Trinity Care at Home Ltd

Trinity Homecare (Worcester Park)

Inspection report

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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

Summary of findings

Overall summary

This inspection took place on 05 and 06 April 2016 and was announced on the first day. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be available in the office so we could look at certain documentation. The last Care Quality Commission (CQC) inspection of the agency was carried out on 07 January 2014, where we found the service was meeting all the regulations we assessed.

Trinity Homecare (Worcester Park) is a care agency that provides personal care and support to people living in their own homes in South London and the bordering Home Counties. Personal care and support is provided to younger adults and older people with a range of health care needs and conditions including, dementia, learning disabilities, mental ill health, physical disabilities, sensory impairments, and end of life care. When we inspected this agency 160 people were receiving a service from them, 143 of whom were older people and the rest younger adults. The vast majority of these people received just an hourly domiciliary care service from Trinity Homecare, while 22 people had full-time live-in care workers or a combination of the two.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy with the standard of care and support they received from Trinity Homecare and that staff who worked for the agency were kind and caring. People's rights to privacy and dignity were also respected. Our discussions with people receiving a service, their relatives and community based health and social care professionals supported this.

People told us they felt safe when staff from Trinity Homecare visited them at home. Managers and staff knew what constituted abuse or neglect and who to report it to if they suspected people were at risk. They had all received up to date training in protecting children and safeguarding adults at risk. Staff had access to appropriate guidance to ensure identified risks to people were minimised. Regular maintenance and service checks were carried out on equipment used by staff in people's homes, including mobile hoists.

People were supported to stay healthy and well. Staff were knowledgeable about the signs and symptoms to look out for that indicated a person's health may be deteriorating. If staff had any concerns about a person's health, appropriate professional advice and support was sought. People were supported to eat healthily, where the agency was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals. People received their medicines as prescribed and safe medicines management processes were followed.

Staff were knowledgeable about the people they supported. This included their preferences, routines and

their support needs. Staff provided people with the support they required in line with their care plans. Staff regularly discussed people's needs to identify if the level of support they required had changed, and care plans were updated accordingly.

People were involved in decisions about their care. Where appropriate, staff liaised with people's relatives and involved them in discussions about people's care needs. People were supported to make decisions about end of life care and how they would like to be supported during that time. Staff were also aware of who had the capacity to make decisions and supported people in line with the Mental Capacity Act 2005. Staff supported people to be as independent as they could and wanted to be.

Staff had developed caring and friendly relationships with people. There were enough suitably competent staff to care for and support people. Hourly home visits and live-in care workers shifts were coordinated to ensure staff with the right mix of knowledge, skills and experience were matched with people so they could meet their needs and preferences.

Staff received the training they required to ensure they had the knowledge and skills to undertake their role. Systems were in place to ensure staff remained up to date with the training considered mandatory for their role. Staff were supported by their line manager and received regular supervision and annual appraisals. The provider carried out appropriate checks to ensure staff were 'fit' to work with people receiving services from the agency.

There were open and honest conversations amongst the staff about service delivery. Staff were invited to express their views and opinions, and these were used when looking at service improvements. People and their relatives were also encouraged to express their views about the service and where they had made suggestions for improvements these had been implemented.

The agency had a clear management structure in place. The management team demonstrated strong leadership and a good understanding of their roles and responsibilities. They also communicated a strong ethos focusing on person centred care and ensuring people received a good quality service from the agency. Managers regularly met with staff and checked they were clear about their duties and responsibilities to the people they cared for. Staff told us they felt valued and appreciated for the work they did by the agency's management team.

The management team monitored the quality of service delivery. A range of regular audits were undertaken, and information was gathered about key aspects of service delivery. Where it was identified that improvements were required these were undertaken promptly by the provider. The provider also used external scrutiny and challenge to ensure people received appropriate care and support from the agency.

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. People felt safe receiving care and support from the agency. Staff were aware of their responsibilities to safeguard people from harm.

Risks to people of injury or harm had been assessed and plans were put in place that instructed staff how to ensure these were minimised. Where the service was responsible supporting people to manage their medicines, staff ensured they received their prescribed medicines at times they needed them.

The provider had checked the suitability and fitness of staff to work for the agency. There were enough competent staff available who could be matched with people using the service to ensure their needs were met.

Is the service effective?

Good

The service was effective. Staff received a thorough induction and on-going training that enabled them to meet the needs of the people they supported. Staff were also supported by their line managers and senior staff through a programme of regular supervision.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Managers and staff were aware of their responsibilities in relation to the MCA. Where people lacked capacity to make specific decisions there was involvement of others to make decisions in people's best interests.

People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate support was sought. People were supported to eat healthily, where the service was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals.

Is the service caring?

Good

The service was caring. Staff treated people with compassion, kindness, dignity and respect. Friendly and caring working relationships were built between staff and people using the

service.

People were supported by staff to be as independent as they could and wanted to be.

Staff involved people in making decisions about the care and support they received. People were involved in planning their end of life care and staff supported people in line with their preferences.

Is the service responsive?

Good

The service was responsive. People were involved in discussions and decisions about their care and support needs. People's support plans reflected their choices and preferences for how their care was provided. These were reviewed regularly with people using the service, their representatives and staff.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good

The service was well led. The views of people receiving services, their relatives, and staff and community professionals were regularly sought and valued by the provider.

Managers and senior staff used this information along with other checks to assess and review the quality of service people experienced.

There were systems in place to monitor the quality of the service provided by the agency and to make improvements where needed.

The registered manager adhered to the requirements of their registration with the Care Quality Commission.

Trinity Homecare (Worcester Park)

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 checked 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 April 2016 and was announced. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection was completed by an inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information about the service such as statutory notifications about events or incidents that have occurred, which they are required to submit to the CQC. To find out what people using the agency, their relatives and staff thought about Trinity Homecare we sent them satisfaction questionnaires to complete. We received written feedback from 19 people using the agency, two relatives and 29 members of staff.

During the inspection we spoke with several of the providers managers including, the Managing Director, the Head of Operations, the registered manager, the hourly (domiciliary) homecare manager, and a senior member of staff from the providers human resources and staff recruitment department. We also spoke with two senior care coordinators, two care workers and four new care workers who were receiving their induction training at the time of our inspection. We looked at various records including the care plans of ten people using the agency, the files of six members of staff and other records relating to the management and clinical governance of the service.

After our site visit to the provider's offices we spoke on the telephone with five people receiving a service from the agency and the relatives of five others. We also contacted two community based health professionals who worked closely with the agency to obtain their views about Trinity Homecare.

Good

Is the service safe?

Our findings

The provider took appropriate steps to protect people from abuse and neglect. People told us they felt safe with the staff who lived with them and/or visited them at home. One person said, "I always have the same carers who are like family to me so I definitely feel safe with them". A person's relative also told us, "I am very reassured that carers from Trinity are looking after my [family member] when I'm not there. The main thing is they [staff] can be trusted". People also told us they were always introduced to their care workers before they provided their care and support. This was confirmed by managers and staff we spoke with. One member of staff said, "I was introduced to the person I would be supporting by my care coordinator way before I started working unsupervised with them".

Staff had been provided with the information and support they needed to protect people from the risk of abuse. We saw staff had been given copies of the providers staff whistle blowing and safeguarding policies and procedures, which set out clearly the action they should take to report any concerns they might have. Staff received a staff handbook that included copies of these policies and procedures. Staff we spoke with confirmed they had each been given a copy of the staff handbook during their induction. Records showed staff had received up to date child protection and safeguarding adults training. It was clear from discussions with staff that they knew how to recognise these signs of possible abuse and/or neglect and what do if they suspected people they supported were at risk of harm. One member of staff gave us an example of the action they had taken to immediately notify their line manager about concerns they had about the suspected abuse of someone they regularly supported.

Managers were also clear about their responsibilities for ensuring any safeguarding concerns they had were immediately reported to the appropriate agencies, which included the relevant local authority and the CQC. Records showed safeguarding concerns were dealt with appropriately by the service. Where a safeguarding concern had been raised in the past, the provider's management had taken prompt action to report this to the relevant local authority and had worked closely with them to ensure people received the appropriate protection and support.

Where there was risk of harm to people, there were plans in place to ensure these were minimised. People's care records clearly identified risks to people's safety and the management plans in place for staff to support people to minimise those risks. Staff were aware of the specific risks to each person and what they should do to protect them. For example, if staff needed to use a mobile hoist when supporting a person transfer from one place to another detailed moving and handling guidance on how to do this in a safe way was included in their care plan. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment. Any equipment used in a person's home, such as a mobile hoist, was also regularly checked to ensure these did not pose unnecessary risks to people. Staff told us if they had any concerns regarding a person's health or safety they would always discuss this with their line manager. Several staff said office based managers and senior staff were always available out of hours to help them deal with emergencies.

The provider ensured appropriate recruitment checks were carried out on staff before they started working

for the agency. Staff records showed the provider undertook employment checks in respect of all its staff, which included proof of their identity, the right to work in the UK, relevant qualifications and experience, character and work references from former employers, a full employment history and criminal records checks. Staff were also expected to complete a health questionnaire which the provider used to assess their fitness to work. The manager told us that any breaks in employment where discussed with staff during the recruitment process. Managers also said they worked closely with the Home Office to ensure that right to work and identity documents obtained from staff during the recruitment process were valid.

There were enough staff to keep people using the service safe. The majority of people told us they had no concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. Typical comments we received included, "I can't remember the last time my carer was late. Funnily enough that's them [staff] at the door now. Right on cue as per usual", "Most days my carers do arrive on time, unless there is a traffic problem", "When the carers are running late the office staff always let us know". Records showed people's specific needs had clearly been considered when planning care visits so that appropriately skilled staff could be assigned to carry out the visit. For example, where a person needed help to move and transfer in their home, two staff attended to ensure this was done safely. Staffing rotas were planned in advance and we noted in most cases people received support from the same members of staff so that people experienced consistency and continuity in the care they received.

Staff told us their home visits were well coordinated by their office based colleagues. This meant they could usually get to a visit on time and complete all the tasks they had agreed to do. They also told us there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it, which included evenings and weekends.

Where people required assistance to manage their medicines safely, staff supported these individuals to take their prescribed medicines when they needed them. People told us they were happy with the way staff prompted or supported them with their medicines. One person said, "My carer always make sure I take my tablets on time." We saw where people were supported by staff to take their medicines their care plan included a medicines administration record (MAR) sheet that contained detailed information about the individuals known allergies and how they preferred to take their medicines. Staff signed these MAR sheets each time medicines had been given and we saw the sheets we looked at had been completed correctly. This indicated people received their medicines as prescribed. Records also showed staff had received training in safe handling and administration of medicines and their competency to continue doing this safely was reassessed at regular intervals.

Good

Is the service effective?

Our findings

People were supported by competent staff who had been suitably trained to meet their care and support needs. People told us staff were familiar with their needs and preferences and had the right knowledge, skills and experience to meet their needs and wishes. One person told us, "Staff are exceptional. My carers know me so well and are so good at their job. I think the training they get must be good." A person's relative said, "My [family members] carers are always professional and know what to do without any prompting from me."". Community professionals were equally complimentary about staffs skills and knowledge of their clients. One community professional told us, "I believe the agency's staff training is outstanding when compared to other providers I deal with."

Staff received an effective induction that included training on any equipment they may have to use. All new staff were required to work towards achieving the 'Care Certificate' irrespective of whether or not they had completed it with a previous employer. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Subjects covered by the Care Certificate include: dementia, learning disability and mental health awareness; person centred care; privacy and dignity, communication; equality and diversity; moving and handling; safeguarding children and adults; basic life support; managing medicines; infection control; and, health and safety.

During our inspection we saw a group of new staff being trained to use mobile hoists in a mock-up bedroom which had been set up at the provider's offices. Several staff receiving their induction said they had found it useful to immediately put into practice what they had learnt about moving and handling theory that morning. One member of staff told us, "My induction so far has been the best I've ever received. There are loads of opportunities to ask the trainers questions and actually put into practice what you've learnt in the classroom and on your work placement." Managers told us all new staff had to successfully complete a week-long induction that included three days classroom based theory and practical learning, and two days on a work placement shadowing experienced members of staff during their visits. Managers also told us all the senior staff who inducted new staff had attended a professionally recognised train the trainer course.

Records showed staff received on-gong training in topics that were relevant to their work. Staff told us they felt they received the training they needed to meet the needs of the people they supported. One member of staff said, "The training we receive from Trinity is really good. There's plenty of it and if you need more training the agency will always arrange it". Managers monitored training to ensure staff were up to date with their training needs and attended refresher training to update their skills and knowledge. Where people had specific needs, specialist training was provided for staff to ensure they were properly supported. For example, the manager told us staff who supported people who used Makaton sign language were trained to understand and use this type of communication. Makaton is a sign language that was developed specifically for people with learning disabilities. In addition, a manager told us a senior member of staff had been nominated as the provider's dementia care 'champion' to ensure the staff team adhered to the agency's dementia care policies, procedures and best practice guidance.

People were cared for by staff who were supported in their roles by their line managers and senior staff.

Records showed each year staff were expected to attend two team meetings and four individual and/or group supervision sessions with their line manager. This included an annual appraisal of their overall work performance in the last 12 months which was carried out by their line manager. Managers used these meetings to review staffs working practices and professional development, as well as provide staff with the opportunity to discuss their work and any issues they might have. Staff's working practices were also observed twice a year through an unannounced and announced spot check undertaken by a senior member of staff. Staff confirmed they received regular supervision and appraisals, which most felt enhanced their working skills and knowledge. One member of staff said, "We have lots of opportunities to give feedback to our managers about the work we do. They're a very supportive bunch". Another member of staff told us, "I supported someone who unexpectedly died, which was very upsetting for me. My manager came to see me straight away and we had a good chat about how I felt and if I wanted to take some time out".

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.

Staff were aware of their responsibilities and adhered to the MCA code of practice. Staff had received training on the MCA and were aware that they were to assume people had capacity to make decisions unless they had any information that suggested otherwise. If staff had concerns that a person did not have the capacity to consent to decisions about their care this was discussed with the local authority. We saw from the information that was included in people's care records that people had been involved in decisions about their care and had consented to the support they received.
People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. A relative said, "The carers always make sure my [family member] gets plenty of fluids, especially when it's hot outside". Staff obtained information from people and their relatives about their dietary needs and how they wished to be supported with these. Staff documented this in people's care plans, the meals they prepared and how they supported them to eat during their visit. These records indicated meals prepared by staff were based on people's specific preferences and choices. Staff also closely monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued eating and drinking enough. Where there were concerns about this, appropriate steps were taken to ensure people were effectively supported.

People were supported to stay healthy and well. Relatives said staff kept them regularly updated about any changes in their family member's health. One relative told us, "Staff are very good at keeping us updated about my [family members] health and if there's been any changes". Care plans contained important information about the support people required to manage their health conditions. Staff documented their observations and notes about people's general health and well-being and shared this information with all the people involved in people's care and support. Where they had concerns about an individual's health and wellbeing we noted they notified managers and senior staff promptly so that appropriate support and assistance from others, such as the GP, was sought.

Good

Is the service caring?

Our findings

The agency involved and treated people with compassion, kindness and respect. People using the service and their relatives told us they were happy with the care and support provided by Trinity Homecare and would recommend the agency to other people. Typical comments we received included, "Trinity Homecare provides a first class service which I would highly recommend", "I can't fault them in anyway" and "I am very pleased with the care and compassion my [family member] is given. I have very high standards myself and I would and have recommended this agency to others".

People said staff were kind and caring. Comments we received included, "The [staff] are absolutely brilliant. They're all so friendly and kind.", "My carer often goes that extra mile. They swept my porch for me the other day after that storm we had. They didn't have too. I was so grateful." and "My carers are like family to me. They're all so lovely." Furthermore, all the people that responded to our questionnaire agreed that staff were kind and caring. Similarly, in a consultation exercise the provider undertook with people using the agency, their relatives and community professionals, the caring and considerate nature of the staff who delivered the care was identified by people as one of the key strengths of Trinity Homecare.

People were treated with dignity and respect by staff. People told us their care workers always treated them in a respectful way and were mindful of their privacy. One person said, "My carers always announce themselves before they come in". Several people told us staff always announced themselves and asked for permission before entering their home. From completed questionnaires we asked people to complete prior to the inspection we noted all the people that responded agreed that staff treated them with dignity and respect. Staff told us they had received respecting people's privacy and dignity training, which managers confirmed was mandatory for all new staff to complete as part of their induction. Staff spoke about the people they supported in an affectionate and respectful way and were able to give us some good examples of how they upheld people's privacy and dignity. This included ensuring people's doors were kept closed when they were supporting individuals with their personal care.

The provider had clear goals and objectives about what people should expect from staff and the service in terms of service standards and conduct. This included being involved and encouraged to make choices. Records showed people and their relatives, where appropriate, were involved in planning and making decisions when setting up new care and support packages or reviewing existing arrangements. People were provided opportunities through these meetings to state their views about what they wanted in terms of their care and support. People told us the information they had received from the agency was always clear, which helped them understand the care and support choices that were available to them. For example, people were given 'Your guide to our care at home service', which people confirmed they had received before they started using the service. There was also a regular newsletter which provided useful and informative information for people about the service.

People were supported to be as independent as they could and wanted to be. Several people told us the support they received from their care workers helped them to maintain their independence. One person's relative gave us a good example of how staff follow their family members care plan and proactively

encourage them to continue operating a stair-lift on their own in order to enable them to maintain this independent living skill. In people's care plans there was good information about people's level of dependency. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to retain control and independence over their lives. For example, although most people were prompted or assisted to take their prescribed medicines when they needed them, people who were willing and capable of managing their own medicines safely were actively encouraged continuing doing so. Goals for achieving this were agreed and reviewed with staff to ensure these were being met.

People who were nearing the end of their life received compassionate and supportive care. We saw people had decided how they wanted to be supported with regards to their end of life care which was reflected in their care plan. This was confirmed by staff who told us they asked people for their preferences in regards to their end of life care and documented their wishes in their care plan. The agency liaised with people's GP and community based palliative care specialists.

Good

Is the service responsive?

Our findings

People were supported to contribute to the planning and delivery of their care. People told us the agency had asked them about their support needs and involved them in the process of selecting the care workers who would deliver their care. One person's relative said, "The agency showed us the profiles of three care workers they thought would be suitable and my [family member] and I chose the one we liked the sound of best. Obviously you can't tell what someone is like until they start coming to your house, but it was nice to have the choice". Another person's relative said, "We knew straight away from their profile which carer we wanted and we've been proven right. Our carer is brilliant". The manager confirmed they had a staff matching process which enabled people to choose between three care workers the agency had selected as having the right knowledge, skills and experience to meet a person's needs. Records showed, prior to using the service, senior staff met with people and their carers to discuss the care and support they required. Information from these meetings was then used to develop an individualised plan of care and support for people.

We saw people's care plans were personalised and informative. People told us they had been given a copy of their care plan. These plans took account of people's specific needs, abilities, preferences, life histories and names of people who were important in their lives. They also included detailed information about the level of support each person required to stay safe and have their needs met, as well as how they preferred staff to deliver their personal care. For example the support people needed to get washed and dressed or prepare a meal. Staff we spoke with demonstrated a good understanding of the specific needs and preferences of the people they regularly supported and clearly knew these individuals well. For example, it was clear from the comments we received from one member of staff that they knew about the working career of a person they regularly supported.

The care and support people received was continually reviewed. People told us their care and support needs were often reviewed with them and they were given the chance to discuss any changes they might want to the support they received. Records showed care plans were assessed as high or low risk and based on this were reviewed accordingly every four to eight weeks. Staff told us care plans would be reviewed immediately if there had been a change in people's health condition or circumstances. Where any changes were identified to people's needs, their records were updated so that staff had access to up to date information about how to support them.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they knew how to make a complaint if they were unhappy with the care and support provided by Trinity Homecare. One person told us, "No complaints about the service I receive from Trinity so far. I'm also pretty sure they would take me seriously if I was unhappy about something". We saw the provider complaints procedure was included in their service users' guide, which was given to people when they first started using the agency. This meant the complaints procedure was accessible to all. We saw the procedure set out clearly what people needed to do if they wished to make a complaint. Several people told us they had made a complaint about the agency in the past and said they had been satisfied with the way the agency had dealt with their concerns. One person gave us a good example of how the agency had acted

quickly to replace a care worker they did not get along with. We saw a process was in place for the manager to log and investigate any complaints received which included recording any actions taken to resolve any issued that had been raised.

Good

Is the service well-led?

Our findings

People were positive about the management of the service. One relative said, "The managers are all very approachable", while another relative told us, "I can't fault the agency's management. I think the service is extremely well-run". Feedback we received from community professionals was equally complimentary about the management of the agency. One community professional wrote, "The management team at Trinity are all very approachable and helpful at all times. They sort out any issues I raise with them quickly minimising any impact this may have my client". Community professionals also told us the provider worked closely with them and always acted upon their instructions and advice. Another community professional commented, "Trinity are very conscientious about sharing information with us and will always contact us if there's a change in our clients condition or circumstances. They always work with us to ensure my client's needs are met to the best of their ability".

The management team demonstrated good leadership. They spoke about their vision for the agency including the importance of consistent leadership, individualised care and supporting staff to ensure their vision and values ran through the care and support they provided. The registered manager demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations for ensuring compliance with CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.

Management promote an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service. People told us the agency had asked them what they thought about the service they received from Trinity Homecare. The provider used a range of methods to obtain their views about what they felt the agency did well and what they could do better, which included senior staff regularly visiting or calling people at home. The provider had also used an independent organisation in the last year to carry out an annual satisfaction survey of people using the agency and their relatives. The feedback they received from the survey indicated that people were satisfied with the overall standard of care and support provided by Trinity Homecare.

The provider valued and listened to its staff team. Staff told us their managers were accessible and were confident any concerns or poor practice issues they raised would be taken seriously and dealt with quickly. One member of staff gave us a good example of how they had raised concerns with their line manager about the deteriorating mobility of a person they supported which had led to a referral to an occupational therapist and an assessment of the individual's home environment. Another member of staff told us, "This is the best home care agency I've ever worked for. The carers, the office based admin staff and managers all work so well together. Trinity is a good place to work". Managers told us in the past year they had introduced a carer's forum which enabled staff to regularly share their views about the agency with senior managers and the Trinity Homecare Awards where people were asked to nominate staff to receive an award. Several staff told us they liked the idea of the values award and felt they should do it again next year.

People were proactively involved in developing the service. The provider in the past year brought in an external consultant to analyse the service's strengths and weaknesses and to identify opportunities for how

the service could be improved. The recommendations made by the external reviewer about what the service needed to do to develop in order to continuously improve was used by senior managers to develop an improvement plan for the service. During our inspection we looked at some of the improvements introduced by the provider in response to the consultation exercise. For example, we saw there had been an increase in the number senior staff. This helped the agency coordinate and monitor the performance of care workers more closely, which assured the quality of the care and support people received. This new senior staffing structure also ensured there were clearer lines of reporting and accountability throughout the service.

The provider carried out their own checks of the service to assess the quality of care and support people experienced. Managers and senior staff regularly carried out a range of checks and audits to assess and monitor standards within the agency. These covered key aspects of the service such as the care and support people received, accuracy of people's care plans and risk assessments, the management of medicines, the use and maintenance of equipment used in peoples home, health and safety of people's home environment, and accidents, incidents and complaints. These checks were documented along with any actions taken by staff to remedy any shortfalls or issues they identified through these audits. Where there were any shortfalls or gaps identified the management team took responsibility for ensuring these were addressed promptly. Progress against these actions was discussed and reviewed regularly by the management team.

The operations manager told us they had recently analysed how long it took staff to travel between visits and had shared their findings with other managers and senior staff, which included improvements that could be made in the way they coordinated visits to mitigate the risk of care workers arriving late.