

Trends Healthcare Ltd

Trends Healthcare Westcliff

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

Trends Healthcare Westcliff is a domiciliary care agency providing personal care, treatment and support to people who require assistance in their own home. At the time of the inspection, 20 people were using the service.

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

People received their prescribed medicines by trained staff. However, where people were prescribed 'as and when required' medicines, there were no protocols in place to assist staff to understand when to administer such medicines.

We have made a recommendation about the safe management of medicines regarding 'as and when' medicines.

People felt safe and trusted staff. They received care from a consistent staff team who had been recruited safely. There were enough staff to meet the needs of people. Staff had completed safeguarding training and understood their responsibilities to report any concerns to protect people from harm and abuse. Risk assessments were completed to identify and mitigate risks and help keep people safe.

Staff received on-going training, supervision and appraisal to enable them to fulfil their role and responsibilities. Where required, people were supported with their nutritional needs and to access health care services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring and treated them with respect and dignity. People's independence was promoted and encouraged by staff.

People knew how to raise a complaint and felt confident any concerns would be addressed. Where there had been incidents or complaints, these had been responded to appropriately and the provider had systems to monitor and learn from these.

The culture of the service was person-centred, and staff were committed to providing good quality care. The registered manager had a clear understanding of their responsibilities to meet regulatory requirements. Quality assurance systems were in place to monitor the quality and safety of the service. People were encouraged to express their views on the service they received and to support continuous improvement.

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

Rating at last inspection

The last rating for this service was good (published 25 January 2017). Since this rating was awarded the service has moved premises and the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Trends Healthcare Westcliff

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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager 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 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 24 September 2019 and ended on 1 October 2019. We visited the office location on 24 September 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to 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 with five people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, care coordinator, administrator and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- People felt safe when staff visited them. One person told us, "I am happy with the agency and the staff are very polite, so I do feel safe." Another said, "I definitely feel safe, I trust the staff who are not rough or unkind just gentle and respectful. They do a good job, they have pride in their work."
- Staff were trained in safeguarding and knew how to recognise signs of abuse and the action they needed to take if they witnessed or suspected abuse. This included referring to external agencies such as the local authority, Police and CQC.
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Systems were in place to identify any potential risks to people.
- Risk assessments were carried out to identify risks associated with people's care, their home environment, and any healthcare conditions people were being supported with.

Staffing and recruitment

- People received care from a consistent staff team. One person told us, "I have four calls a day and I have no complaints, staff arrive on time." Another said, "There have been no missed or late calls. There are two care staff, one per call, and they are both very nice people."
- There were enough staff to meet the needs of people who used the service. The registered manager told us they would not expand the number of people using the service without appropriate staffing levels being in place to ensure people's and staff's safety.
- Safe systems for recruitment were in place to ensure staff were suitable to work in the care sector. This included obtaining references and undertaking criminal checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- People received their prescribed medicines by staff who had received relevant training and had their on-going competency to administer medicines assessed. One person told us, "Staff give the medication, there is a set routine. I am happy with the time given." Another said, "Staff do all that (giving medicines) and it is on time."
- Audits of medicine administration records (MARs) were undertaken to ensure people received their medicines as prescribed.
- Where people were prescribed 'as and when required' medicines, there were no protocols in place to

assist staff to understand when to administer such medicines. We discussed this with the registered manager who confirmed to us this would action this immediately.

We recommend the provider consider current best guidance on managing medicines and take action to update their practice accordingly.

Preventing and controlling infection

- People were protected from the spread of infections.
- Staff had received training in infection control and food hygiene and were provided with personal protective equipment (PPE). People told us gloves and aprons were always worn. One person said, "I need help in the bathroom especially around my toilet needs and the staff never have to be asked to clean up the bathroom or my shower chair it is all done without asking."

Learning lessons when things go wrong

- The registered manager had systems in place to monitor incidents and accidents. This supported them to identify any actions required, check for trends and identify learning to share with staff.

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 the last inspection this key question was rated as good. At this inspection, this key question has remained the same. 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

- People's care and support needs were assessed prior to them using the service to make sure these could be met.
- Care plans were reviewed and updated as required, for example following hospital discharge and/or deterioration in people's health, to ensure the care they received met their choices and needs, helped achieve good outcomes, and supported people to have a good quality life.
- Staff had access to a range of guidance documents to ensure care was delivered in line with best practice.

Staff support: induction, training, skills and experience

- Newly appointed staff received an induction to the service. This included shadowing more experienced staff. The registered manager told us staff new to the care sector were required to complete the care certificate; this represents best practice when inducting new staff into the social care sector.
- There was a dedicated training area within the office. The registered manager had completed relevant teaching qualifications to enable them to deliver staff training. Staff told us they felt they had the training they needed to meet people's care needs. A person told us, "The staff are gentle and respectful and have had training to meet my needs. I thought I was lucky with the last agency I used but this agency is better in the fact that they have thought about more than one staff being trained in the skills that I need."
- Staff received supervision and told us both the registered and deputy managers were supportive and available to provide guidance at any time. One member of staff said, "[Registered manager] is approachable both her, and the deputy manager, are nice. [Registered manager] calls and says 'please give me a call if it's getting too much, she tries and helps staff. [Registered manager] gives everyone an opportunity and raises your confidence and empowers you to say you can do this and don't be scared she's brilliant."

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

- Where required people were supported with their nutritional needs.
- One person told us, "The staff heat up meals in a microwave and there is a choice from the food in the house and they leave me drinks and water at each visit." A relative told us, "When I visit and do the weekly shop the staff ask me to get different ingredients in, so they can give [name] more interesting things to eat. The staff get involved they go the extra mile."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when required. The registered manager said, "Care calls are flexible. Yesterday [name] said they had a hospital appointment, so their call visit was brought

forward this morning, we try to the best of our ability to make those adjustments."

- The registered manager told us they worked closely with health and social care professionals such as district nurses, GPs, palliative team and occupational health to help achieve good outcomes for people. They placed importance on developing these relationships to enable people to receive joined up, timely care.

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

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 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.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff understood the principles of the MCA.
- People told us staff were respectful of their choices. One member of staff said, "I always give people choices all the time. [Registered manager] makes us aware we cannot force people and must respect their decisions." Another said, "Every person is deemed to have capacity and their opinion and choice must be respected. People living with dementia are given choices too, just because they have dementia doesn't mean they don't know what they want. For example, you don't just pick up clothes, you give options, they smile or signal what they like."

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 the last inspection this key question was rated as good. At this inspection, this key question has remained the same. 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 and relatives told us staff were kind, caring and treated them well. Feedback included, "We have a laugh and joke, and the staff are easy to talk to." And, "The staff are very polite, and I have a good relationship with them. I am very happy with the care I am given, and this agency is much better than the one I used in the past, the staff are very nice people."
- People's diverse needs were respected. Care plans identified people's religious, cultural and spiritual needs.

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

- People were supported to express their views and made decisions about their care. For example, through telephone surveys, questionnaires, home visits and care plan review meetings.
- The registered manager told us, "At the initial assessment, we involve people in the development of their care plan. We give them a copy of the care plan to read and sign if they are happy with it. We don't rush them in case they want their family involved." A person told us, "There is a care plan and I am happy with this."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person told us, "The staff are very respectful, I don't have any complaints about the way staff support me with personal care."
- People's independence was promoted, and staff encouraged people to be as independent as they were able to. A staff member said, "I encourage people to do things themselves, for example to make their own sandwich or wash themselves and do bits they can do for themselves."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection, this key question has now remained the same. 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

- An assessment of people's care needs was undertaken. Information from the assessment process was used to develop people's care plans.
- Regular reviews were undertaken of people's care plans to ensure they reflected their care and support needs.
- People benefitted from having regular care staff to promote continuity of care. Staff could tell us about people's needs and the support they required.

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 communication needs were assessed, and this was recorded in their care plans so staff knew the preferred way to communicate with people. A relative told us, "Staff have great communication with [name] who is non-speaking due to their health needs."
- The registered manager told us they would always ensure people received information in a format which they could understand and provided several examples such as use of a whiteboard and supporting a person receiving end of life care to be cared for by carers who were able to speak their first language.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate concerns or complaints. People and their relatives felt confident any concerns would be listened to and acted upon. One person told us, "I would complain to my family member and they would take it up with the agency. There have been no complaints, the staff are polite, and I am happy with the agency and care." Another person said, "I have no concerns at the moment. I feel I would be listened to if I did. The manager is very easy to talk to, approachable and I feel I know them well."

End of life care and support

- The registered manager was committed to providing good quality end of life care. They worked closely with people, families, district nurses and the palliative care team to support people to have a dignified death at home.
- We saw letters and cards the service had received from families thanking staff for the end of life care their family members had received. One stated, "Thank you so much for the excellent care you provided to our father at the end of his life. You and your team were not only able to meet his individual needs and to keep

him comfortable, but you gave additional professional advice that proved so beneficial to his care. He enjoyed your support and your company. You treated him with dignity. Your empathy and often humour throughout was appreciated."

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 the last inspection this key question was rated as good. At this inspection, this key question has remained the same. 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 culture of the service was caring and focussed on people receiving good person-centred care.
- People and relatives were complimentary of the registered manager and told us they would recommend the service to others.
- Staff enjoyed working at the service and were happy with the way the service was managed. They considered the registered manager to be supportive and they shared the registered manager's vision to provide good quality care.

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 registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had oversight of the service on a day to day basis.
- Systems were in place to monitor quality performance and regulatory requirements.
- In addition to staff meetings, newsletters were sent out to staff to keep them up to date about internal and external activities. For example, updates on the implementation of electronic software and for staff to be conscious of keeping people hydrated and cooled during hot weather.
- The registered manager had a number of ways of engaging with people who used the service. There were regular reviews of people's care and support needs, through face to face meetings and telephone reviews.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with other health and social care professionals such as GPs, occupational therapists and district nurses.
- The registered manager was committed to continuous learning and driving improvements. They told us how they kept up to date with changes in the sector and attended training opportunities.
- At the time of inspection, the registered manager was in the process of implementing an electronic software system to enable them to have greater oversight of the service and enhance quality monitoring processes.

