

Trueblue Nurses UK Ltd

Trueblue Nurses

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

Trueblue Nurses is a domiciliary care agency providing care and support to people in their own homes and flats.

The Care Quality Commission (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 the inspection 1 person was receiving personal care.

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

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.

The service provided was safe for people to use and staff to work in. There were enough, appropriately recruited staff employed to meet people's needs. This meant people were supported to enjoy their lives and live safely. People had risks to them assessed, monitored and recorded by the registered manager and staff who updated records as required. Accidents, incidents and safeguarding concerns were reported, investigated and recorded appropriately. Staff supported and prompted the person to take their medicines, as needed. Infection control procedures were followed.

The person and their relative said that effective care was provided, they did not experience discrimination and their equality and diversity needs were met. Staff were well-trained and supervised. The person also told us staff provided good care that was focused on and met their needs. The person was encouraged by staff to discuss their health needs, and any changes to them or concerns were passed on to appropriate community-based health care professionals. This included any required transitioning of services if the person's needs changed. Staff protected the person from nutrition and hydration risks, and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

The person told us staff provided care and support in a friendly way, paying attention to small details and this made all the difference. Rights to privacy, dignity and confidentiality were acknowledged by staff and the person felt respected. The person was encouraged and supported by staff, to be independent and do things for themselves, wherever possible. This improved their quality of life and promoted their self-worth. Staff were compassionate, cared about people and passionate about the person to whom they provided a service.

The provider responded to the person's needs and assessed, reviewed and appropriately adjusted their care plan as required. This included any communication needs. The person was provided with person-centred care, given choices and encouraged to follow their routines, interests and maintain contact with friends and relatives so that social isolation was minimised. People received enough information about the service to

make their own decisions regarding whether they wished to use it. Complaints were recorded and investigated.

The provider had a culture that was open, positive and there was a clearly identified leadership and management structure. The provider had a vision and values that staff understood, followed and they were aware of their responsibilities and accountability. Staff were prepared to raise any concerns they may have with the provider and take responsibility. The quality of the service was regularly reviewed, and any required changes made to improve the care and support people received. This was in a way that suited people best. The provider had established effective working partnerships that promoted the needs of people being met outside its remit. Registration requirements were met.

Why we inspected

The last rating for this service was Good (published 18 April 2018).

We undertook this inspection to check whether the service was continuing to provide a good, rated service to people.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

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

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 our caring 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 are in our well-led findings below.

Trueblue Nurses

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

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats. This includes older people, people with dementia, and people with a physical disability.

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

This inspection was announced. The service was given 48 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 5 September and ended on 28 September 2023. We visited the provider's office on 8 September 2023.

What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We used all this information to plan our inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke in person with the registered manager. We contacted and spoke with 1 person using the service, 1 relative, and 2 staff to get their experience and views about the care provided. We reviewed a range of records. This included 1 person's care and medicine records. We looked at 2 staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including audits, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included special initiatives unique to the provider, employment information, training matrix and audits. We received the information which was used as part of our inspection.

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, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider systems and processes safeguarded people from the risk of abuse.
- The person said the service provided was safe. They told us, "I feel safe." A staff member commented, "A safe service one hundred percent."
- Staff were given training that enabled them to identify possible abuse of people and the action to take, if encountered. They were aware of how and when to raise a safeguarding alert. There was no safeguarding activity at the time of the inspection. Staff had access to safeguarding and prevention and protection of people from abuse policies and procedures.
- The person was supported and encouraged by staff to keep safe. Any specific concerns about their safety was recorded in their care plan.
- The provider gave staff health and safety information and training that included general responsibilities, and safety in people's homes.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- Staff supported the person by following their risk assessments and care plan. This meant they were able to take acceptable risks and enjoy their lives in a safe way.
- The risk assessments were incorporated in the care plan and covered areas that were important to the person such as health, activities and daily living. The risk assessments were regularly reviewed and updated as needs changed. Staff were aware of the person's routines, preferences, and identified situations in which they may be at risk and acted to minimise those risks.
- The provider's policies and procedures set out how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were familiar with the lone working policy regarding keeping themselves safe.

Staffing and recruitment

- The provider employed appropriate numbers of suitably recruited staff.
- The recruitment procedure was thorough. After shortlisting the interview process contained scenario-based questions to identify why prospective staff wished to work in health and social care, their skills, experience and knowledge. Before starting work, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was a probationary period of 3 months with reviews and a thorough introduction to people using the service before commencing work. The person said that the

provider met their needs flexibly by providing back up trained staff, if required.

- Staff records showed that staff received 3 monthly supervision and an annual appraisal. Staff confirmed that they received regular supervision.

Using medicines safely

- People received their medicines safely.
- The person was prompted and supported to take their medicine safely. The medicine was regularly audited and appropriately stored and disposed of.
- The person's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their working practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Any safeguarding concerns, accidents and incidents were reviewed to ensure emerging themes had been identified and any necessary action taken.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained 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 needs, gave them choices and delivered care in line with standards, guidance and the law.
- The provider received new referrals either through their website or by telephone. The registered manager told us, when a new enquiry was received, they made an appointment to visit people and their relatives at home for an assessment. The assessment was carried out at a pace and of a duration that suited people and their needs.
- People's physical, mental and social needs were comprehensively assessed, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance. This included guidance from the National Institute for Health and Care Excellence and other expert professional bodies, to achieve effective outcomes. The provider provided easily understandable written information for people and their families. A staff member said, "We are given full information before we go into a new client and so are they."

Staff support: induction, training, skills and experience

- Staff were well supported, skilled, experienced and trained.
- Staff training was carried out consistently in line with the provider's training and induction policy.
- The provider gave staff good quality induction and mandatory training that enabled them to support people and meet their needs. Staff told us the quality of the training provided enabled them to carry out their roles and make a difference to people. The person liked the way staff performed their duties and said staff were professional, and competent. The person told us, "Very happy, they [staff] are great." A relative commented, "Both staff are excellent." A member of staff told us, "The training helps us get the job done."
- Staff knew how important clear communication was and this was impressed upon them during induction training. It was also revisited during staff meetings, further training, and supervision.
- Before providing a service staff had introductory meetings with people and their relatives. This increased staff knowledge of people, their routines, preferences and surroundings. It also meant people felt more relaxed and comfortable receiving care and support and relatives had trust in the staff providing support for their loved ones.
- The induction was comprehensive and based on the Skills for Care 'Common induction standards. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- The training matrix identified when mandatory training required updating. Staff mandatory training included moving and handling, falls prevention, information governance, safeguarding, medicine administration, conflict resolution, health and safety and welfare. There was also specialised training

focussed on people's individual needs with guidance and plans. This included hoisting, dementia awareness, and continence support.

Supporting people to eat and drink enough to maintain a balanced diet

- When required, staff supported people to eat, drink, and maintain a balanced diet. If needed they were assisted with oral feeding, and staff monitored food and fluid intake.
- The person's care plan contained health, nutrition, and diet information with a health care action plan. Nutritional assessments were regularly updated and there were fluid charts, as required. This was to ensure the person drank enough to remain hydrated. If staff had concerns, they were passed on to the registered manager, who alerted appropriate health care professionals.
- Should people require dietary support, staff would observe and record the type of meals they consumed and encouraged a healthy diet to ensure people were eating properly. Although encouraging healthy eating, staff made sure the person still had the meals they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care

- Maintaining good working relationships with external healthcare services enabled the registered manager and staff to support people to keep healthy and receive ongoing healthcare support.
- People would be sign posted by the provider to other organisations that may be able to meet needs outside the service provided, for example to prevent and minimise social isolation. This helped to improve people's quality of life and promote their social inclusion.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported the person to access community-based health care professionals, such as district nurses and to refer themselves to health care services, such as their GP, if needed.
- Staff reported any health care concerns to the management team who alerted appropriate health care professionals. A staff member told us, "If we are worried about someone, we tell the office and they pass on the information."
- Any changes to people's health and medical conditions were recorded in their care plans.

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 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 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 MCA. When people receive 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.

- The registered manager was familiar with the MCA, its requirements and their responsibilities.
- The initial care needs assessment included a capacity to make decisions section and consent to provide support.
- People also signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services which included details of any Lasting Powers of Attorney (LPA).
- The provider shared this information appropriately, as required, with GPs and local authority teams.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were respected by staff, well treated, and had their rights to equality and diversity recognised.
- The person told us staff were caring, supportive, and they liked and were relaxed in the company of the staff. They said, "They [staff] give fantastic support, and it means I can stay in my own home."
- The provider gave staff equality and diversity training that enabled them to treat people equally and fairly whilst recognising and respecting their differences. The person said that staff treated them respectfully.

Supporting people to express their views and be involved in making decisions about their care

- The person was supported and able to express their views and involved in decision-making about their care which was recorded in their care plans.
- The provider frequently contacted the person to determine if they were receiving the care and support, they wanted and needed.

Respecting and promoting people's privacy, dignity and independence

- A relative said that staff's knowledge of people meant they were able to understand what words and gestures meant if the person using the service had difficulty communicating. This meant staff were able to support people in an appropriate way, without compromising their dignity. They also fully understood that this was someone's home and they must act accordingly and in a respectful manner. A relative told us, "Couldn't ask for better."
- Staff were trained by the provider to respect people's rights and treat them with dignity and respect. The person and their relative said staff treated people with kindness, dignity and respect.
- The provider had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction, on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care that meant they had choice, control and their needs and preferences were met.
- The provider completed a thorough need's assessment with the person and their relative to identify what their needs were and how they would like them met. This included what they wished to gain from the services provided and desired outcomes. The relative said, "We met up with them [management team] to do the assessment and set up the care."
- The person and their relative agreed a person-centred care and support plan with the provider, based on the initial assessment. Once the service commenced, the person and their relative were regularly contacted to establish if the support provided was working and their needs were being met. The relative said, "We met up about 3 weeks ago to discuss how the care was going."
- Staff supported the person and their relative to make decisions about the care and way it was delivered. The registered manager was available to the person and their relative to discuss any wishes or concerns they might have. Staff made sure the person understood what they were saying to them, the choices they had and that they understood the person's responses.
- The person's care plan and staff daily logs recorded the tasks they required support with and if they had been carried out. The daily logs entries were reviewed, and any concerns highlighted.
- People's care and support needs were regularly reviewed a minimum of 3 monthly, and the care plan was updated to meet the person's changing needs with new objectives set. The provider and staff supported the person to take ownership of their care plan and they contributed to it as much or as little as they wished.

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.

- The AIS was being followed by the provider and staff with easy to understand written information provided for people and their families.
- The person's communication needs were met by the provider giving staff information about any communication preferences, within their care plan and guidance on how best to communicate with them.
- A relative said staff communicated clearly with the person which enabled them to understand what they meant and were saying. They were also given the opportunity to respond at their own speed.

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording, and investigating complaints, that was followed.
- The person said they were aware of the complaints procedure and how to use it. They added that they had no reason to use it.
- Any complaints or concerns were appropriately addressed.

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. 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.

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

- The provider had a culture that was open, inclusive, and positive. The person and their relative said they found the registered manager and staff approachable, attentive, felt they listened to them, and did their best to meet the person's needs. The person said, "I can contact the office if I need to." A relative commented, "They [management team] are easy to contact." A member of staff told us, "I can always get hold of them [management team]."
- The person and their relative had the services provided explained to them so that they were clear about what they could and could not expect from the provider, registered manager, and staff. This was repeated in the statement of purpose and guide for people using the service that set out the organisation's vision and values.
- The vision and values were explained to staff at induction training, and revisited during mandatory training. Staff understood them, and the person said they were reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for. The statement of purpose was regularly reviewed.
- Staff told us the management team supported them and they supported each other, as a team. A staff member said, "Great support, anytime we need it."
- There were clear lines of communication and staff had specific areas of responsibility regarding record keeping explained to them.

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 was aware of their responsibilities regarding duty of candour.
- The management reporting structure was transparent, and the registered manager made themselves available for support to the person using the service, the relative and care staff.

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

- The registered manager and staff were clear about their roles and its importance. A staff member said, "We know what we need to do and how it should be done."
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.
- The provider had a system which stored people's details, and identified that daily notes and care plans

were completed on time. Data collected was collated and used to update and improve the service provided.

- The registered manager regularly contacted care workers to provide support and this enabled staff to provide the person with the service that they needed. Staff welfare checks were carried out as part of supervision, and there were regular staff meetings, where issues that arose and other information was discussed. A staff member said, "If we've got any concerns, we talk them through."
- The provider's quality assurance system contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Any areas needing improvement were then addressed. Monitoring and quality assurance audits took place at appropriate intervals. Audits included daily notes, care plans, risk assessments, MARR charts, complaints, and staff files. Staff files and the data base contained recruitment, training, performance, and development information.
- The provider worked with the person, their relative and healthcare professional partners such as GPs and district nurses to identify areas that required improvement. This was to progress the quality of services the person received, to better meet needs and priorities. Feedback from organisations was integrated and used to ensure the support provided was what the person wanted and needed. This was with their consent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider enabled the person, their relatives and staff to give their views about the service provided and the provider worked in partnership with them. Their views were sought by telephone, visits, and observational 3 monthly spot checks. There were feedback questionnaires and surveys provided for people, their relatives and staff.
- The provider identified if feedback was required to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people and staff including updates from NHS England and the CQC.
- The provider's equality and diversity policy gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.
- The provider's policy of relevant information being shared with appropriate services within the community or elsewhere maintained community-based health services links, such as with district nurses, GPs and other health care professionals.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The service supported the person and their relative to contact organisations who provided services outside their remit, to enhance their quality of life.
- The person, their relative, and staff were kept informed, by the provider, of updated practical information such as keeping safe.
- The provider audits identified any performance shortfalls that required attention and progress made towards addressing them was recorded.
- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed.
- Staff meetings were partly used as lessons learnt sessions and procedures identified for discussion.

