

Treal care Uk Limited

Treal Care UK Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Treal Care UK Limited is a domiciliary care agency and is based in the London Borough of Barking and Dagenham. The service provides personal care to people in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection, the service provided personal care to 13 people in their own homes.

People's experience of using this service

People were happy with staff. They told us staff were first class, kind and exceptional. The provider had a safe staff recruitment process in place. This ensured that staff were properly checked and supported with induction and training.

Risks to people were assessed and systems put in place to ensure people were safe. Staff knew how to identify and report incidents of abuse. They understood equality and diversity through their training and knew that people should not be discriminated against.

Medicines were safely managed and audited. The registered manager also used various audits to ensure that aspects of the service were managed well and people received safe care. People and relatives had opportunities available to them to give feedback and influence the quality of the service. The registered manager worked well in partnership with other health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's consent was sought when care was provided.

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

Rating at last inspection and update

The last rating for this service was Good (published 24 June 2019). We also inspected the service (not rated) (published 06 August 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Treal Care UK Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Treal Care UK Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 23 November 2022 and ended on 25 November 2022. We visited the location's office on 24 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also reviewed the information we already held about the service. This included their previous inspection reports and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager and care manager. We reviewed documents and records that related to people's care and the management of the service.

We reviewed 4 staff files, which included pre-employment checks and 2 people's files which included care plans and risk assessments. We looked at other documents such as quality assurance and training records.

We spoke with 2 people who used the service and 2 staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider had robust staff recruitment systems in place to ensure staff employed were fit and safe to provide personal care. Staff completed application forms, attended interviews and underwent criminal record checks as part of the provider's staff recruitment process.
- Staff recruitment also included induction and training processes, which promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.
- People told us they were happy with the staff. One person said, "[Staff] are first class."
- The registered manager told us they continued to recruit and train new staff. They said they had enough staff. People told us staff always turned up and there were no missed visits.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Detailed risk assessments were in place to ensure people received safe care. These included people's circumstances and health conditions. They also provided guidance for staff how to mitigate identified risks.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One person told us, "I feel safe here. Staff are kind, exceptional and friendly."

- Staff had training on how to recognise and report abuse and they knew how to apply it. One member of staff told us, "I will report any incident of abuse to my manager."

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. One person told us, "Staff always give me my medicines on time."
- The registered manager audited medicines regularly and medicine administration charts we checked had no gaps.
- Staff had been trained on medicines and their competency had been assessed to ensure they were competent to manage medicines safely.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infections. Staff had received training on infection prevention and control.
- Staff competency was checked on using Personal Protective Equipment (PPE) safely and a COVID19 risk assessment had been completed to ensure staff were safe when supporting people.
- Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons following incidents. Although there were no incidents or accidents at the service, the provider had systems in place for reporting, recording and investigating incidents and accidents to ensure lessons were learnt.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had the necessary skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and an oversight of the services they managed.
- The registered manager ensured there were always enough staff available to provide personal care that people needed.
- Audits had been carried out on various aspects of the service to ensure people received person-centred high-quality care. These included, audits of medicines, care plans, staff recruitment requirements and call logs. The registered manager also carried out spot checks to ensure staff were competent in their roles and people received safe care.
- The registered manager carried out pre-assessments of people's needs to ensure people were offered services only if the provider was able to meet their needs.
- Staff had the information they needed to provide safe care. A handheld electronic device was made available to and used by staff to help them access information they needed to provide effective care.
- People told us the service was well-led. One person said, "[The registered manager] is brilliant, [they are] always there for me. I am lucky."
- Staff were clear about their roles and were positive about the management of the service. One member of staff said, "I know my role, I love working for the service."
- The registered manager promoted equality and diversity in all aspects of the running of the service. Staff had received training in equality and diversity. One member of staff said, "Equality and diversity is part of human rights. We do not discriminate against anyone because of who the person is."
- The registered manager knew that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had an online survey, which was managed by an independent organisation. This allowed stakeholders to provide feedback about their experiences of the service. We noted most of this feedback was positive.
- People and relatives sent compliment cards to the provider. For example, one person wrote, "I am extremely grateful to [staff], [their] kindness..." Relatives of one person stated, "Our heartfelt thanks to every

carer who looked after [person] and showed kindness and compassion while [person] was receiving [personal care]."

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- People's beliefs and background were recorded, and staff were aware of how to support people considering their equality characteristics.
- The registered manager kept themselves up to date with new policies and practices in social care by attending meetings such as the providers' meetings and by being a members of national care associations and organisations.

Working in partnership with others:

- The registered manager worked in partnership with other agencies such as health professionals and local authorities, to ensure people received care and support they needed.