

Tru-care Limited

# Tru Care Limited

## 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

Tru Care Limited provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Tru Care Limited is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

At the time of this announced inspection of 15 and 16 November 2017 there were 34 people who used the service. Twenty three people were living in 'supported living' settings and eleven people received domiciliary care in their own homes. The provider was given up to 48 hours' notice because it is a small service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service. This service was registered with CQC on 19 January 2011.

At the last inspection of 5 February 2015 the service was rated Good. At this inspection we found that the service remained Good.

The provider's nominated individual was also the registered manager. 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.

The service continued to provide a safe service to people. This included systems intended to minimise the risks to people, including from abuse, mobility, accessing the community, nutrition and with their medicines. Support workers understood their roles and responsibilities in keeping people safe.

Recruitment checks were carried out with sufficient numbers of support workers employed who had the knowledge and skills through regular supervision and training to meet people's needs.

People and their relatives were complimentary about the care provided and the approach of the support workers and management team. People told us that they felt safe and well cared for. Support workers and the management team had developed good relationships with people.

People were able to express their views and support workers listened to what they said and took action to ensure their decisions were acted on. Support workers consistently protected people's privacy and dignity.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People received care that was personalised and responsive to their needs. People's care records were detailed and accurate. They reflected how people were involved in making decisions about their ongoing care and support. This ensured they received care and support which was planned and delivered to meet their specific needs in accordance with their wishes.

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

The service listened to people's experiences, concerns and complaints and took action where needed. People, relatives and staff told us the registered manager was accessible, supportive and had good leadership skills. The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to progress.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains 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 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 announced comprehensive inspection was carried out on 15 and 16 November 2017 by one CQC inspector. The provider was given up to 48 hours' notice because it is a small service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

Before the inspection, the provider completed 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 contacted the local authority contracts and provider support teams for feedback about the service. We received no information of concern.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We met and spoke with six people who used the service and received feedback from six relatives. We observed the interactions between support workers, management and people who used the service. We spoke with the registered manager and ten members of staff. We spoke with a visiting health care professional and received positive feedback electronically from a social care professional.

To help us assess how people's care needs were being met, we reviewed six people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

At our last inspection of 5 February 2015 the service was rated Good. At this inspection 15 and 16 November 2017, people continued to be protected from avoidable harm and abuse. They received care from support workers who understood how to recognise and report abuse. Staffing numbers remained consistent to meet people's needs and the rating continued to be Good.

The provider had maintained measures to protect people from harm and abuse. Support workers knew how to keep people safe and they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the provider's safeguarding and 'whistle-blowing' (reporting of bad practice) policies. When concerns were raised the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. One support worker said, "I know how to report concerns; would go to a team leader, or (deputy manager or registered manager) if very serious. Am confident that they (management team) would act straight away. I have reported a safeguarding before; management dealt with it quickly and professionally and were supportive to me." Another support worker told us, "We all have a duty of care to act and keep people safe. If I was concerned I would report this to the management."

People told us that they felt safe. One person said, "I am safe, am looked after; good support." Another person smiled and gave us a thumbs up sign when asked if they felt safe with the support workers. One person's relative commented, "(Registered manager) ensures the environment and equipment inside and out of the building is in good working order. All the staff team make sure the front and back doors are locked especially at night to keep (person) safe. (Person) would forget otherwise and anyone could walk in. They (staff team) are thorough with security; even checking things like the nightlight and smoke detector is working properly. They keep people safe but not restricted." Another relative commented, "(Person) is safe and secure. We have no problems."

Risks to people's safety continued to be managed appropriately. Support workers and the management team were aware of people's needs and how to meet them. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, nutrition, accessing the community, medicines and being safe in their homes. One person said the support workers "Help me with my medicines and money and to be safe when I go out." A relative commented, "(Person) is very safe with their support workers they totally understand (person's) needs and how to manage risks, keeping them safe without holding them back."

Systems were in place to record and investigate incidents, accidents and near misses in the service. The management team reviewed the outcomes to identify lessons learnt, themes and patterns, taking steps to reduce the risk and likelihood of further reoccurrences. This included liaising with relevant professionals such as the falls prevention team and occupational therapists to make sure equipment and the environment was safe for people whose mobility needs had changed and were at risk of falls.

People who were vulnerable as a result of specific conditions such as cerebral palsy, diabetes and epilepsy

had clear plans in place guiding support workers as to the appropriate actions to take to safeguard the person concerned. For example, there were examples of where healthcare professionals had been involved in the development and review of care arrangements. Where appropriate there were detailed care plans for support workers to follow where people may display behaviours that may be challenging. Wherever possible people's choices about how they wanted to be supported during a crisis were included into the strategies in place to keep them safe and manage the risk. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

Within the supported living buildings people and relatives told us there were sufficient support workers to meet their needs. One person showed us a picture board in the hallway which had the photographs and the names of the different support workers caring for them that day. Pointing to the board they said, "I forget (who is supporting me and this can make me anxious). When I look at this I know who will be supporting me. I like them all." A relative commented, "There is an established staff team. Very low staff turnover. No outside care from agency staff; makes a big difference to the support provided. Means there is consistency and continuity (amongst the staff team), all displaying the same high standards. (Person) needs routine, structure and familiarity, know who is supporting them, this builds trust and helps (person) to settle."

We saw that support workers were available when people needed them and they responded to people's requests for assistance promptly. The staffing levels continued to be appropriate to ensure that there were enough support workers to meet people's needs safely. Support workers told us that they felt that staffing levels were sufficient to meet people's needs. Feedback received about the domiciliary service provided by Tru Care Limited indicated there had been no instances of missed visits and the support workers arrived on time and stayed the agreed length of time.

The service continued to maintain robust recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. Support workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, reading information about people living in the service, including how identified risks were safely managed. Records we looked at confirmed this.

Medicines were safely managed. We saw that people who required support with their medicines received them as prescribed. A relative told us, "(Person) couldn't cope without the support workers help to keep them on top of their medicines. This is a critical part of (person's) care and manages their condition." Support workers told us and records seen confirmed they had undergone regular training with their competencies checked. People's records included the support that each individual required with their medicines and what time their medicines should be given and if it was to be given with food. This helped to ensure people received them when they needed them. Records were comprehensive, well-kept and showed that medicines were given to people as prescribed. As part of continual improvement of the service the management team were implementing an improved audit and check system to reduce medication errors to allow them to quickly pick up any issues and take action to address them.

Support workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing support workers with personal protection equipment, such as disposable gloves and aprons. Support workers confirmed that these were available to them in the office and they could collect them when needed.

# Is the service effective?

## Our findings

At our last inspection of 5 February 2015 the service was rated Good. At this inspection 15 and 16 November 2017, the service continued to provide support workers with the training, ongoing support and the opportunity to obtain qualifications in care to meet people's needs effectively. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and were regularly reviewed and updated. The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. A visiting healthcare professional confirmed that appropriate referrals were made by the service and guidance was acted on.

Support workers told us they were provided with the training and support that they needed to meet people's needs. This included a comprehensive induction before they started working in the service which consisted of the provider's mandatory training. This is training important for support workers to have; moving and handling, first aid and medication training for example. This was updated where required. Also, support workers received additional training associated with people's specific and diverse needs such as epilepsy, autism and diabetes awareness. The registered manager told us they were planning to provide dementia and positive behaviour training to support workers in the upcoming year. One support worker shared with us, "The training is really good. Helps your understanding about people's conditions and needs. I would like to learn more about communication maybe explore Makaton." Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

Records and discussions with support workers showed they continued to receive supervision, competency observations and appraisal meetings. These provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. One support worker shared with us their positive experience of the supervision arrangements in place, "Supervision is done with (registered manager or deputy manager) it is a chance to talk through any issues and get a different perspective. You have a chat/discussion about what you want to talk about. Can be any issues, ideas for the company and tenants, personal development. It is equal involvement. Feedback is given. Makes me feel 100% valued and listened to."

Where required the service continued to support people to maintain a healthy diet. People's records identified the support that they required including how identified risks were managed. A relative told us, "(Person) needs prompting and encouraging to eat and drink well. Their food is cut into small pieces to reduce risk of choking. Staff are all aware and it is written in their folder (care records)." One person told us how they were being assisted to manage their weight, "(Support workers) help me to be healthy, eat well and (remind me) to do my exercises."

People continued to be supported to maintain good health and had access to health professionals where



required. Records demonstrated that the support workers were proactive in obtaining advice or support from health professionals such as a doctor when they had concerns about a person's wellbeing. One relative told us, "It is excellent the arrangements in place. We have no problems. Support workers and (registered manager) are very alert to anything untoward, changes in (person's) health and act quickly. Calling the doctor out or going to hospital if an emergency situation. We are contacted immediately if there is a concern and kept informed."

The service worked effectively with professionals from other care settings to ensure people's needs were met consistently and effectively. For example, in the event of a person being admitted to hospital, arrangements were in place to support coordinated care. This included a support worker or member of management travelling with the person to reassure them and to advocate on their behalf where needed. As part of the transfer process they brought with them key documentation about the person and how to meet their needs. This was made available to the professionals involved in the person's care, support and treatment plans to ensure their needs were effectively and consistently met.

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.

People told us that the support workers asked for their consent before providing any care. One person said their support workers, "Always ask me first and do what I tell them." A relative commented, "(Person) choices are respected and acted on. (Person is) given enough freedom to do what they want, when they want. I have heard them (support workers) asking permission before they (provide personal care) to (person)." People's care records continued to identify their capacity to make decisions. People had signed their care records to show that they consented to the care and support they were being provided with. Support workers had been trained in the MCA and continued to demonstrate they understood this and how it applied to the people they supported.

# Is the service caring?

## Our findings

At our last inspection of 5 February 2015 the service was rated Good. At this inspection 15 and 16 November 2017, people told us they were satisfied and happy using the service, they continued to be complimentary of the support workers approach and felt cared for. The rating continues to be Good.

People told us that their support workers consistently treated them with kindness and respect. One person said, "They are all very nice to me I like them a lot." Another person commented on the caring approach of their support workers and the positive impact it had on them, "They make me happy. I like living here. I like them (support workers) all very much; they help me to do what I want." A third person said, "Everyone is nice to me. (Support workers) are kind and help me with personal care, going out, taking my medicines and managing my finances."

Relatives shared with us their positive experiences of how people who used the service were well cared for. One relative said, "(Person) absolutely loves Tru Care especially the staff. (Person) only wants to come back to the family home for two days over Christmas as they want to be back in their home as they love it so much. They are so happy and settled in so well, it is because everyone is really nice and supportive."

People continued to be relaxed in the presence of their support workers and with the management team. Support workers were caring and respectful in their interactions and we saw people laughing and smiling with them. Support workers used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. This was confirmed by one person who said the support workers, "Help me so I can do everything that I want to do. I chose what I wanted to wear this morning and they helped me to get ready."

People were encouraged by support workers to be actively involved in expressing their views and making decisions about their care and support needs. They told us the support workers listened and acted on what they said. One person commented, "They (support workers) talk to me nicely, they listen to what I say and look after me. If I am sad they will try to help me. When I don't want to do something they respect that." Accessible information was made available to people to assist them in making decisions about their care. This included access to independent advocacy services.

People's care records demonstrated how people continued to make decisions about their ongoing care arrangements. Their views were listened to and incorporated into the planning and delivery of their care and reflected in their care records. One person showed us their care plan and described how they had shared with their key worker what was important to them about their care. They said, "I told (key worker) what I wanted put in there (care plan). They wrote it all down and I signed it."

Where people were unable to express their views their relative or representative where appropriate were included in the process. One relative shared with us their positive experience of working with the service, "I am very involved in all aspects of the care arrangements for my (family relative). I work with them (support

workers and management team), social services and (healthcare professionals) to make sure everyone who needs to be involved in my (family member's) care is involved and we all know what is going on. I have been to numerous care reviews and made suggestions which have been acted on. As well as formal meetings I know I can go to the (registered manager) whenever; (registered manager) always makes time for me; listens, respects and values my feedback."

People told us they were encouraged to be independent. One person said, "They (support workers) help me to do things for myself. I can do most things on my own. But sometimes I need help as I get tired easily." A support worker told us, "I love my job, supporting people to enjoy a meaningful life. Encouraging and helping them to do things for themselves. Achieve their goals. It is a really rewarding feeling when you see (people) progress becoming more confident and independent." A relative commented, "All the support workers are wonderful. Good temperament even when facing (person's) difficult moods. Despite (person's) physical limitations they (support workers) know how to encourage and support (person) to undertake everyday tasks so they become more independent.(Person) is much more confident in their ability to try to do things for themselves."

People's right to privacy and dignity was respected and promoted. Support workers continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, privacy and choices. One person told us the support workers, "Knock on my door, (before coming in), respect my privacy make sure curtains and doors are closed when helping me (with personal care)."

## Is the service responsive?

### Our findings

At our last inspection of 5 February 2015 the service was rated Good. At this inspection 15 and 16 November 2017, we found support workers continued to be responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

People's care records were comprehensive, regularly reviewed and accurately reflected people's needs. They covered all aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were clear instructions of where the person needed assistance and when to encourage their independence. There were also prompts throughout for the support workers to promote and respect people's dignity.

The care plans included people's daily routines providing support workers with the information they needed to meet individual needs in line with their wishes. For example, how they wanted to be supported with personal care and to do daily living tasks. The care plans took into account pre-assessments of care for people which had been completed before they used the service and reflected their diverse needs, such as specific conditions and how they communicated and mobilised. A relative commented on "I could never give (person) the diversity (person) needs to enjoy life to the fullest. They (support workers) can and do. They have brought so much balance and variety to (person's) life. It is a good mix. Staff are wonderful, have a good insight into people's conditions and needs, how to support them but also how to try new things in a way that is comfortable and secure."

Where people needed support with behaviours that may be challenging to others, their care records guided support workers in triggers to these behaviours and to the support they required to minimise the risk of their distress to themselves and others. This included prompts for support workers to be patient, provide reassurance, give people time to process information and to use agreed strategies to help settle them.

People told us that they were actively involved in decision making through regular care reviews to ensure their needs were fully met. One person shared with us how they had contributed towards their ongoing care arrangements, "Me and (support worker) looked at my file (care records) see if I wanted to change anything. I was happy with everything so I signed my name."

Relatives involved in the ongoing development of people's care arrangements shared positive examples of working with the service. One relative said about the care plan reviews, "I have been involved from the start. Attended many care meetings. Work closely with the registered manager and support workers. Good communication. I am kept updated, know what's going on. I have made changes and this has been acted on. (Registered manager) responds quickly to your texts, phone calls. It might be that something you request takes a while to get in place but (registered manager) will keep you in the loop. We all work together." Another relative shared their positive experience, "I have been very impressed with the service. The most important thing is that (person) is happy and is being kept busy and purposeful. The staff are lovely and will reply very quickly if I have a query and get in touch with me frequently with news and updates. The paperwork and plans for (person) seem thorough and I am impressed by the smaller things that are still important like weighing (person) weekly."

People's views were actively encouraged through care reviews and annual questionnaires. One person said, "I was asked what I thought of the service. Said very happy; no problems." The registered manager explained they were making changes to the existing annual questionnaire to increase the feedback received about the quality of care provided. This included ensuring the format was fully accessible and focused on care questions removing the tenancy related questions.

A complaints process was in place that was accessible to people who used the service. At the time of our inspection no complaints had been received. People and relatives told us that they had not needed to complain as any comments or concerns they made were acted on straight away. They said they were confident that if they made a complaint it would be dealt with properly. One person told us, "I have no problems. If I was angry or upset I would tell (management)." Another person said, "I would go to (registered manager) if something was up." A relative described how the service had acted on feedback, "A while back we did have a problem with one support worker and (person) they didn't get on. I told (registered manager) and it was sorted straight away (support worker) no longer involved in (person's) care. Dealt with very quickly I was impressed."

People's wishes, such as if they wanted to be resuscitated, were included in their care records and these were kept under review. The registered manager advised us they were developing people's documentation in line with best practice around advanced care planning.

# Is the service well-led?

## Our findings

At our last inspection of 5 February 2015 the service was rated Good. At this inspection 15 and 16 November 2017, feedback from people, relatives, support workers and professional stakeholders was positive about the management arrangements in the service. We found the management team were proactive and took action when errors or improvements were identified. The registered manager was able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. Therefore the rating continues to be Good.

People and relatives were complimentary about the approach of the management team. One person said, "Any big problems I speak to (deputy or registered manager)." A relative commented, "I think the service is fantastic. It is a small organisation that is slowly getting bigger without losing the personal touch. This is down to the manager who is also the owner and so incredibly hands on. Gives out (their) mobile number so you can contact (them) whenever you need to. They are so involved and deal with any issues." Another relative said, "I have nothing but praise for (registered manager) they are unbelievable. Make you feel nothing is impossible; nothing is too difficult they make it happen. You can contact (registered manager) whenever (they) never make you feel you have interrupted anything. Truly amazing. I can't recommend this service and (registered manager) enough." A third relative shared their positive experience, "(Registered manager) is so dedicated to making people here have high quality lives. Totally committed to delivering high quality care. Does everything and more."

The management team promoted an open culture where support workers told us they felt respected, listened to and encouraged to professionally develop. A support worker said, "Nothing better than coming to work. I have a big smile on my face, love my job. I feel very supported. It's a good team. Management team always available. (Registered manager) is aware of everything very hands on." Another support worker said, "I have never been happier. All the staff are really lovely and supportive. They all work here for genuine reasons; really care about people." A third support worker shared with us, "I love it here. I enjoy working here. (Registered manager) is great, really understanding and supportive. Takes an interest in you and is supportive with what's going on in my life." A third support worker said, "I wouldn't want to work anywhere else. I feel supported. I have a shift pattern that works for me. (Registered manager) is ever so good and understands the importance of family and work. I like the way (registered manager) is, I like (them) as a person, I respect (them). Doesn't get it right all of the time but will admit that and try again. Everything (they) do is for the people here and the staff. If you need time off at short notice (registered manager) has been brilliant, can't fault (them), works so hard."

Support workers were provided with the opportunity to comment on the service, including in meetings. The minutes of meetings showed that support workers suggestions, for example, how they supported people, were valued and listened to. The minutes showed that support workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry. A member of staff said, "We all work well as a team there is no hierarchy. Feedback is encouraged in meetings, supervision, training and a comments and suggestions box is in the office if you have any ideas to make the service better."

Where comments from people were received the service took swift action to address them. This included requests to change their support worker, times of domiciliary visits and amendments to planned healthcare appointments and activities. One relative said, "I have known (registered manager) step in at last minute when I have not been able to go as planned with (person) to their (healthcare appointment)." The registered manager advised us that as part of ongoing development of the service they planned to implement formal systems to effectively and consistently capture the way people's feedback including comments and concerns were acted on and used to improve the service.

Systems were in place which showed that the service continued to develop. The management team continued to carry out a regular programme of audits to assess the quality of the service and identify issues. These included audits on medicines records, incidents and accidents and care records. We saw that audits and checks supported the management in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon, and action plans were in place. The registered manager shared with us their development plan which reflected the priorities and continual progress of the service. This included enhanced audits for the safe managing of medicines, developing advance care planning documentation and improving existing feedback systems taking account of informal comments and concerns.

The management team worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. Feedback from professionals cited effective working relationships with the service. One social care professional told us, "Tru Care has been one of the best agencies that we joint work with. The manager has always been approachable and welcoming of joint working, and (the) service is, in my experience, reliable and of high quality."