

Reliant Angel Care Ltd

Tripple Tee Ltd

## 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

### About the service

Triple Tee Ltd is a domiciliary care service which provides personal care to adults with a range of support needs in their own houses and flats. At the time of this inspection the service was supporting nine people with personal care.

Not everyone who used the service received personal care. 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.

### People's experience of using this service and what we found

People and relatives spoken with during the inspection gave positive comments about the care and support they received. The provider was continually looking to ensure quality improvements to make a difference for people.

People received support and care from a regular staff team who they knew well. People confirmed they felt safe with the staff who supported them.

People told us staff encouraged them to be as independent as possible with support from staff. People's individual care needs were assessed to ensure the right support was provided.

People were supported by enough staff to meet their needs safely. Staff received regular training and support to ensure people were kept safe. People were supported to take their medicine safely where they needed help in this area.

The provider had effective quality assurance systems in place aimed at improvements in the service and outcomes for people. The management team had a clear understanding of the importance of effective quality assurance.

The provider was open and transparent about the areas in which the service needed to improve, and an action plan was in place to address these. The registered manager told us, and we saw, that some systems required improvement, however these improvements were already underway.

The registered manager consulted with people and their relatives regularly to ensure the service provided was good. Where areas for improvement in the service were identified, action was taken.

Staff said they felt valued and their views were sought and listened to by management. There were enough staff with the right skills to meet the needs of the people using the service.

Staff recruitment ensured that only suitable staff worked with people. Staff completed an induction which

included training and shadowing more experienced staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 31 May 2016 and this is the first inspection because a service was not provided to people until September 2019.

#### Why we inspected

This was a planned inspection as the service had not previously been rated.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective  
Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring  
Details are in effective findings below

### Is the service responsive?

Good ●

The service was responsive  
Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well led  
Details can be found in our well led findings below

# Tripple Tee Ltd

## 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 care Act 2014

#### Inspection team

The inspection was completed by one inspector who visited the location's office.

#### Service and service type

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

The service had a registered manager in post who is registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 March 2022 and ended on 18 March 2022. We visited the location's office on 16 and 18 of March 2022.

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with the registered manager and two directors. The provider also shared the outcome of the last monitoring visit from the local authority. We also looked at the provider's systems for managing complaints, records management, health and safety, compliments, and records relating to the recruitment of staff. We also looked at five peoples care records

After the inspection

We spoke with seven people who used the service, four relatives, and four staff. We also reviewed an additional three people's care records and requested additional documentation from the provider, including evidence of audits completed on the service and staff training records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm

### Systems and process to safeguard people from the risk of abuse

- Relatives and people using the service spoke highly about how staff kept them safe.
- One person told us, "I feel very safe with the staff; I cannot fault them." All the people spoken with felt staff supported them the way they wanted, and all felt safe with the staff that supported them.
- Staff we spoke with told us they had completed training in how to protect people from abuse. All staff told us they would report any abuse concerns to management.
- Staff told us they felt comfortable speaking with management if concerns about people's safety or care were identified and were confident that the management would investigate these.

### Staffing and recruitment

- People told us they had the same staff and they knew who was coming each day.
- There were enough staff employed by the service to make sure that people always received their care on time and as agreed. On the reliability of the service, one relative told us, "Staff are spot on."
- Appropriate pre-employment checks were made by the provider, following their own recruitment policy, to ensure only suitable staff were employed.
- Training was provided to ensure the staff had the relevant skills to care for people.

### Using medicines safely

- Where needed, people were supported with their medication safely.
- Staff had completed training in the safe handling of medicines and staff's medicine competencies had been checked regularly.
- Staff kept accurate and up-to-date records in relation to the administration of people's medicines, including the application of creams.

### Preventing and controlling infection

- Staff and management ensured they wore gloves and appropriate personal protective equipment (PPE) when supporting people with their care.
- Risk assessments had been completed to ensure safe infection control procedures were being followed.
- Staff had completed training in infection control. One relative told us, "I could not fault the staff during COVID, how careful they were when supporting [named person] and they still are now."

### Assessing risk, safety monitoring and management

- Staff had detailed and up-to-date information about people's individual care needs to minimise risk when supporting them.
- There were appropriate aids and equipment available to staff, where required, to support people safely.

- Staff told us people's care needs were reassessed by management if there were changes in these. Staff told us there was good communication from management about any changes in people's needs.
- Risk assessments had been completed in relation to the risks associated with people's care needs and included plans for managing these risks.

#### Learning lessons when things go wrong

- Staff understood how to record and report any concerns, accidents or incidents arising during their day-to-day work with people.
- The registered manager told us, and we saw, they learned from incidents and took appropriate steps to minimise any further risks to people. One staff member told us "We report any concerns to the office and the management take action if needed."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's care needs and choices, so their care and support could be provided as they wanted.
- People and, where appropriate, their relatives were fully involved in the assessment process to ensure that the information gathered about people's needs and preferences was accurate.
- People told us staff always told them what they were doing and consulted with them about their day-to-day care. One person told us, "Staff always ask what I want doing. The staff are brilliant they show me so much respect I cannot fault them at all."

Staff support: induction, training, skills and experience

- Staff training records showed staff were well trained and supported to enable them to provide effective care to people they supported.
- Staff received a full induction prior to starting to work with people. This included training in manual handling, safeguarding and mental capacity, and shadowing more experienced staff.
- Staff told us management monitored their training needs and completion of required training. They explained the training they received helped them feel confident and comfortable in their roles.
- Records seen showed staff received regular supervision to monitor their performance, and that regular staff meetings were held. Staff told us they felt the management were very supportive.

Supporting people to eat and drink enough to maintain a balance diet; staff working with other agencies to provider consistent, effective, timely care; supporting people to live healthier lives access healthcare service and support

- Where staff supported people with food and drink this was documented in people's care records. One person told us, "Staff make my meal just as I like it."
- The service worked well with external agencies to ensure people's health needs were monitored and met. This included liaising effectively with district nurses, and the occupational therapist for people using mobility equipment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 interest

and legally authorised under the MCA. When people received care and treatment in their own homes an application must be made to the court of protection. For them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People's capacity was considered when their needs were assessed and in the delivery of their day-to-day care and support.
- People and relatives confirmed staff involved them in decisions about the level and nature of the care and support provided.
- Staff told us they sought people's consent and offered choices to people during their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect, equality and diversity.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff understood the importance of treating people as individuals and knew how to work with people to ensure a supportive and positive experience was provided. One staff member told us, "I treat people as I would like to be treated myself and that is with respect."
- Relatives felt staff were kind and caring. One relative told us "Staff treat [person's name] with respect and compassion." One person using the service told us, "The staff are excellent, kind, caring and I am treated with respect." Another person told us, "The staff are jolly; we can have a laugh which is what we need."
- People's equality and diversity were fully respected and staff understood the important of treating people as individuals.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people privacy, dignity and independence.

- Relatives told us they felt fully involved in their loved one's care and their views were listened to and acted on. One relative told us, "We all want what is best for our loved ones and the agency are very supportive, kind and very respectful."
- People and their relatives told us they were able to give feedback about the service to the manager at any time and felt they were listened to.
- Relatives and people using the service felt respected by staff and management.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were fully considered when providing personal care. This was because staff received training in this area and understood the importance of ensuring respect and dignity were upheld.
- People's independence was fully promoted. Staff spoke about allowing time for people to do things for themselves when supporting them with personal care. People spoken with confirmed staff involved them in their care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to complaints or concerns about the service from people and their relatives.
- There had been no complaints about the service at the time of our inspection. One person told us "I don't need to make any complaints, because if I ask for something it is done."
- All people spoken with told us they were able to contact the service's office to raise any issues or concerns.
- The provider had a complaint procedure which all people and relatives had been given access to.

Planning personalised care to ensure people have choice and control and to meet

- People's care and support were personalised to suit their needs. The registered manager had completed a detailed assessment of people's needs, choices and preferences with the involvement of the person using the service and / or their relatives.
- People spoken with were confident their needs and wishes were being considered by staff and management. They felt they were given choice and control about how care was provided. One person told us, "The care staff are lovely; they speak with me as an individual and an equal."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual care records included information about their individual methods of communication.
- The provider confirmed information could be provided in alternative accessible formats, such as large print, and in other languages if required.

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.
- The provider understood the need to work closely with people, their relatives and healthcare professionals, including GPs, to ensure people's preferences and choices for their end of life care were acted on and they had the support they needed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Working in partnership with others and continuous learning

- The provider understood the need to work in partnership with others and share information with other agencies, including the local authority community health and social care professionals, to ensure people's needs were met.
- The registered manager shared with us the last local authority monitoring visit and the areas identified as requiring improvement. We saw that actions had been taken and some of the areas that required improvement had been met or partially met. An action plan was in place to address the outstanding areas.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The values of the service were aimed at ensuring people received personalised care and were involved in decisions about their care.
- People were supported by consistent staff whenever possible. This meant people had continuity of care.
- Relatives were positive about the care people received and told us they would recommend the service to others. One person told us, "All the care staff are excellent, and I have a good laugh and rapport with all of them. I could not have wished for a better team." A relative told us, "I have no concerns about how my relative is being supported; she is well looked after. Staff are very professional, kind and considerate." Another relative said, "They [staff] are very respectful to my relative."

- Engaging and involving people using the service, the public and staff, fully considering their equality characteristic
- People confirmed staff and management sought their views about the care and support provided and acted on these.
- People's beliefs and cultural needs were fully considered when planning and delivering their care and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management team understood the need to be open and honest with people, their relatives and others in the event something went wrong with people's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality of people's care and support was reviewed by the management team, including auditing of people's care records, to ensure risks to people were being mitigated and staff were adopting a person-centred approach.
- Staff and management were clear what was expected of them at work and where to turn should they need additional support about the performance of their duties.