

Ms Gail Hartley

True Care

Inspection report

1 Fallbeck Cottages
Gatebeck
Kendal
Cumbria
LA8 0JE

Tel: 07975922053

Date of inspection visit:
31 October 2015

Date of publication:
17 December 2015

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This announced comprehensive inspection took place on 31 October 2015. The provider was given 48 hours' notice of the first visit because the location provides support and personal care to people living in their own homes.

True Care is a small domiciliary care agency based in the hamlet of Gatebeck near to Kendal. It offers a range of services for people in their own homes. The service provides support with personal care and domestic tasks to help maintain independence for people living in and around the rural areas near to the town Kendal.

There was a registered manager in post on the day of our inspection visit. 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. In this service the registered manager is also the registered provider.

During this inspection we found two breaches of Regulations 19 Fit and proper persons employed and 18 Staffing of the Health and Social Care Act (Regulated Activities) Regulations 2015.

Although people told us that they felt safe receiving care and support from this service we found information recorded in relation to the administrations of medicines was not always accurate.

The recruitment process for new staff did not include all the required checks to ensure that they were suitable for the work and help to protect people from the risk of abuse.

There were enough staff to provide the care people required. Staff had completed some training but not in all of the essential areas to ensure that they had the appropriate skills to provide safe care and treatment. Staff knew how to identify and report concerns about a person's safety

People received support from a regular team of staff who they knew and who understood the care and support people required. We saw that people were treated with kindness and respect and they made positive comments about the staff who visited their homes.

People had been included in agreeing to the support they received and were asked for their views about the service. The registered manager was knowledgeable about the Mental Capacity Act 2005 and about their responsibility to protect the rights of people who could not make important decisions about their own lives.

Staff felt very supported by the registered manager and said they were confident and very happy with the leadership and management of the service.

We recommended that the provider ensured that the support people required with their medications was accurately recorded and that they followed the guidance from The British Pharmaceutical Society as described in The Safe Handling Of Medicines in Social Care.

We recommended that True Care provided it's staff with care plans and records relating to their own care when providing care in partnership with another provider.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People recruited had not had all the appropriate checks required by law completed before they commenced working.

Some records relating to the management of medications were not always in place.

People told us they felt safe. Staff knew how to protect people from harm.

Is the service effective?

Requires Improvement ●

This service was not always effective.

Not all the essential training required to deliver care safely had been completed by all staff.

The registered manager was knowledgeable about the Mental Capacity Act (MCA) 2005 and understood their responsibility to protect the rights of people who were not able to make important decisions about their lives.

Is the service caring?

Good ●

The service is caring.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

The staff were caring and respectful and maintained peoples dignity.

People said they liked the staff who supported them.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care planning did not always ensure that accurate information was recorded about the needs of people who used the service.

Staff took into account the needs and preferences of the people they supported.

There was a good system to receive and handle complaints or concerns

Is the service well-led?

The service was not always well-led.

The quality and monitoring of recruitment, staff training and care records had not identified any shortfalls.

People who used the service and the staff knew the registered manager and were confident to raise any concerns with them.

The staff were well supported by the registered manager.

Requires Improvement 

True Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out this announced inspection on 31 October 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was carried out by a lead adult social care inspector.

Before the inspection we reviewed the information we held about the service this included any notifications sent to us by the provider. We asked the provider to complete a Provider Information Return (PIR) before the inspection. 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. They provided this information in good time.

The inspector visited the agency office and looked at care records for a total of 5 people and visited two people, with their permission, in their own homes.

We looked at training records and recruitment records for staff. We also looked at records relating to how complaints and incidents were managed and how the provider checked the quality of the service provided. We spoke with the provider who is also the registered manager of the service, an administration staff and two care staff.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the service provided. One person said, "Yes, I feel very safe with the support I get. I have the same carers that help me and I feel very safe with them."

The staff we spoke with told us they thought that people were safe using this service. They told us that they knew how to identify abuse and alert the appropriate people. Staff also told us they would be confident to report any concerns to the registered manager. Records we looked at confirmed they had received training in the safeguarding of adults. There was a whistle blowing policy that was available to all staff and details of how to report concerns.

We looked at five staff files for recruitment and saw that the appropriate checks of suitability had not always been made. Information about their previous employment history and reasons for leaving employment had not always been noted. References had been sought and we noted that they were not always from the most recent previous employer in accordance with the agency's recruitment policy. We noted that some staff had commenced in employment prior to confirmation that checks required to be made with the Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had been completed. We also noted that the registered provider had not checked people's health and wellbeing before commencing working.

This was a breach of Regulation 19 fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all the records of the appropriate suitability checks required by law had been carried out to ensure that the persons being employed were of good character and health.

We looked at medication records and found these were not always clear. Instructions as to whether people required prompting with their medications or support with the administration was not correctly recorded for two people. We also noted that not all staff had completed training in safe handling and administration of medicines.

We have made a recommendation about the level of support people required with their medications was accurately recorded.

We saw that risk assessments had been completed for providing care and support in people's own homes.

Staff we spoke to confirmed they knew the people they supported well as they always worked with the same group of people. This gave a consistency of service that ensured people became familiar with the group of staff that supported them.

We saw that there was always sufficient support staff on duty to meet the individual needs of the people they supported.

We looked at the records relating to accidents and incidents that had occurred. We saw that these were

investigated by the registered manager and where any actions had been required we saw that these had been taken.

Is the service effective?

Our findings

People who used the service we spoke with made very positive comments in relation to the service being effective. One person told us, "I have regular staff and that is important to me." During our visit to people in their own homes we saw that they made choices about how their care and support should be delivered and that this was respected by the staff that supported them.

The staff we spoke with told us that they had received some in house training but records for training did not show that the person who delivered the training had the necessary qualifications. We saw that key principles in training had not been completed specifically in moving and handling and the administrations of medications. We could not evidence about see how competencies had been checked to confirm that staff had the correct skills. The quality and variety of training did not ensure that staff had received sufficient training to provide them with the skills to effectively perform their work.

This was a breach of Regulation 18 staffing (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured that the skills of the trainer were relevant and because training in administering medications had not been supplied.

We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to other health professionals. We found that where people required their fluids or food intake monitoring to ensure they maintained good health records had been made. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs had been met.

The care staff we spoke with told us that they had regular informal meetings and could contact the registered manager at any time to discuss their practice. Staff said that they knew they could contact the manager of the agency even out of hours if they needed advice about a person they were supporting. They told us, "We can call the registered manager if we have any concerns no matter when." Records showed that staff were being supervised regularly.

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 saw that consent to care and treatment in care records had been signed by relevant others and where required the registered provider had evidence to confirm that those people were the legal decision makers where people lacked capacity. This meant that people's rights were protected.

Is the service caring?

Our findings

People we spoke with who used the service gave very positive comments in relation to the service being caring. People told us that they liked the staff that visited their homes and said they provided a high quality of care. One person told us, "I couldn't manage being without them. I'm happy with the service and the carers are fabulous."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. One person told us that they had been included in planning and agreeing to the support they received. They said the staff knew them well and knew how they wanted their care to be provided. Where it was relevant we saw that people's treatment wishes had been made clear in their records about what their end of life preferences were.

People told us and we saw that care plans were reviewed regularly and people had been asked for their opinion on the services they received. The registered manager was actively involved in delivering care and could ask people on an informal basis if they were happy with their care and if there were any changes they wanted made to the support they received. The people we visited confirmed that the staff listened to them and included them in decisions about their care and support. Staff were knowledgeable about the individuals they supported and about what was important to them in their lives.

We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We observed during our visit to peoples' homes that staff were respectful of their homes and their needs. People told us that they valued the support they received from the staff that visited.

Where necessary people had advocacy arrangements in place. An advocate is a person who is independent of the service and who supports a person to share their views and wishes. This ensured that people had access to independent advice and information.

Is the service responsive?

Our findings

People who used the service gave positive comments in relation to the service being responsive. One person told us, "If I did have a problem I would phone the registered manager and let them know about it."

The registered provider had a formal process for receiving and responding to concerns and complaints about the service it provided. However we observed that people with concerns could contact the registered manager directly. The registered manager told us that she preferred to deal with things that concerned people in an informal way and as quickly as possible. People we spoke with could tell us how they could raise a concern or complaint by directly calling head office

We saw that information was available to staff about how to support individuals and was very detailed aside from records relating to the administration of medications. However where the provider had taken on care packages at short notice working in partnership with the community nurses we found that there were no care records specifically for the staff working at True Care. The registered manager told us that the care plans and records had been implemented by the community nurses.

We have made a recommendation that True Care provided it's staff with care plans and records relating to their own care when providing care in partnership with another provider.

We saw from the care records we looked at that people had been asked what level of support they wanted the service to provide and records showed that they had been included in planning their own care. Care plans we looked at had been reviewed to make sure they held up to date information for staff to refer to. We also saw that where changes were needed to support some people this had been recorded to accurately reflect the support they required. Care staff told us that they had also been involved in the reviews of the people that they supported.

We saw from the care records we looked at that people's health and support needs were clearly documented in their care plans along with personal information and histories aimed at reducing their risk of becoming socially isolated. We could see that where relevant people's families had been involved in gathering personal information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them difficulties.

We saw that the service provided to individuals was focussed on supporting them to maintain their independence as long as possible and to provide them with a regular familiar face during the day as some people rarely had any visitors.

Is the service well-led?

Our findings

The service had a registered manager who was available to people who used the service, their relatives and staff. People we spoke with said they could speak with the registered manager whenever they required.

The registered manager told us they spoke to people and their family members often. This provided people with an opportunity to discuss their experience of the service in an informal manner. One person we spoke with told us, "They sort out everything I ask about." There was regular informal monitoring of the quality of the service. People who used the service were given opportunities to share their views about the care and support they received.

There were no formal processes in place to monitor the quality and safety of the service being provided. As this was a small service we did not see that this had impacted on people receiving care and support. However had verifiable monitoring systems been in place to monitor the quality of the recruitment procedures and staff training the registered manager may have been able to see where the shortfalls were and deal with these more promptly.

Staff we spoke with said they got on well with the registered manager and they felt supported to carry out their roles. Staff also said they felt confident to raise any concerns or discuss people's care at any time as well as at formal supervision meetings. They told us that they were confident the registered manager would listen to any concerns and that action would be taken. Comments we received from staff about the management of the service were all very positive

The service worked in partnership with other professionals to ensure people received the appropriate care and support to meet their needs. We saw records of how other professionals had been involved in reviewing people's care and levels of support required. The registered manager had established good working relationships with other health professionals such as GP,s and community nurses. The registered manager was proactive in sharing any information and seeking guidance from the other professionals when necessary.

The registered manager of the service told us that the quality of the care provided was paramount to their aims for the service along with being able to support people in their own environments and to maintain independence. The registered manager also expressed that the service provided was to ensure that people received the best care and support for their individual cases.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>This was because not all the records of the appropriate suitability checks required by law to ensure that the persons being employed were of good character and health.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>This was because the provider had not ensured that the skills of the trainer of moving and handling were relevant nor had training in administering medications been supplied.</p>