.

New systems had been developed to address issues raised by people in relation to inconsistency of their care team. People told us this had led to improvements.

Staff supported people with meals and drinks although one person told us they had to ask some staff to make them a drink.

We saw examples of how people were supported to access healthcare services to maintain their health and well-being.

People were involved in their care. They told us they were involved in their care planning and had a copy of their care plan.

People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. People's communication needs were assessed

People told us they would feel comfortable to raise issues or concerns and that the management team and staff were friendly and approachable. The registered manager appropriately investigated complaints and incidents

People, their relatives and staff were complimentary about the leadership and management of the service. There were several systems in place to monitor the quality of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe but some improvements were required.

Risks related to people's care were assessed and managed appropriately. Medicines were managed safely but some improvements were needed in relation to related record keeping.

Staff knew how to recognise signs of abuse and the procedures to follow if there were concerns regarding people's safety.

Safe recruitment policies and procedures were in place but would benefit from further improvement.

Is the service effective?

Good

The service was effective.

People were asked their consent before being supported. The provider was aware of their responsibilities under the MCA although not all staff had a good understanding of the principles of the MCA.

People were cared for by staff who had received training and had the skills to meet their needs.

People were supported with their nutrition and to access healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Staff knew how to promote people's privacy and dignity.

People told us staff were kind and caring.

People were encouraged to be involved in their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

People's care plans were detailed and provided staff with personalised information about people's care.

There was a process in place to deal with any complaints or concerns if they were raised.

Is the service well-led?

Good

The service was well led.

Good quality assurance processes ensured the delivery of care and drove improvement. There were links with other external organisations to share good practice and maintain staff's knowledge and skills.

People, relatives and staff were complimentary about the leadership and management of the service.

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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.'

The inspection took place on 20 December 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure management would be available to talk with us.

The inspection team consisted of two adult social care inspectors and an assistant inspector. Two inspectors visited the office location to see the registered manager and office staff; and to review care records, policies and procedures and quality assurance documents. Prior to our visit to the office the assistant inspector carried out telephone interviews with people who used the service, their relatives and staff.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection. We requested and received feedback on the service from the local safeguarding teams and commissioners.

We spoke with three people using the service and two relatives of people using the service. We spoke with six staff; this included the registered manager and care workers. We looked at records for four people using the service including support plans and risk assessments. We analysed three medicine administration records. We reviewed training, recruitment and supervision records for three staff including recent observations of their competencies. We looked at minutes of team meetings, various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

Requires Improvement

Is the service safe?

Our findings

When we inspected Trailblazer Social Care Ltd in August 2017 we found the service was not following safe systems for recruitment of staff. We checked to see if improvements had been made.

We looked at three staff files to see if staff had been recruited safely. We saw references had been obtained for all new staff but found one reference was from a person listed as the applicants next of kin. We also noted that where a character reference had been requested the referee had been asked questions relating to the person's work performance. We found one staff file did not include a photograph of the person. We discussed this with the registered manager who said they had reviewed systems for recruitment and had appointed a member of the office staff to manage recruitment.

Application forms had been completed and recorded the applicant's employment history and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. These checks helped the provider ensure that only suitable applicants were offered work with the service. Records of interviews were in place and we saw staff were asked about any particular training needs they had.

We were satisfied that the recruitment process was safe but the registered manager agreed with us that further improvements could be made.

People who used the service told us they felt safe with care staff. One person told us "Oh yes I do, I have no issue. We get on with them." Another said "Yes, they're fine. They're always friendly. I feel at ease."

Staff knew how to keep people safe and were able to tell us about different forms of abuse. They told us they would report any concerns they had to the manager but also knew how to contact the local safeguarding team and CQC if they needed to. All staff we spoke with told us they had received safeguarding training. One said "It's about protecting people from harm. By the things we do or don't do. Physical abuse, if you see bruises. Financial abuse. Emotional abuse which some staff can do. Just being aware of those."

The registered manager understood their responsibilities in relation to keeping people safe. They told us they would not hesitate to refer concerns to the local authority safeguarding team. They told us they would always make a referral for a missed call because that meant the person using the service had not received the support they needed. The registered manager told us, and documentation showed, that any events relating to safeguarding were included as an agenda item for the next staff meeting. Information we received prior to the inspection from the local authority confirmed the registered manager worked well with them in this regard.

We saw assessments of risks to people had been completed. These included environmental risks and personal safety including psychological safety and self-medicating. Risk assessments were developed using the headings 'Task, What I can do to help, Number of staff needed and Precautions'. Risk assessments also

included information on safe ways of working for staff.

A new system (PASS System) had been introduced shortly before our inspection to electronically log care calls. The registered manager explained how this system gave live updates of care delivery and alerts if staff were late for a call. They told us if there was a significant delay to a call time, other staff such as appropriately trained office staff, would make the call.

People who used the service and relatives told us staff usually arrived on time for calls. One said "They do within about 10mins. They try and keep to the times we ask for. Usually between ten or fifteen minutes either way." People told us they were sometimes contacted if staff were going to be late for a call but not always.

People told us staff did stay for the full length of the care visit. The registered manager told us that prior to the PASS system, it had come to their attention that staff were not always staying for the full visit. They had conducted a telephone survey with people who used the service to find out how big the issue was and had followed this up with a staff meeting.

We asked people if staff supported them with their medicines. One relative said, "Yes, the carers give it. (Person) gets it at the right time," and a person who used the service told us, "They give me them at the right time". Medication Administration Records (MARs) were held within people's care records and returned to the office at the end of each month. We saw one person's MAR had been handwritten by staff and, although only one medicine was listed, we found the writing difficult to read and there was no signature of the person who had written it. The registered manager agreed this to be the case and said they would make sure this was addressed. A separate sheet was held with the MARs to record administration of medicines 'in other forms' such as creams and also for recording medicines given on an 'as required' basis. Lists of medications taken by people were held within the care file. However, we found the list in one person's records differed from the medicines listed on the person's MAR. The registered manager took immediate action to address this and told us they would make sure the lists of medicines held within the care files would be included in the process of auditing MARs.

The registered manager told us all staff received medication training before starting to provide care and that senior staff had been trained to check care workers competence in medication administration.

We saw the registered manager had an overview of accidents and incidents that happened whilst people were receiving care. However, they told us they did not audit the information to look for any possible themes for which action could be taken.

We saw stocks of equipment such as gloves and aprons for staff to use when delivering care. Staff told us they were always available but one person who used the service told us there had a been a time when they did not have any at their house.

Good

Is the service effective?

Our findings

We asked people if they received effective care. One person told us "Yes I'm happy with it." And a relative said "Yes, they come in and they get (person) up and wash and dress (them). What they come in to do, they do it. Sometimes they'll ask if there's anything else we want doing."

We asked people who used the service if they though staff were well trained. One person told us "Yes, but there is the odd one that's not just au-fait with (person's) sling. It might just be how (person) likes (their) sling on (them)". Another person told us "They have a care plan. I've never read it. I just trust them".

We saw staff completed an induction programme which included mandatory training. Staff who were new to a caring role were required to complete the care certificate. The care certificate is a standardised programme of knowledge that aims to provide care staff with the skills they need to provide safe and compassionate care. The registered manager told us they were qualified as an assessor for the care certificate and therefore were able to support staff through this.

Staff we spoke with confirmed they were supported through the induction programme and told us they had three days of shadowing a more experienced care worker before working alone. We asked the registered manager if they thought three days was always enough. They told us this was flexible according to the needs of the staff member and that those needing more support would work with a more experienced colleague until they felt comfortable and they had been assessed as competent to work alone. This competency check was made within four weeks of the staff member starting work.

Staff told us that they received training in a variety of areas. This included moving and handling, medication, safeguarding, infection control, food hygiene and nutrition. We noted that when service users had particular needs, training was organised to make sure staff knew how to meet these needs. For example, staff had received training in stoma care to meet the needs of one person.

The registered manager told us they were qualified to provide training in a number of areas including moving and handling. We saw equipment including a bed, at the office for staff to use during practical training. A staff member told us "(Registered manager) has equipment in the office. You can do it as individuals and practice it. It's to remind people. I find it very helpful."

Some of the people who used the service told us they sometimes struggled to understand staff due to their accents or difficulty with the English language. The registered manager told us they had recognised this and we saw they had enrolled a number of staff on an English course. They told us that, where staff had difficulty with communication in English, they always worked with a colleague who did not have difficulties in this area.

Staff told us they received good support from the registered manager. We saw systems were in place to make sure staff received regular supervision and annual appraisal. In addition, spot checks were completed to assess staff competency a minimum of twice each year.

The registered manager told us they were working with the local college in their apprenticeship programme and had an apprentice administrator working at the service.

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.

We checked whether the service was working within the principles of the MCA. Four of the five staff we spoke with demonstrated a good understanding of the MCA, consent and people's right to make decisions. One member of staff just told us they didn't know about this. Care documentation we looked at described how people were offered choice and how their consent was sought. For example, when staff found a person would benefit from a visit from a nurse, the person's consent was sought for staff to contact the district nurse on their behalf.

We recommend the provider discusses MCA with staff to make sure they all have a good understanding of the principles and how this might affect their work.

We asked people if staff supported them with meals. One person said "They do but I have a very poor appetite. I only eat because I have to do. They don't have time to make me a proper meal. Sandwiches, or toasties". Another person told us staff heat up ready meals for them. We asked if staff made sure people had a drink. One person said "Yes, I have to ask. A couple of them ask me."

Documentation in care files included contact details of healthcare professionals involved in the person's care such as the GP and district nurse. There was also a section titled 'Who to call if I am ill'. We saw evidence in care documentation of staff having contacted the appropriate professional when required. This included requesting the support of a moving and handling assessor when staff were concerned about a person's mobility. None of the people we spoke with had needed staff to support them to contact healthcare professionals but one person told us they thought staff would ring their doctor. Staff knew what to do if they found somebody was ill when they arrived at the call.

The registered manager told us that changes to people's needs were communicated to staff electronically and discussed in team meetings.

Good

Is the service caring?

Our findings

We asked people if staff were friendly, kind and caring. One person said "Overall, I'd say extremely friendly. Over the months I've built up a rapport with them. I say thank you to them. They appreciate it." A relative told us "They're alright. They're good. It's because they say 'Morning, have you had a good sleep?'. They'll knock on the door and go in and tend to (person)."

Staff told us about how they make sure people's privacy and dignity needs were met. They understood how important this was for people. One staff member told us "We always protect it. We always make sure that for example when you're changing them, curtains are closed, dignity is covered. We have towels and make sure that we ask questions if we're okay to touch and wash their face. We make sure that when we're changing them we cover their dignity. Sometimes you can see they get a bit uncomfortable so we make sure we're as quick as possible." When we asked people who used the service about maintaining privacy and dignity one said "Yes. They give me a towel to cover myself up". However, a relative told us "Sometimes they don't shut the door, (person) will tell them to shut it if they're washing (them). On the whole, they do."

People we spoke with told us there was little staff could do to support them in maintaining their independence although one person told us staff supported them to maintain their mobility skills.

We saw people's preferences in relation to the gender of staff providing their care were recorded within their care documentation. However, we received mixed responses when we asked if people's wishes had been met. One person told us their wishes had been met and they were always supported by females. A relative told us "(Person) said (they) didn't want a male carer, we've had male carers since and we don't mind." Another person who used the service told us they had "got used" to having male care staff and had developed a good relationship with them.

Care documentation included details of how staff should support people for who communication and understanding was difficult due to conditions such as dementia.

Care documentation included a section titled 'My life before you knew me' This included details of the person's family, people who were important to them, what they had done for a job and any hobbies they had. This information is important to help staff in understanding the person and developing a relationship with them.

Good

Is the service responsive?

Our findings

The registered manager told us either themselves or a senior member of staff visited people wishing to receive a care package in their home. This was to make sure staff from the service had the skills the person needed to meet their needs and to assess the environment to make sure care could be delivered safely. We saw this assessment was used to develop initial care plans and risk assessments.

We saw care plans were written from the point of view of the person using the service. They detailed the person's abilities and the support staff needed to provide. People we spoke to confirmed care plans were in place in their homes.

Two relatives told us they had been involved in the development of the care plan for the person who used the service. One told us "Yes, they did it with us. We talked about things (person) wanted them to do for (person)."

A review matrix was in place detailing the dates when care plans and risk assessments were due for review. We saw care plans were reviewed 28 days after the person started using the service and then on a three then six-monthly basis. Any changes to care needs prompted a review.

One person's relative told us staff always made records about their visits. They told us "Oh yes, they write up each time they come. The time they arrive and how they found (name). You get a bit laid back about it. I used to read it every time they came." We found care records had been written in a person-centred manner and reflected a caring approach.

People and relatives gave us mixed views about the consistency of their care team. One relative told us "It seems to have changed a bit. We've been doing this since last January. Initially there were a lot of different ones that came. They were disruptive. (Name) isn't always right accommodating with them. It's all calmed down now. I've got used to it". However, a person who used the service told us "I went through a stage where just one came. (Staff member) was very nice. (They) got to know me. Now all of a sudden (they are) off and they're sending anybody."

The registered manager told us they had responded to concerns about consistency of care staff by organising staff into teams for geographical areas.

Prior to the inspection CQC had received concerns about only one member of staff attending calls which required two staff. The registered manager told us about how this could now be monitored through the PASS system and there had not been any recent concerns.

The service had a complaints procedure and people were given information about what to do if they were unhappy about something. People told us they knew how to make a complaint. One relative told us "Oh yes, I can give you an instance. It was a minor thing. By chance I was in the bedroom when they were getting (person) out of bed. (Person) had been left in bed with (their) slippers on. I rang up on the contact number

and they apologised profusely. Hasn't happened since. They make sure it isn't an issue again."

We saw the registered manager had responded appropriately when a concern came in about how staff had provided care. This included sending a message out via the staff 'WhatsApp' group to make sure staff were reminded how the person liked to receive care, mentoring for the staff member concerned and visits to the service user to make sure the concern had been resolved. We discussed with the registered manager the benefits of making sure the service user signed to evidence their satisfaction with the outcome of their concerns.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. Staff told us they felt the service was well led and the registered manager and office staff were approachable and supportive. Staff gave us some examples of how the registered manager had supported them. For example, one staff member said "Yes. I have raised one or two issues with the clients needing reassessment and its always been looked into." Another member of staff told us they had discussed concerns about a colleague with the registered manager. They told us they had been listened to and the issue resolved.

People who used the service told us they were happy with the management of the service and felt they could contact the office or the registered manager if they needed to. One person told us "Yes, I've got a number for days and nights." Another person said of the registered manager, "Yes, she's on a mobile so I've got to use her mobile number."

The registered manager had systems in place to monitor and improve the quality of the service provided. Monthly audits included care records, MAR charts and staff training. We saw a robust audit had taken place of all aspects of the service shortly before our inspection. The audit identified actions needed or desired, what the outcome would be and who was responsible for the action to be taken. The audit had identified ways in which the service could improve. This included involving people who used the service in the recruitment process, improvements to the business continuity plan, monthly telephone surveys with people who used the service and improvements to staff training. The audit also identified the need to gain the views of professionals involved in the care of people who used the service.

In addition to this audit the service had also reviewed the last CQC report and had prepared a document detailing actions taken in response to issues raised.

We saw the results of a survey carried out on behalf of the service by an external company. This had involved speaking with more than half of all people using the service and gaining their views on all aspects of the care and support they received and any suggestions they might have for improvement. As the survey had been concluded only a few days prior to our inspection, the registered manager was yet to develop an action plan in response to issues raised. The registered manager told us they would continue to use the external company as this was an effective and objective way to gain people's views.

People who used the service told us they were contacted by the registered manager or care co-ordinator from time to time to ask if they were satisfied with the service they were receiving. One person told us "Yes, they do ring up now and again to ask if everything is okay. She (Care co-ordinator) comes with them sometimes to watch what they're doing." One person said of the registered manager "She's very approachable. Very."

Staff told us they attended regular meetings with the team leaders for their geographical team. One told us "Yes. If I don't get chance to go, I always call and ask to see if there was anything I missed. I call managers to confirm other things. I go to the office quite regularly. If I'm not able to attend the meeting, I always make

sure I read up on the minutes. I make sure I'm up to date with everything." Staff told us that speakers were invited to their meetings, this had included district nurses and staff from the local authority commissioning team. We saw the registered manager kept attendance records for staff meetings to make sure all staff attended when possible.

We saw evidence of the service working with other agencies. The registered manager told us how they worked with Skills for Care, an organisation providing training and support for people working in the care industry, as an 'I Care Ambassador' to raise awareness about job opportunities in the health and social care sector. They told us they had delivered talks to schools and had held a recruitment event in the community in partnership with the local college, job centre and hospice.